

THE STATE OF CHILDREN IN PAKISTAN



July 2015



Acknowledgements

The report has been prepared with the help of many people and organisations, including the Office of the National Commissioner for Children in Islamabad, Provincial Ombudsman in Lahore, Karachi, Quetta, and Peshawar. We are grateful for the AJK Ombudsman, Department of Planning & Development Gilgit-Baltistan, Child Protection Commission Peshawar, and UNICEF offices in Islamabad, Quetta and Lahore for their feedback and contribution in the report. We would like to particularly thank Ejaz Ahmed Qureshi, Shakaib Tahir, Sohail Abbasi, Dr. Samia Hashim, Sarah Coleman, Asiya Ashraf Chaudhry, Kamran Naeem, Timothy Grieve, Melanie Galvin, and Muhammed Imtiaz Ahmed for their technical support, guidance and wise counsel.

Methodology

The study profiles the state of children and child rights in Pakistan, including its provinces and special areas/territories, based mainly on data available from the government departments. Due to non-availability of statistics, secondary sources have been used to supplement the primary information.

The process started with in-depth literature review including statistics from Pakistan Bureau of Statistics, policy documents and secondary sources. Coordination meeting was held with UNICEF and the Office of the National Commissioner of Children to identify key expectations, review methodology and promote ownership. The 2012 report, 'The State of Children in Pakistan' was discussed in detail. It was mutually agreed to keep following the same outline in the new report as well. Findings from previous report that remain relevant today were retained in this report.

Questionnaires were designed to interview government officials, and were shared with them before interviews. Field visits were made between August to October 2014 to meet key informants in Islamabad, Karachi, Lahore, Quetta, Peshawar, Gilgit, and Muzaffarabad. A number of focus group discussions and individual interviews were held with key stakeholders. A standardisation process was followed to make report reader-friendly. A consultative meeting was organised in Islamabad on 23 December, 2014 to share report findings. The draft report was also shared with government departments, international agencies and NGOs all over Pakistan. Inputs received from UNICEF section representatives, government and non-governmental agencies were incorporated in the final draft.

Objectives

The report profiles the state of child rights and conditions of children in Pakistan, provincially and nationally. The current version of report is an update of the previous report published in June 2012.

The key objective of this research is to posit workable recommendations for policy makers to improve the state of child rights in the light of 18th Constitutional Amendment, that award greater autonomy to the provinces. The following issues were given priority in this report: (i) Political-socio-economic context that affects children's rights in Pakistan; (ii) Review government policies and legal frameworks; (iii) Describe the condition of children in Pakistan, with a focus on some of the important issues (education, health, child labour and juvenile justice); (iv) A provincial picture of roles and responsibilities; (v) Underlying causes of the current condition of children; (vi) Workable recommendations for concerned federal and provincial governments and non-government bodies.

Challenges

Collecting data remains the foremost challenge and one of the major limitations in compiling the report. It is not that there is no data available on various social indicators, but it is scattered, not comprehensive enough, and there are too many variations, thus making it difficult to quote definitely. These variations made it difficult to standardise information for all provinces and regions. Another limitation was that the information, given to the authors by the stakeholders, did not mostly conform to the guidelines shared with them at the beginning of this research. This has impacted on the report, in terms of getting correct and purposeful information. Another issue that was discussed in review meetings was the length and number of issues to be covered in one report. It was recognised that all child rights are important, but it was not possible to cover every violation of child rights exhaustively in one report. Further study and research is advised to all readers. Despite these shortcomings, the report attempts to give the obtaining situation of children in Pakistan.

The State of Children in Pakistan

Compiled and Authored by
Qindeel Shujaat

Field Research
Qindeel Shujaat | Kashif Mirza

Commentaries represent the personal views of the authors and do not, necessarily, reflect the position of the ONCC, Government of Pakistan, or UNICEF.

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ONCC is grateful to UNICEF for its financial assistance.

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ACRONYMS

AACPR	Actions (in Aid of Civil Power) Regulation
ADO	Assistant District Officer
AIDS	Acquired Immune Deficiency Syndrome
AJK	Azad Jammu and Kashmir
AJKCCWD	AJK Commission for Child Welfare and Development
AJKDHS	Azad Jammu and Kashmir Demographics and Health Survey
AKES	Agha Khan Education Services
AKHSP	Agha Khan Health Service, Pakistan
ASER	Annual Status of Education Report
ASC	Annual School Census
ASV	Assistant Superintendent Vaccination
ATU	Anti Trafficking Units
BEMIS	Balochistan Education Management Information System
BESC	Basic Education Community Schools
BCRSC	Balochistan Child Rights Standing Committee
BISE	Board of Intermediate and Secondary Education
BISP	Benazir Income Support Programme
BHU	Basic Health Unit
BRSP	Balochistan Rural Support Programme
BOO	Balochistan Orphanage Ordinance
CADD	Capital Administration and Development Division
CCO	Children's Complaint Office
CCT	Co-responsibility Cash Transfer
CDA	Capital Development Authority
CDS	Comprehensive Development Strategy
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CFW	Cash for Work
CLC	Child Labour Cell
CMAM	Community Management of Acute Malnutrition
CNIC	Computerized National Identity Card
CPE	Compulsory Primary Education
CPMIS	Child Protection Management Information System
CPU	Child Protection Unit
CPMU	Child Protection Monitoring Unit
CPWB	Child Protection & Welfare Bureau
CPWC	Child Protection Welfare Commission
CRLC	Child Rights Legal Centre
CRM	Child Rights Movement
CRSC	Child Rights Steering Committee
CSA	Child Sexual Abuse
CSEC	Commercial Sexual Exploitation of Children
CSP	Child Support Programme
DCCWD	District Child Commission for Welfare Development
DHQ	District Head Quarter
DSWWD	Department of Social Welfare and Women Development

DZC	District Zakat Committees
ECA	Employment of Children Act
ECDI	Early Child Development Index
ECE	Early Childhood Education
EFA	Education for All
EMONC	Emergency Obstetric and Neonatal Care
EOBI	Employees Old-age Benefits Institution
EPI	Expanded Program on Immunisation
ESGO	Empowerment and Self Governance Order
ESR	Education Sector Reforms
ETF	Education Task Force
FA	Federal Agencies
FANA	Federally Administrated Northern Areas
FATA	Federally Administrated Tribal Areas
FBS	Federal Bureau of Statistics
FCR	Frontier Crimes Regulation
FDE	Federal Directorate of Education
FDMA	FATA Disaster Management Authority
FIA	Federal Investigation Agency
FSP	Food Support Programme
FP	Family Planning
FY	Financial Year
GA	General Assembly
GB	Gilgit-Baltistan
GCC	Gender and Child Cell
GDP	Gross Domestic Product
GER	Gross Enrollment Rate
GOP	Government of Pakistan
GPI	Gender Parity Index
HC	High Court
HDI	Human Development Index
HEC	Higher Education Commission
ICT	Islamabad Capital Territory
IDPs	Internally Displaced Persons
IDUs	Injecting Drug Users
ILO	International Labour Organization
IP	Islamabad Police
IPEC	International Programme on the Elimination of Child Labour
IPEM	Inter-Provincial Education Ministers forum
ISPR	Inter-Services Public Relations
IVAP	Internally Displaced Persons Vulnerability Assessment and Profiling
ITA	Idara –e- Taleem-o-Agahi
IV	Inspector Vaccination
JJSO	Juvenile Justice System Ordinance
JRS	Juvenile Reformatory School
KICH	Khyber Institute of Child Health
KP	Khyber Pakhtunkhwa
LFS	Labour Force Survey

LG	Local Government
LZC	Local Zakat Committee
LHRLA	Lawyers for Human Rights and Legal Aid
LHW	Lady Health Worker
MEDP	Micro-finance Enterprise Development Programme
MDGs	Millennium Development Goals
MHO	Medical Health Officer
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MOF	Ministry of Finance
MOHR	Ministry of Human Rights
MOI	Ministry of Interior
MOL&M	Ministry of Labour & Manpower
MORA	Ministry of Religious Affairs
MOSW&SP	Ministry of Social Welfare & Special Education
MTDF	Mid-Term Development Framework
NA	National Assembly
NACP	National Aids Control Programme
NADRA	National Database Registration Authority
NARA	National Aliens Registration Authority
NAVTEC	National Vocational & Technical Education Commission
NBF	National Book Foundation
NC	National Curriculum
NCCWD	National Commission for Child Welfare and Development
NCRCL	National Centres for Rehabilitation of Child Labour
NCHD	National Commission for Human Development
NCRC	National Commission on the Rights of the Child
NCRDP	National Council for Rehabilitation of Disabled Persons
NCSW	National Commission on the Status of Women
NDMA	National Disaster Management Authority
NDMC	National Disaster Management Commission
NEC	National Education Census
NEP	National Education Policy
NER	Net Enrollment Rate
NFC	National Finance Commission
NGO	Non-Governmental Organisation
NIDs	National Immunisation Days
NIH	National Institute of Health
NIPA	National Institute of Public Administration
NPA	National Plan of Action
NPPA	National Policy and Plan of Action
NRSP	National Rural Support Programme
NTP	National TB control Programme
NWFP	North-West Frontier Province
OECD	Organisation for Economic Co-operation and Development
OP	Optional Protocols
ORS	Oral Rehydration Salts
OSH	Occupational Safety and Health

PA	Provincial Assembly
PAL	Pakistan Academy of Letters
PBM	Pakistan Bait-ul Maal
PCCWD	Provincial Commission for Child Welfare and Development
PCHTO	Prevention and Control of Human Trafficking Ordinance
P&DD	Planning & Development Division
PDMA	Provincial Disaster Management Authority
PEF	Punjab Education Foundation
PEMRA	Pakistan Electronic Media Regulatory Authority
PESR	President's Education Sector Reforms
PESRP	Punjab Education Sector Reforms Programme
PHC	Primary Health Care
PHF	Pakistan Humanitarian Forum
PIA	Pakistan International Airlines
PILDAT	Pakistan Institute of Legislative Development and Transparency
PIMS	Pakistan Institute of Medical Sciences
PITE	Provincial Institute of Teachers Education
PPA	Pakistan Paediatric Association
PSDP	Public Sector Development Programme
PPC	Pakistan Panel Code
PSDP	Public Sector Development Program
PSLM	Pakistan Social and Living standards Measurement
PTA	Parents Teachers Association
PTSMC	Parent Teacher School Management Committees
PMDGP	Punjab Millennium Development Goal Programme
REACH	Responsible, Enabling and Accountable System for Children's Rights
RHC	Rural Health Clinics
RHU	Rural Health Units
RITE	Regional Institutes of Teachers Education
RSPs	Rural Support Programmes
RTE	Right to Education
SAFCO	Sindh Agricultural and Forestry Workers Coordinating Organisation
SC	Supreme Court
SCPRU	Social and Child Protection Reform Unit
SEHER	Society for Empowering Human Resource
SERP	Sindh Education Reform Programme
SOA	Sindh Orphanage Act
SPARC	Society for the Protection of the Rights of the Child
SPRU	Social Protection Reform Unit
SRSP	Sarhad Rural Support Programme
STD	Sexually Transmitted Diseases
STEP	Strengthening Teacher Education in Pakistan
TB	Tuberculosis
TBA	Traditional Birth Attendants
TMA	Taluka Municipal Authority
TRDP	Thardeep Rural Development Programme
TVE	Technical and Vocational Education
UNCRC	United Nations Convention on the Rights of the Child

UNDP	United Nations Development Program
UNESCO	United Nations Educational Scientific & Cultural Organisation
UNE&SC	United Nations Economic & Social Council
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
VAD	Vitamin A Deficiency
VAS	Vitamin A Supplements
WHO	World Health Organisation
WFP	World Food Programme
WPF	World Population Fund
WSC	World Summit for Children
YOIS	Youthful Offenders Industrial School

Message from the Office of the National Commissioner of Children

The “State of Children in Pakistan” is the first government endorsed thematic study on the current status of children in Pakistan. The previous report was published in 2012. Now the report has been updated with data of 2014. The objective being to get a thorough picture of the current status of children at the federal and provincial levels and to monitor the progress so far made on the crucial issues raised in the earlier report.

The study is based on research conducted and puts forward valuable recommendations at provincial and federal level for policy makers on Child Rights and Protection issues.



I am thankful to UNICEF, Provincial Ombudsmen and federal and provincial governments for their cooperation and assistance in compiling the respective chapters.

Lastly, I sincerely appreciate the consultants for their dedicated work in putting together this fine report.

Ejaz A. Qureshi

Ejaz Ahmed Qureshi
National Commissioner for Children
Wafaqi Mohtasib Secretariat
Islamabad

Introduction

This report is a sequel to The State of Children in Pakistan published in 2012, and attempts to provide an updated situation of child rights in Pakistan. It underlines the major challenges and to some extent monitors the degree of progress made. The report is all encompassing and has covered the whole of Pakistan, the four provinces Punjab, Sindh, Khyber-Pakhtunkhwa, Balochistan, Federally Administered Tribal Areas, Azad Jammu and Kashmir, and Gilgit-Baltistan.

Pakistan is a young nation of more than 184 million people with 69 per cent of its population under 29 years of age and 52 per cent under 19 years of age. A major chunk of Pakistan's population comprises young men and women. This very fact makes it imperative for the government to talk about the situation of children in Pakistan.

Today Pakistan has two faces: the promising Pakistan, where provincial governments are striving to become child friendlier; and the other Pakistan where situation on ground continues to present a dismal state of affairs for children. While each province and region in Pakistan faces its own unique challenges and opportunities, there is valuable learning that can be gained from good practices within country.

Passage of 18th Constitutional Amendment in 2010 has brought several changes to the Constitution that resulted in the establishment and functioning of child rights mechanisms at regional and local level. Provinces have taken important steps by introducing policy and legal reforms for child rights and child protection which is very positive indeed. However, the practical implementation of legislation, including ensuring access to child-friendly justice, is frequently constrained by a lack of capacity building of professionals working with and for children as well as under-resourcing of enforcement agencies. Sincere efforts are required for enforcement of existing laws and policies, and to harmonise Pakistan's legal framework with the UN Convention on the Rights of the Child.

While some progress has been made, many children in Pakistan continue to suffer from discrimination, economic exploitation, violence and physical and sexual abuse. Children are victims of unacceptable forms of violence on street, in jails and even in schools also. Quality health care, education, protection, participation and access to rights are not equally accessible to all children. Social exclusion is caused by several factors, including economic disparities, gender inequality, and differences between rural and urban areas. Even today, children die of preventable diseases such as malaria and diarrhoea. A large number of children live in abject poverty with limited social protection mechanisms in place to support them. Some children are

at higher risk in Pakistan comparing to others, such as children with disabilities, children without parental care and those living in areas affected by war and terrorism.

The existing range of programmes and projects designed to protect children include many good examples and practices. However, many interventions remain narrow and are not adequately integrated into a wider policy, programme and service delivery framework. Considering the high number of children affected by violence each year, the situation calls to prioritise and scale up existing projects and programmes.

It is unfortunate that Pakistan continues to be affected by insurgency and terrorism, and by natural disasters in the form of floods, earthquakes and droughts. These have led to widespread displacement, administrative challenges and financial implications for federal and provincial governments.

Facing today's challenges calls for a complete change of mind-set among policy makers, administrators, development agencies and people at large. With that aim in mind, the evidence presented in this report also puts forward suggested areas for improvement and priorities for action on which federal and provincial governments should focus in order to live up to their promises to children.

Chapter-1: Pakistan's Profile

Pakistan gained independence on August 14, 1947, following the partition of India by the colonial power, Britain. Pakistan was divided into two parts, namely East Pakistan and West Pakistan. In 1971, East Pakistan separated from West Pakistan and became an independent state of Bangladesh.

Pakistan is divided into four provinces; Punjab, Sindh, Balochistan, and Khyber Pakhtunkhwa, with its capital in Islamabad. Federally Administrated Tribal Areas, adjoining Khyber Pakhtunkhwa, is managed by the Federal Government. Azad Jammu and Kashmir, and Gilgit Baltistan have their own respective political and administrative machinery, yet certain subjects are under the Federal Government through the Ministry of Kashmir Affairs and Gilgit Baltistan. The provinces are governed by their respective provincial governments.

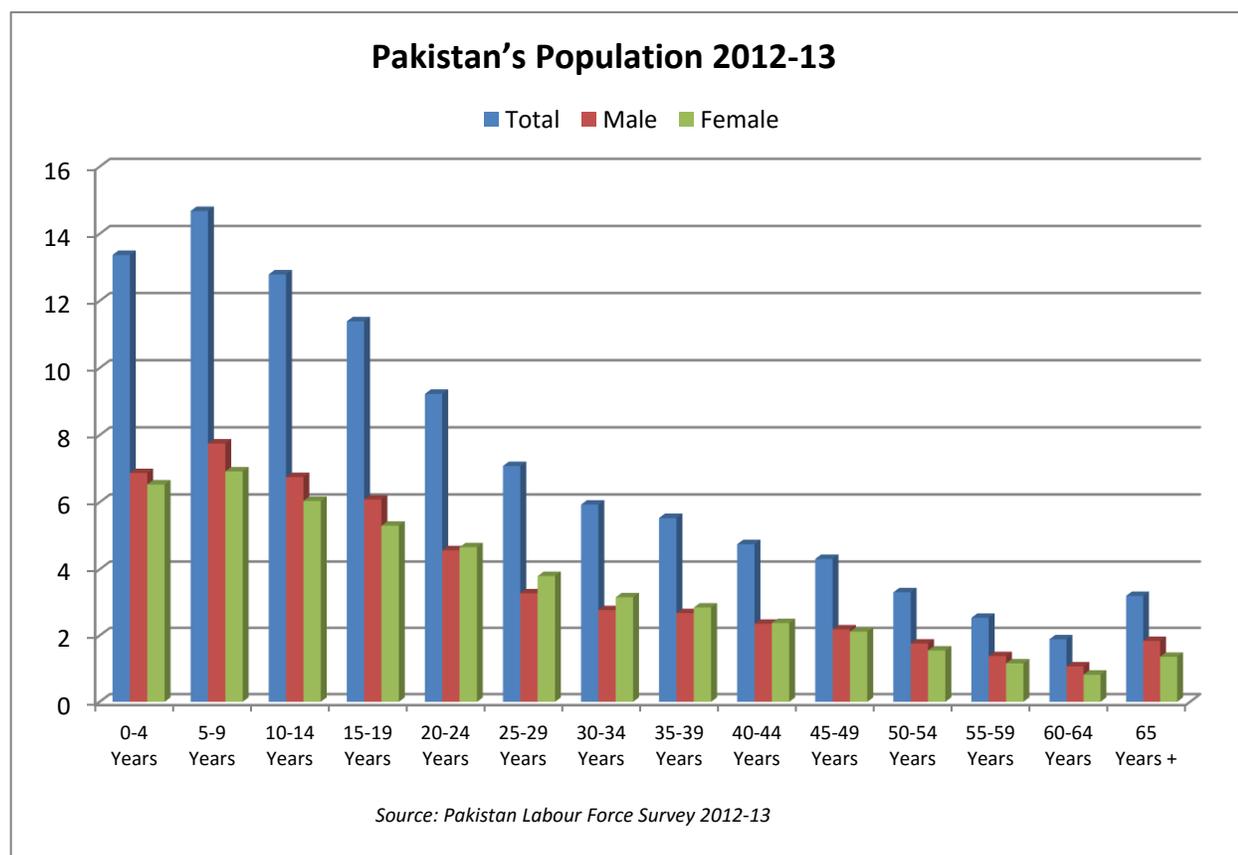
1.01 Population

Pakistan is the sixth most populous country in the world and second largest Muslim country with a projected population of 188 million in 2014 (1). Between 1950 and 2014, Pakistan's urban population has expanded sevenfold, while the total population increased by over fourfold. The population growth rate now stands at 1.95 per cent (2) which is higher than average growth rate of South Asian countries (3). Pakistan has a multicultural and multi-ethnic society, and hosts some 1.6 million registered Afghans, the largest refugee population in the world (4). The population of children in Pakistan in 2014 was estimated at 91.66 million, based on the Population Census of 1998, which estimated children's population under 18 years at 48.75 per cent.

Demographic Indicators	2012	2013	2014
Total Population (Million)	180.71	184.35	188.02
Urban Population	67.55	69.87	72.5 (39%)
Rural Population	113.16	114.48	115.52 (61%)
Total Fertility Rate (TFR)	3.4	3.3	3.2
Population Growth Rate	2	1.97	1.95
Life Expectancy of Male (Years)	64.3	66.5	66.9
Life Expectancy of Female (Years)	66.1	64.6	64.9

Economic Survey of Pakistan 2014

Average life expectancy in Pakistan (66.9 years for males, 64.9 years for females) is comparable with countries such as Nepal, Bangladesh, and Thailand, but the mortality rate for children under-five and infants still remains high. Presently, Pakistan has a young population with 40.49 per cent falling in the range of 10-29 years of age and it will continue to increase because the population up to 9 years is 28 per cent of the total population (5). This gradual shift to a youthful age structure in Pakistan is due to the high population growth rates, and declines in the death rate.



Forty-one per cent of Pakistan's population is in the age group of 0-14 years, and this group is economically unproductive and needs food, clothing, education and medical care and it depends upon working population for these necessities.

1.02 Language

While English is the official language, also used by corporate businesses, the educated urban elite and universities, Urdu, the national language, is a symbol of national unity. Although Urdu is spoken and understood by most Pakistanis, it is the first language of only 8 per cent of the population (6). Urdu is the mother tongue of migrants who flocked to Pakistan from India. Over decades since the Partition, however, the use of Urdu as a primary language has greatly increased, especially among the growing urbanised middle class of Pakistan. The other spoken languages include the regional languages; *Balochi, Punjabi, Pushto, Sindhi, Seraiki* and *Hindko*.

1.03 Constitution of Pakistan

The Constitution of the Islamic Republic of Pakistan is the supreme law of Pakistan which governs both the federation and the provinces. Under the 1973 Constitution, citizens are guaranteed fundamental rights, including security of person, safeguards against arrest and detention, prohibition of slavery and forced labour, freedom of movement, freedom of association, freedom of speech, freedom to profess religion and safeguards to religious institutions, non-discrimination in respect of access to public places and in service, preservation of languages, script and culture, etc.

The Principles of Policy (7) include the Islamic way of life, promotion of local government institutions, full participation of women in national life, protection of minorities, promotion of social and economic well-being of the people, strengthening bonds with the Muslim world, and to work for international peace.

Following the promulgation of the 18th Amendment in April 2010, the Parliament, Prime-Minister, and the provincial governments got greater powers under the Constitution. The 18th Amendment has made fundamental changes to the Constitution; it has abolished the concurrent list which empowers provinces to legislate on issues related to social welfare, labour, youth, children, education, health and many others. Passage of the 18th Amendment has sharpened the scope for better delivery of vital social services provided for the benefit of the community, such as education, medical care, and welfare (8).

1.04 Law and Justice System

The judiciary includes the Supreme Court, provincial high courts, district and sessions courts, civil and magistrate courts, exercising civil and criminal jurisdiction. All the four provinces; Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan, have high courts. After the passage of the 18th Constitutional Amendment, a new High Court has been established in the Federal Capital, called the Islamabad High Court.

In addition, there is also a Federal Shariat Court (FSC) which consists of not more than eight Muslim Judges, including the Chief Justice, and Ulema Judges who are well versed in Islamic Law(9). The FSC has original and appellate jurisdiction, and decides whether any law is repugnant to the injunctions of Islam. The court also hears appeals on decisions of criminal courts under laws relating to the enforcement of Hudood laws, that is, laws pertaining to such offences as intoxication, theft, and unlawful sexual intercourse (10).

There are special courts and tribunals to deal with specific kinds of cases like Anti-Terrorist Courts, Banking Courts, Labour Courts, etc. Unfortunately, Pakistan does not have separate and exclusive courts for children despite provision in the law. There is only one children's court presently operational in Lahore, established under the Punjab Destitute and Neglected Children's Act 2004 (10).

1.05 Electoral System in Pakistan

The Parliament of Pakistan consists of the President and two houses to be known respectively as National Assembly and the Senate. The head of government is Prime Minister, elected by the majority members of the National Assembly. The Electoral College consists of both houses of Parliament together with the four provincial assemblies, elects the head of the state, the President. The National Assembly consists of 342 Seats including 60 seats reserved for women and 10 Seats reserved for Non-Muslims (11). The Senate consists of 100 members, including 17 Seats reserved for women, and 17 Seats reserved for technocrats and ulema (Muslim scholars). The members of the National Assembly are elected for a term of 5 years whereas the Members of the Senate are elected for a term of 6 years with staggered elections every 3 years (12).

The latest General elections were held on 11 May 2013 to elect members of 14th National Assembly and four provincial assemblies. Pakistan Muslim League (N) was declared winner and formed the national government at centre and in the Punjab Province. Pakistan Peoples Party and Pakistan Tehreek-i-Insaf were other leading political parties and formed provincial governments in Sindh and KP respectively. In Balochistan different political parties formed a coalition government.

Party manifestos are central to a competitive electoral process as well as for larger civic engagement process. Unfortunately in past, party manifestos were used to employ political rhetoric as well as sloganeering to attract the voters. It is high time that all these political parties who are in power fulfil their commitments and respond to what they had promised. Following table depicts the stance of the main three leading parties in their manifestoes for improving the state of education and health care in the country. (13).

Leading Political Parties Manifestoes for 2013 Elections

PML (N)	PPP	PTI
PROPOSED REFORMS IN EDUCATION SECTOR		
<ul style="list-style-type: none"> i. National Education Emergency will be declared. ii. National Literacy Movement will be launched. iii. Legislation will be proposed for achieving 100% enrollment up to the middle level and 80% universal literacy and strive to meet the target of Education for All and Millennium Development Goal (MDG) related to Education. iv. Uniform system of education will be introduced. 	<ul style="list-style-type: none"> i. Education for all to eliminate class divides, gender disparities, poverty and unemployment. ii. 4.5% of the GDP will be committed for the Education Sector. iii. Education will be treated as a national emergency. iv. Curricula to be revised. v. Madrassa reforms will be initiated. vi. A cell within provincial education departments to monitor, coordinate and overview district – 	<ul style="list-style-type: none"> i. Increase spending from 2% of GDP to 5% of GDP in five years. ii. Decentralise service delivery to district. iii. A need based voucher system to fund students to go to private schools to fill gaps where government schools are not enough. iv. Focus on girls' education (Double the number of girls high schools in 5 years).

- v. Dropout rate at the primary level will be reduced by providing missing facilities in schools and free text books, offering incentives especially for girls.
- vi. Facilities for teacher training will be extended.
- vii. Skill based uniform curriculum will be developed.
- viii. Increased resources will be allocated to education ensuring proper and timely utilization of funds to reach the UNESCO target of 4% of GDP by 2018.
- ix. Madaris will be provided financial assistance.
- x. Education sector monitoring will be strengthened.

- wise utilization of the education budget.
- vii. Assist the provinces in achieving universal enrollment by 2018.
- viii. Intensify efforts to increase school enrollment.
- ix. Raise the adult literacy rate from the current 54% to 85%.

- v. Special programme to modernize and upgrade government sector colleges for near term impact.
- vi. Involve and empower community to share burden of management.
- vii. Sports and extracurricular activities like debates to be specially emphasised for developing the potential of youth.
- viii. PTI will focus on illiterate adults in the 15-30 age brackets and invest resources to provide functional literacy to them.

PROPOSED REFORMS IN HEALTH SECTOR

- i. New National Health Insurance Scheme will be introduced.
- ii. Smart cards will be introduced for availing health facilities.
- iii. Existing BHUs will be strengthened.
- iv. Every District will have a District Healthcare Authority.
- v. Each District will have at least one hospital with complete diagnostic facilities.
- vi. Medical colleges and teaching hospitals will be made autonomous.
- vii. Provision of clean drinking water and safe sewerage disposal will be given high priority.

- i. 5% increase in the spending on health.
- ii. Seek better governance and transparent utilization of earmarked allocations by the provinces.
- iii. Cut maternal and infant mortality rates by 60%.
- iv. Take measures to stem rapid population growth and bring the population growth down to 1.6%.
- v. Create special departments or units to deal with the preventive health care and medicine.
- vi. Devise strategies to tackle high level of communicable diseases.
- vii. Establish special medical care facilities including trauma centres at the local level.
- viii. Eradicate Polio by 2015.
- ix. Increase the number of educational facilities for medical personnel.
- x. Promote degree courses in nursing in private and public sector.

- i. Increase spending from 0.86% of GDP to 2.6% of GDP.
- ii. Provide primary healthcare to the poor of Pakistan.
- iii. All DHQ / THQ hospitals to be modernized.
- iv. Focus on health care delivery in every district.
- v. Create jobs in healthcare.
- vi. Insure free primary health care for the poor.
- vii. Increase the existing coverage by 100%.
- viii. Health MDGs will be achieved.
- ix. Ensure the availability of clean drinking water.
- x. National programme on the prevention of blindness, genetic disorders, mental illness and oral diseases will be launched.

1.06 Economy

Pakistan has an agro-based economy accounting for 21 per cent of the GDP and it absorbs about 43.7 per cent of labour force (14). Barring the northern and western regions of the country, which are covered by mountains, the rest of the country has fertile plains where crops like wheat, cotton, maize, sugar cane and rice are grown. Livestock is the most significant component of agriculture sector, which contributes 55.91 per cent of agriculture value addition (15). During last 8 years, the sectoral share of the agriculture sector has declined in the GDP (16).

The industrial sector contributes 20.8 per cent in the GDP of the country (17). It is also major source of tax revenues for the government and contributes significantly in the provision of job opportunities to the labour force (18). Textiles account for most of Pakistan's export earnings, but Pakistan's failure to expand a viable export base for other products has left the country vulnerable to shifts in the world demand. Pakistan exports include cotton yarn and thread, raw cotton, cotton fabrics, leather, sporting goods, chemicals, carpets, and rice. Main imports of Pakistan are petroleum, machinery, plastics, transportation equipment, edible oils, paper, iron ore, steel, and tea.

Pakistan's principal natural resources are arable land, water, hydroelectric potential, and natural gas reserves. About 28 per cent of the total land area is under cultivation and is watered by one of the largest irrigation systems in the world (19).

Pakistan has extensive energy resources, including fairly sizable natural gas reserves, some proven oil reserves, coal, and large hydropower potential. However, exploitation of energy resources has been slow due to shortage of capital and domestic and international political constraints. For instance, domestic gas and petroleum production totals only about half the country's energy needs (20), and dependence on imported oil contributes to Pakistan's persistent trade deficits and shortage of foreign exchange.

Pakistan succeeded in attaining 4.14 per cent growth in 2013-14 which is the highest level of growth since 2008-09(21). Inflation remains a key concern for the economy and averaged 8.7 per cent as against 7.7 per cent in the same period last year (22). Domestic food prices were the major stimulant to raise the inflation and investment could not pick up due to internal and external factors affecting economic growth. Pakistan's fiscal sector is confronted with challenges on account of structural weaknesses in the tax system and due to high volume of budget deficit every year. Pakistan's other long term challenges include expanding investment in education, healthcare, and electricity production, and reducing dependence on foreign donors.

Age Specific Labour Force Participation Rate %						
Age Group	2010-2011			2012-13		
	Total	Male	Female	Total	Male	Female
10-14 Years	11.8	14.3	8.8	11.4	14.5	8
15-19 Years	36.4	51.6	19.6	35.8	51.2	18.2
20-24 Years	53.8	84.3	24.2	53.1	82.4	24.4
25-29 Years	58.9	96.8	25	57.8	95.7	25.1
30-34 Years	59.5	98.2	25.9	60.2	98	27.1
35-39 Years	62.5	98.4	29	62.5	98.7	28.5
40-44 Years	64.2	98.3	30	63.5	98.2	29
45-49 Years	64.8	97.8	28.6	64	97.5	29.3
50-54 Years	63.5	96.6	28.1	64.7	96.4	28.9
55-59 Years	61.5	92.2	26.3	62.5	92.6	26.6
60 +	37.3	55	11.9	35.7	52.4	13.6

Source: Economic Survey of Pakistan 2014

According to the Labour Force Survey (LFS) 2012-13, Pakistan has a labour force of 59.74 million people. Around 2.5 million people were added in labour force comparing to 2010-11. The total labour force working in the agriculture sector decreased from 45 per cent in 2010-11 to 43.7 per cent in 2012-13. Out of this labour force, 56.01 million people got employment and 3.73 million people were unemployed. Overall unemployment rate has increased from 6 per cent in 2010-11 to 6.2 per cent in 2012-13. This rise in unemployment is on account of population increase, lower growth and limited job opportunities, in particular after power shortages have affected industrial production.

Civilian Labour Force, Employed and Unemployed in Pakistan (in millions)							
Year	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2012-13
Labour Force	50.05	50.33	51.78	53.72	56.33	57.24	59.74
Employed	46.95	47.65	49.09	50.79	53.21	53.84	56.01
Unemployed	3.1	2.68	2.69	2.93	3.12	3.4	3.73

Source: Economic Survey of Pakistan 2014

The government is constantly missing out on most of economic targets, including the most important one— the budget deficit. Power outages and the continuous hike in electricity tariff have severely worsened manufacturing growth. Floods in recent years, lower investment, power shortages and the on-going war against terrorism have affected the economy badly. A large

portion of its resources, both men and material, are being consumed by this war for the last several years. Floods have not damaged the agriculture sector alone but also had a negative impact on the manufacturing and services sectors.

Lack of access to clean water and sanitation facilities has a wide variety of impacts and the current status of sanitation and poor hygiene practices has led to significant public costs, such as premature deaths, economic and financial costs due to diseases attributable to poor sanitation, environmental costs, and other welfare costs. According to a report published by the Water and Sanitation Program (WSP) administered by World Bank, inadequate sanitation causes Pakistan economic losses totaling US\$ 5.7 billion (PKR 343.7 billion) each year. This is equivalent to 3.9 per cent of the country's GDP, is 7 times higher than the national health budget and 3.5 times higher than the national education budget.

The present government has introduced number of reforms and is heavily investing on infrastructure projects. It is hoped that the economy of Pakistan would take a turnaround on account of reforms agenda.

1.07 Poverty in Pakistan

The country continues to be faced with grinding poverty and falls in the category of countries having low human development. Pakistan's HDI is 0.537, which gives the country a rank of 146 out of 187 countries in 2014 (23). The incidence of poverty varies between rural and urban areas, and from one province to the other. Poverty also persists which, because of Pakistan's burgeoning population growth over the past 20 years, has increased at twice the world average.

According to SDPI report, "Clustered Deprivation", 58.7 million people in Pakistan are living in multidimensional poverty with 46 per cent of rural population and 18 per cent of urban households falling below the poverty line. The SDPI measures poverty on the basis of five dimensions – education, health, water supply and sanitation, household assets/amenities and satisfaction to service delivery. Further, a person taking less than 2,350 calories per day and earning less than \$1.25 per day according to the United Nations standard has also been regarded as living below the poverty threshold.

The report reveals that the highest incidence of poverty prevails in Balochistan with 52 per cent of the households living under the poverty line, followed by 32 per cent, 33 per cent and 19 per cent respectively in Khyber Pakhtunkhwa, Sindh and Punjab. In Punjab, higher incidence of poverty was observed in southern districts. Wealth distribution in Pakistan is highly uneven, with the top 10% of the population earning 27.6% and the bottom 10% earning only 4.1% of the income.

Human Development Index

Pakistan remained among the group countries with low human development according to the 2014 Human Development Report “Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience,” by the United Nations Development Program (UNDP).

Pakistan, which was ranked at 146 out of a total 187 countries on the index, scored 0.537 points on HDI, showed improvement of mere 0.002 points from previous year’s score of 0.535. The country showed some improvement in life expectancy at birth as it improved by 0.9 in 2013 to 66.6 from 65.7 in 2012.

On the gender inequality index, Pakistan slipped four spots to 127 from 2012 ranking of 123 as it scored 0.563 on the index as opposed to 0.567. But Pakistan was part of a dismal overall human development situation in South Asia. While Bangladesh and India both showed some signs of improvement, the likes of Afghanistan worse off. Bangladesh, which was previous year at par with Pakistan on 146, has moved to 142 this year. India, which was on 136 previous year, has moved one rank up to 135. Nepal is ranked at 145 while Afghanistan at 169.

The report added that 52 per cent of Pakistanis live in poverty. The HDI’s Multidimensional Poverty Index — an alternative to income-based poverty estimates — shows that the proportion of population living under the multidimensional poverty in Pakistan has increased by almost three per cent in one year. Meanwhile, people living under multidimensional poverty rate in neighbouring Bangladesh and India has reduced to 47.8 and 51.1 per cent from last year’s count of 57.8 and 53.7 respectively.

Majority of the poor people are now falling into a ‘poverty trap’ (a self-reinforcing mechanism which causes poverty to persist from generation to generation). Low levels of spending in social services and high population growth have also contributed to persistent poverty and unequal income distribution. The rate of poverty has declined comparing to 1990s, but the actual numbers of poor people are increasing. There are number of factors that contribute to the poverty trap: lack of education, corrupt governance, capital flight (24), lack of public health care, lack of access to water, inadequate sanitation, poor infrastructure and war. Unfortunately, Pakistan is afflicted with most of these maladies.

People living below the poverty line, constitute a population who spend a large proportion (between 55 to 80%) of their incomes on food (25), and the food they buy is poor quality, lacks diversity to provide appropriate vitamins and minerals and is insufficient for good health and development. It also means that households are likely to severely curtail essential expenditures on health and education (26). The National Nutrition Survey 2011 reveals that around 60 per cent of Pakistan’s total population is facing food insecurity.

Food prices have witnessed a phenomenal rise during the last several years due to the impact of various natural calamities such as bad weather (Thar/ Cholistan drought), climatic conditions (routine yearly flood) and changing pattern of competing crops (cotton and sugarcane) together with competitive prices in the regional countries. The rising food prices have pushed up the inflation not only in Pakistan but across the region. The floods of 2010, 2011 and 2014 have caused a significant increase in poverty and greater vulnerability of the affected population.

The clear need for basic water and sanitation services for the poor assumes greater significance when the linkages with other dimensions of poverty are considered. The impact of inadequate water and sanitation services falls primarily on the poor. Badly served by the formal sector, as evidenced by intermittent water supply in urban areas and limited wastewater treatment, the poor make their own, often inadequate, arrangements to meet basic survival needs. Many fetch water from long distances or end up paying high prices to water vendors for very small quantities of water. Distance raises protection issues for children in particular for girls. According to PDHS 2012-13, the share of the population with access to an improved source of drinking water is 93 per cent in Pakistan, but only 8 per cent of households use an appropriate water treatment method. The Pakistan Council of Research in Water Resources published a survey in 2012 which reveals that 88% of the functional water supply schemes in Pakistan provide water that is unsafe for drinking because of microbiological contamination and water and sanitation related sicknesses put severe burdens on health services and keep children out of school. CRLC estimates that the water-borne illnesses account for nearly 60 per cent of child deaths in Pakistan that can be avoided.

The Government of Pakistan released pro-poor expenditure of Rs.588,105 million during the period July-December, 2013-14 for improving the quality of life (27). The impact is yet to be seen and considering the scale of challenges, it is not sufficient. While official figures indicate some improvement overall, the situation on the ground has not changed. The inadequacy of income to meet basic needs, low quality of life and denial of opportunities are different facets of poverty. The number of people falling into poverty is growing leading to violent protests, frustrations, depression, hunger, crime and violence. All this negatively impacts and affects the lives of children. They are worse off and have to bear the brunt of economic crises.

Child Poverty

As one of the most powerless groups in society, children often bear the physical and emotional costs of poverty. Poverty experienced by children can affect the rest of their lives, and is more often passed from generation to generation, affecting the long-term health, well-being, and productivity of families as well as society as a whole.

Lower levels of education compel families to engage in labour-intensive, lowpaid jobs that generate insufficient income to satisfy the needs of the family. The distress and poor health conditions that result from the imbalance between household demands and parents' ability to satisfy those demands pushes children into work and a lifelong struggle to meet levels of even basic subsistence, and robs them of their basic rights to education, development, good health, and protection.

Child and maternal health is, perhaps, the most significant index of social development in a country and reflects the level of nutrition, education, and access to health services. Although infant and neonatal mortality rates have decreased considerably worldwide during the last couple of decades, the situation has not improved in Pakistan. One in every 14 Pakistani children dies before reaching age 1, and 1 in every 11 children does not survive to its fifth birthday (28).

Poor access to clean water and sanitation remains an impediment to further reducing child mortality.

The challenges to child protection as a result of poverty and inequality are more difficult to overcome when they are compounded by social exclusion and discrimination. Poverty also undermines support systems, whether these are the informal structures that would normally provide mutual support among community members in hard times, or formal structures such as economic safety nets and social services, especially where governments lack the capacity and resources to make these measures effective. Children growing up in poverty are less likely to access basic social services of quality or to benefit from preventative initiatives or protection mechanisms. Tackling childhood poverty is, therefore, critical for eradicating poverty and injustice nation-wide.

1.08 Social Trends

Pakistan is a union of its four provinces, plus the regions of GB, AJK, and FATA. The country is united by one religion but enjoys very distinct traditions, customs, and languages.

Pakistan is a patriarchal, male-dominated society with a varying degree of independence enjoyed by women depending on the education and economic class they belong to.

Customarily, the family is headed by the oldest male member and male members are also considered generally to be the economic provider. The family is a strong unit of society and parents play an important role in the care and well-being of their children, even to the extent of taking important decisions such as the career or marriage prospects of the child. A slight change has occurred in the dominating role of parents in urban areas—mainly due to developments in communication technology—but life remains much the same in the rural areas, especially due to the low levels of literacy and absence of quality education.

Feudalism/landowners in Pakistan have played a vicious role in keeping redundant traditions and customs alive, especially those that target women and children, the weak and vulnerable. The age-old system of the *jirga* and *panchayat* and its various forms (alternative justice system) prevalent in Pakistan has also played, at times, havoc with the lives of ordinary people, especially in the rural areas and the tribal belt. A subtle change has occurred after the rise of the middle class in Pakistan, and rapid urbanisation has begun to replace the extended family system with nuclear families.

In Pakistan, religion plays a vital role in the life of individuals and forms the basis of their everyday life and behaviour patterns. Religious tenets are followed assiduously and are part of everyday living. Unfortunately, customs and traditions are also given the cover of religion and imposed on the generally illiterate and poor masses.

Human rights do not play a very important role in the lives of the masses and this is true across the social and economic divide. This state of apathy can be attributed, in part, to the lack of

education, awareness, and powerful and influential forces which also hold political power. For instance, feudal lords and landowners seek to continue exploitation of the vulnerable illiterates by terming human rights either as an imported Western idea or as being against the religion.

1.09 Civil Society: Agents of Change

Civil society in Pakistan today represents change, awareness, and value for human rights. It is the harbinger of social and political change in the country. Some sections of civil society have a long history in Pakistan, such as trade unions, bar associations, teachers' associations, peasant organisations, student groups, and charity organisations.

Non-profit organisations or non-governmental organisations (NGOs) are bringing social change by raising awareness among the masses of their rights and responsibilities, and seeking to empower different segments of society such as farmers, women, children, the disabled, youth, etc., and address issues such as health, education, violence, protection, disaster relief, etc.

These bodies also provide services, advocate and lobby for introduction/enforcement of policies and legislation with the government. NGOs also often collaborate with international bodies to attain their objectives. Beside this, there are many charity-based organisations that are exclusively service-delivery-oriented and busy alleviating the miseries and hardships of the poor and vulnerable; one such example is of Edhi Foundation.

The media is undoubtedly one of the most effective agents of change, be it social, political, environmental, or any other. In the last two decades, the media has undergone massive technological development. Children in Pakistan have, now, a wide choice among the national and international television news and entertainment channels, radio stations (there is no exclusive radio station for children), newspapers, magazines, video films and computer games, and worldwide information and entertainment on the Internet.

Generally, both print and electronic media and the internet are playing a proactive role in empowering citizens through awareness-raising and advocacy, and by lobbying on issues of human rights, environment, hygiene and sanitation, etc., to help improve the situation of people and in the redress of their problems.

The changing face of media, from print to electronic and lately to social networking, has not only helped to create awareness, on a mega scale, on issues and concerns, but has also helped to learn and experiment with new ideas and thoughts. At the same time, self-publishing and social media platforms on the internet are experiencing explosive growth rates and new prominence. Many of the organisations are using social networking to increase their role in policy debates and get their message across to key audiences, and connect with supporters. You-tube, Facebook, blogging, Twitter, etc., are a few of the popular means of communication and new ones are being added at a rapid pace.

1.10 Safety Nets/ Social Protection

Safety nets have been established in Pakistan for the welfare of the people, such as cash transfers, employment based programmes, and micro-credit programmes. *Ushr* and *Zakat*, falling under the category of cash transfers, were enforced in the country after promulgation of the Zakat & Usher Ordinance, 1980. The collection of *Zakat* is based on compulsory levy of Zakat at source on 11 types of assets as detailed in the first schedule of the Zakat & Ushr Ordinance, 1980. Zakat funds are disbursed through the Provincial Zakat Council which in turn transfers it to the District Zakat Committees (DZCs). The actual disbursement is made at the local level through Local Zakat Committees (LZCs) and other institutions. The distribution is divided into different components including *guzara* (sustenance), education, health, marriage, and rehabilitation (29).

Pakistan Bait-ul-Maal (PBM) is an autonomous body which was set up under the 1991 Act. PBM is making a significant contribution towards poverty alleviation through its various poor focused services and providing assistance to the vulnerable populations both adults and children (30).

The Benazir Income Support Programme (BISP) is being implemented all across Pakistan. It was started in 2008-09 to partially offset the impact of inflation on the purchasing power of the poorer sections of society. The present government has continued the programme with total disbursements Rs.48.18 billion up to March 2014, in terms of cash grants and the number of beneficiaries reached to 5.25 million. The programme aims at covering almost 40% of the population below the poverty line. The programme has four closely associated and complementary components including *Waseela-e-Rozgar* (Technical and Vocational Training), *Waseela-e-Haq* (Microfinance), *Waseela-e-Sehat* (Life and Health Insurance) and *Waseela-e-Taleem* (Primary Education). Although different schemes have been initiated under this programme, the main scheme provides a Rs. 1,200 monthly subsidy to poor families (31). In order to create synergies and inter-linkages in the social sector, a National Socio-Economic Registry (NSER) has been introduced to improve the system for seeking beneficiaries (32).

Poverty Alleviation Programme

Benazir Income Support Programme (BISP) has grown rapidly since its inception in July 2008. It is now the largest single poverty alleviation programme in Pakistan. The number of beneficiaries has increased from 1.7 million families in 2008-9 to nearly 5.25 million in year 2013-14, and BISP annual disbursements rose from Rs. 16.0 billion in 2008-9 to Rs. 48.18 billion in the first three quarters of 2013-14.

Pakistan Economic Survey 2013-14

A Social Security Scheme was launched on March 1, 1967, under the West Pakistan Employees' Social Security Ordinance No. X of 1965. The ESSI provides medical care and cash benefits to secured workers and their dependents in the event of sickness, childbirth, employment injury, death grant, iddat (for women who have to remain indoors for a period of four and a half months

after being widowed or divorced) (33), disablement gratuity, disablement pension, survivors' pension and ex-gratia grant.

Sindh and Punjab workers welfare boards are currently extending educational benefits to the children of registered employees working in factories. They have their own Model Schools (primary workers welfare board schools), and also support full scholarships from primary to higher education.

Private establishments employing minimum ten or more workers have to register with the Employees Old-Age Benefits Institution (EOBI). It extends benefits to insured persons or their survivors which include old-age pension, survivor's pension, invalidity pension, and old-age grant.

Micro-credit schemes for poverty alleviation are being run by different organisations in both the public and private sectors. Among the leading organisations are; Micro Khushhali Bank Limited, First Micro Finance Bank, National Rural Support Programme (NRSP), Sindh Rural Support Programme, Sarhad Rural Support Programme (SRSP), Balochistan Rural Support Programme (BRSP), Micro-finance Enterprise Development Programme (MEDP), Sindh Agricultural and Forestry Workers Coordinating Organisation (SAFCO), and Thardeep Rural Development Programme (TRDP) (34).

Conclusion

The overall situation in Pakistan is far from satisfactory and the economic and social indicators continue to paint a bleak picture. The trials and tribulations faced by the people of Pakistan, in terms of unstable and poor governance, rapidly increasing poverty levels, growing unemployment as a consequence of the energy crisis, and spiraling food and fuel prices, are taking a toll. Many promises made at the highest level could not trickle down to the masses and people of Pakistan continue to witness the infringement of their basic rights at different levels.

Pakistan has a federal system of governance, with both federal and provincial governments being responsible for the development of the nation as a whole. Challenges are many, and grave ones, but this is also an opening for new possibilities. One of the main challenges for the federal and provincial governments is how to become more responsive to the need of the people, especially the poor and children. The existing indicators of health, education, child labour, safety, security, violence and crime give evidence of a grim situation. But with commitment, insight and vision, the availing of the multitudinous opportunities can open a whole new era of development and prosperity for the nation and for its children.

Concerted efforts and determination are required to give children what is due to them and what the state has promised and pledged nationally and internationally—the rights to development, justice, survival, protection and participation.

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- (6) Ibid
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Chapter-2: UN Convention on the Rights of the Child (UNCRC)

The United Nations Convention on the Rights of the Child (UNCRC) is a document, embodying international aspirations and commitments on the rights and well-being of the child; it is a pledge made by the Governments to always serve the best interests of the child. This Convention applies to children under the age of 18.

2.01 The Convention

The UNCRC is an international accord, with legal bindings on its signatories, to protect the human rights of children under the age of 18. The UNCRC was ratified by the UN General Assembly and opened for accession by states on November 20, 1989. It came into force on September 20, 1990. Pakistan signed the Convention on September 20 and ratified it, within the same year, on November 12, 1990. Pakistan was among the very first states to have acceded and ratified the document, promising a good life for children (1).

By ratifying or acceding to the convention, national governments have committed to protecting and ensuring children's rights and to hold themselves accountable for this commitment before the Committee on the Rights of the Child. States Parties to the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child.

The Convention incorporates the full range of human rights—civil, cultural, economic, political and social rights in its 54 clauses and two optional protocols. Articles 1-42 explain the rights of children and articles 43-54 tell the adults and the government how they can ensure that all children are enabled to enjoy the benefits stipulated in articles 1-42.

It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. It protects children's rights by setting standards in health care, education, legal, civil and social services.

2.02 Optional Protocols

The UN General Assembly adopted two optional protocols in 2002 and a third optional protocol in 2011 as additions to the UNCRC. These optional protocols are (i) The Optional Protocol on the sale of children, child prostitution and child pornography, (ii) The Optional Protocol on the

involvement of children in armed conflict, and (iii) The Optional Protocol on a Communications Procedure, allows children and/or their representatives to file individual complaints for violation of the rights of children. This optional protocol was adopted in December 2011, opened for signatures on 28 February 2012, and entered into force in 2014. Fourteen countries have ratified it by 31ST Dec 2014(2).

What is a Complaint Procedure?

A complaint Procedure is used when a person or a group of people feel that their rights have been violated. They are able to make a complaint and have it reviewed by a committee at the international level.

2.03 Ratifications

As mentioned above, Pakistan signed the convention on September 20, 1990 and ratified it on November 12, 1990. Pakistan was among the very first states to have acceded and ratified this vital document that promised a good life for children. At the time of ratification, Pakistan made a general reservation that the provisions of the UNCRC shall be interpreted according to the principles of Islamic laws and values. The reservation was withdrawn on July 23, 1997.

On June 11, 2011 the Government of Pakistan ratified the first optional protocol on the Sale of Children, Child Prostitution and Child Pornography, as have 168 other countries done, reflecting global concern about the issues that it covers (3). By ratifying the Optional Protocol, the government has committed to criminalise and punish all activities related to these offences. The Protocol requires punishment, not only for those offering or delivering children for the purposes of sexual exploitation or transfer of organs, or offering children for profit or forced labour, but also for anyone accepting children for these activities.

Pakistan's move to ratify the optional protocol was widely lauded. According to the representative of UNICEF in Pakistan, "the ratification of this Optional Protocol marks a significant milestone in the efforts to protect children from sexual exploitation in Pakistan, which is also part of a global effort to bring the international community together in the fight against the sale of children, child prostitution and child pornography" (4).

The GOP is considering ratification of the Optional Protocol (OP) to the UNCRC on the Involvement of Children in Armed Conflict. If Pakistan ratifies this OP, the GOP has to ensure that no child under the age of 18 will be involved in any kind of hostilities. There should be no under-18 compulsory recruitment in armed forces, and the age of voluntary recruitment must be raised from 15 years to 18 years.

2.04 Committee on the Rights of the Child

By ratifying the convention and/or optional protocols, states parties are required to submit regular reports to the Committee on the Rights of the Child, a body of experts which monitors implementation of the UNCRC by States Parties to the Convention, and the three optional protocols on how these rights are being implemented (5). States must report initially two years after acceding to the Convention and then every five years. The Committee holds its CRC sessions, three times a year, for a period of three weeks in January, May-June, and September. In each session, the Committee examines reports from about 10 States Parties, discusses issues with a government delegation and issues recommendations called "Concluding Observations" (6).

2.05 Pakistan's CRC Periodic Reports (Progress)

Pakistan presented its initial report after two years on April 25, 1994. The Committee (CRC) considered the report and welcomed the early ratification of the Convention by GOP and its role, as one of the six initiators of the World Summit for Children in 1990, being essential to the promotion and protection of children's rights. However, the Committee regretted, in its "Concluding Observations", that the report submitted by Pakistan had not been prepared in accordance with its guidelines on reporting and that the information provided in the report showed that the existing legislation and the measures taken were not adequate to ensure proper implementation of the Convention, though it welcomed Pakistan's commitment and efforts in this regard.

Pakistan was asked to submit a progress report by the end of 1996, but it was not submitted. The second Periodic Report that was due by December 1997 was submitted in 2002, which was considered by CRC. A review of the Observations to the second periodic report, held on September 22, 2003 and adopted at the 918th meeting on October 3, 2003, showed again the country's failure to comply with most of the recommendations.

The Committee welcomed the timely submission of the combined third and fourth periodic report, and considered combined report of Pakistan at its 1444th and 1445th meetings held on September 28, 2009, and adopted, at the 1449th and 1450th meetings held on 30 September and 1 October 2009, and issued recommendations on October 15, 2009.

The Committee raised the concern that their recommendations were insufficiently addressed by the Government of Pakistan. The Committee repeatedly urged Pakistan to take action on all of its observations on matters such as harmonisation of laws with the Convention, improved coordination at the national and local levels, establishment of a monitoring mechanism, resource allocations for children, data collection, cooperation with non-governmental organisations (NGOs), adopting uniform definition of the child, combatting violence against and abuse of children including sexual abuse, implementing right to education, prevent child labour, promote juvenile justice, and to provide adequate follow-up to the recommendations contained in the present concluding observations (7).

Human Rights Conventions Ratified by Pakistan	Date of Ratification/ Accession
<p>There are numerous human rights conventions that recognise child rights. Countries which have ratified conventions have an obligation to domesticate and enforced such accords in their countries. Following is the list of conventions, related to children, ratified by the Government of Pakistan.</p>	
Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others	11-Jul-1952
Forced Labour Convention 1930 (No. 29)	23-Dec-1957
Supplementary Convention on the Abolition of Slavery, the Slave Trade, and Institutions and Practices Similar to Slavery	20-Mar-1958
International Convention on the Elimination of All Forms of Racial Discrimination 1965 (CERD)	21-Sep-1966
Convention on the Rights of the Child 1989 (CRC)	12-Nov-1990
Convention on the Elimination of All Forms of Discrimination against Women 1979 (CEDAW)	12-Mar-1996
Minimum Age Convention 1973 (No. 138)	6-Jul-2006
International Covenant on Economic, Social and Cultural Rights 1966 (CESCR)	17-Apr-2008
United Nations Convention against Transnational Organized Crime 2000 (UNTOC)	13-Jan-2010
International Covenant on Civil and Political Rights 1966 (CESPR)	23-Jun-2010
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment 1984 (CAT)	23-Jun-2010
Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography 2000	11-Jun-2011
Convention on the Rights of Persons with Disabilities 2006 (CRPD)	5-Jul-2011
Worst Forms of Child Labour Convention 1999 (No.182)	11-Oct-2001

Source: Office of the High Commissioner for Human Rights

The Committee asked Pakistan to submit its fifth periodic report by December 11, 2012 (8). The GOP submitted report on 23 May 2014 with a delay of 16 months. By December 2014, the GOP has not submitted the state party report of the optional protocol on the Sale of Children, Child Prostitution and Child Pornography that was due on 4th August 2013.

2.06 Shadow reports/Alternative reports

NGOs are invited to submit "Alternative Reports" to the States Parties' to give a different perspective to the Committee. The reports that the NGOs submit are called 'Shadow Reports'. These Shadow Reports give an alternative view about state party's compliance of the treaty obligations.

Civil society presented its first Shadow Report in April 2003. The report was prepared by the Society for the Protection of the Rights of the Child (SPARC). The report indicated that the majority of the goals relating to compliance with the UNCRC outlined in Pakistan's first report to the Committee remained unmet. World Organisation against Torture (OMCT) also submitted its Shadow Report in 2003.

In 2009, the Shadow Report was presented to the Committee of the Rights of the Child by Save the Children UK (Pakistan Office) and SPARC in response to the combined third and fourth periodic reports presented by the Government of Pakistan. The Report reflected the views of a large number of civil society organisations working for child rights across the country. The Shadow Report, while acknowledging that Pakistan had taken some steps towards fulfilling the concluding observations made in the second report, felt it was insubstantial and lacked depth and commitment. According to the Report, the Convention continues to lack force of law in the country and remains an inspirational piece rather than a law which can be used to improve the lives of children (9).

References

- (1) Visit Conventions on the Rights of the Child, Office of the United Nations High Commissioner for Human Rights at <http://www2.ohchr.org>
- (2) Ibid
- (3) Ibid
- (4) Special Representative of the Secretary General on Violence against Children and UNICEF Joint Media Statement on 9 July 2011
- (5) Visit Optional Protocol to CRC, Office of the United Nations High Commissioner for Human Rights at <http://www2.ohchr.org>
- (6) Ibid
- (7) Review of 2003 and 2009 Concluding Observations of the Committee on the Rights of the Child for Pakistan
- (8) 2009 Concluding Observations of the Committee on the Rights of the Child for Pakistan
- (9) SPARC, Save the Children (2009) "Alternative Report on the State of Child Rights"

Chapter-3: Implementation of UNCRC in Pakistan

States that have ratified the UNCRC are obligated to take necessary steps to implement the treaty which include policy initiatives, legal reforms and enforcement, administrative measures and delivering quality services.

3.01 National Policies and Plans of Action

3.1.1 National Plan of Action for Children 2006

Pakistan approved the Second National Plan of Action for Children in 2006 which provides measures for the survival, development, and protection of children from neglect, abuse, and exploitation. The plan set targets for improvements in health, quality education, protection and elimination of commercial sexual exploitation. Commitments made under this plan have so far failed to materialise, with poor ownership of different government departments and provincial governments in its implementation (1). It is pertinent to mention that the 2006 National Policy and Plan of Action on Children require multi-ministerial interventions, both at the federal and provincial levels. There is hardly any ownership of this Plan of Action by government departments at the national and provincial level. In fact very few officers in relevant ministries have information on this important policy document (2).

The National Plan of Action is 8 years old, and most of the targets have been missed. Nonetheless, this document provides a framework that is still relevant, and the Federal and Provincial Governments need to review and revise this Plan of Action, and must make efforts for its implementation.

3.1.2 National Policy and Plan of Action to Combat Child Labour 2000

The National Policy and Plan of Action (NPPA), prepared by the government in 2000, provided a framework for progressive elimination of child labour by 2010 and worst forms of child labour (WFCL) by 2005. The major policy measures are: provisions of primary education and skill training for children withdrawn from labour; prevention of child labour by offering alternative education; and implementing a monitoring and inspection system to ensure that the workplace remains child labour free and to implement the National Plan of Action.

This Plan provides framework among provinces and department to combat child labour in a coherent and coordinated manner. Unfortunately it also failed to achieve planned targets (3), and must be revised by the federal government.

3.1.3 National Education Policy 2009

The purpose of the Policy is to chart out a national strategy for guiding education development in Pakistan. The Policy reiterates that Dakar EFA Goals and MDGs relating to education shall be achieved by 2015. It also talks about: introduction of Early Childhood Education (3-5 yrs), merger of Grades 11 & 12 in school education, establishment of Apna Ghar for poor students, availability of Technical and Vocational Training at the district and Tehsil levels, and raising enrollment in higher education from the existing 4.7 per cent to 10 per cent by 2015 and to 15 per cent by 2020, etc. The Policy provides a broader framework to guide the process of implementation. The following have been prioritised; (i) Institutionalisation of International Programme on the Elimination of Child Labour (IPEM) (ii) National Authority for Standards of Education (iii) Inter-Provincial Standing Committee on Textbooks (iv) Setting up of Separate Management Cadre (v) Standardization of Examination System (vi) National University of Technology in coordination with the National Vocational & Technical Education (NAVTEC) and the Higher Education Commission (HEC) (vii) Action Plan for NEP Implementation (Sector Wide Planning).

This Policy should have been reviewed by now after the enactment of Eighteenth Constitutional Amendment, which has redefined the whole institutional and legal framework for education in Pakistan. It is important to note that the devolution of education does not lead to the curtailment of federal role on the issues of national importance. The role of federal government is also essential to transcend the geographical inequities and its responsibility to provide equal opportunities to all its citizens. The National Education Policy 2009, in this regards, presents a consensually agreed and adopted strategy, the devolution of functions of policy and planning of education should not lead to doing away with the instrument. It should stay as a core strategy document which is meant to provide a common framework (4).

There are other national policies which relate both to adults and children, including the National Policy and Plan of Action on Human Trafficking 2005, National Health Policy 2009, National Youth Policy 2009, National Policy and Plan of Action to combat Bonded Labour in Pakistan, National Policy Guidelines on Vulnerable Groups in Disasters, etc.

3.02 Legal Framework

Legal framework concerning children's issues is spread out in different statutes of the country. It includes protection guaranteed under the Constitution of Pakistan, Pakistan Penal Code 1860, and special laws across a diverse set of federal and provincial laws.

Before the 18th Constitutional Amendment, all federal laws had national jurisdiction (applicable in all four provinces and Islamabad Capital Territory). The federal government can still legislate on matters which are enumerated under the Federal Legislative List or deal with criminal matters. All laws enacted before the 18th Amendment on issues which have been devolved are de facto applicable in the provinces unless they are repealed by provincial governments. *(There is varied opinion on this among the legal fraternity)*

Special laws dealing with children's issues at the federal level are:

1. Female Infanticide Prevention Act, 1870
 2. Guardians and Ward Act, 1890
 3. Reformatory Schools Act, 1897
 4. Child Marriage Restraint Act, 1929
 5. Children (Pledging of Labour) Act, 1933
 6. The West Pakistan Control of Orphanages Act, 1958
 7. The WP Vaccination Ordinance, 1958
 8. Juvenile Smoking Ordinance, 1959
 9. West Pakistan Primary Education Ordinance 1962
 10. Workers Children Education Ordinance, 1972
 11. Punjab Private Educational Institutions (Promotion and Regulation), 1984
 12. The Employment of Children Act, 1991
 13. Juvenile Justice System Ordinance, 2000
 14. Protection of Breastfeeding and Child Nutrition Ordinance, 2002
- (Provincial laws have been discussed in provincial chapters)

Numerous other laws, relating to criminal behaviour, have also been enacted such as Bonded Labour Abolition Act 1992, Human Trafficking Ordinance 2002, which are applicable to both adults and children. Much of Pakistan's penal code deals with crimes against persons and properties—including the crime of dacoity (robbery by armed gangs), sexual and physical abuse, and the misappropriation of property.

In December 2011, the government passed the Women Protection Bill and Anti-Acid Throwing Bill, which envisage heavy penalties for offenders. These laws criminalise forced marriages and abuses like throwing acid, physical violence and sexual torture against women, and stipulate a 14-year jail term with a fine of Rs1 million for offenders. The offences are non-bailable and non-compoundable.

The Acid Control and Acid Crime Prevention (Amendment) Bill is an amendment to the Pakistan Penal Code, 1860. It increases punishment for offenders up to life imprisonment and makes it mandatory for the offender to pay a fine of Rs1 million to the victim. The Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011 outlines punishments for social practices like *Vani*, *Swara* or *Budla-i-Sulh*, wherein women are traded to settle personal, family or tribal disputes.

The assessment of laws reveals that Pakistan has failed to harmonise the national legislative framework with the UNCRC.

18th Constitutional Amendment and Child Rights

The 18th Constitutional Amendment is possibly the most significant legislative achievement in regard to the 1973 Constitution. Consequent to the 18th Amendment, the subject of the child in terms of legislative and administrative competence as well as financial authority, has been devolved to the provinces in 2010. The federal government's legislative powers are now limited

to defence, currency, foreign affairs, etc., as listed in the Federal Legislative List. As a result, many departments, including social welfare, youth affairs, education, health, have been devolved to the provinces. The Federal Government can, therefore, now legislate on child related issues only in relation to Federal territories and those areas not forming part of a province. The provincial assemblies have power to legislate on all issues related to children and child rights (such as marriage, custody, adoption, education and curriculum/syllabus development, social welfare, health and labour, etc). National and provincial assemblies can both legislate on matters related to criminal law, criminal procedure and evidence.

Before the 18th Amendment, numbers of legislative initiatives were initiated by the Ministry of Social Welfare, including the National Commission on the Rights of Children Bill 2009, Child Protection Criminal Law Amendment Bill 2009, Charter of Child Rights Bill 2009, Prohibition of Corporal Punishment Bill 2010 and the Child Marriages Restraint (Amendment) Bill 2009. Among these, one the important Bills was for the establishment of an independent National Commission on the Rights of the Child (NCRC). Unfortunately post 18th Constitutional Amendment, none of these laws were passed and status remained in limbo despite the support from the Ministry of Law, Justice and Human Rights (5). The Ministry of Law, Justice and Human Rights informed that these pending bills would be introduced in the parliament in 2015.

Although the prime responsibility of legislation for children now lies with provinces, but Federal government should not shy away from their responsibility, and needs to drive provinces and regions to harmonise legal framework with provision of UNCRC. It is pertinent to mention that Article 25 (3) of the Constitution empowers the government to make special provisions for the protection of women and children. The government needs to evolve a mechanism for implementing and monitoring international treaties and coordinating system among provinces. The best possible is to setup an independent commission on the rights of children on the pattern of the National Commission on the Status of Women (NCSW) with statutory powers to monitor and protect children's rights across the country and ensure minimum standards in the light of constitutional and international obligations. This body can also advocate for policy and systemic improvements, including those related to budgetary allocation.

The Committee on the Rights of the Child, in its general comment (GC) No 5, "General Measures of the Implementation of the UNCRC, 2003" states that "when a state ratifies the UNCRC, it takes on obligations under international law to implement it". Para 40 of the GC 5 states that **"the committee has found it necessary to emphasise to many states that decentralisation of power, through devolution and delegation of government, does not in any way reduce the direct responsibility of the state party's government to fulfil its obligations to all children within its jurisdiction, regardless of the state structure"**.

3.03 Institutional Framework

Implementation of UNCRC requires effective coordination both horizontally between government agencies and departments, and vertically across different government levels, from local, regional to central, and also between the government and the private sector.

National Commission for Child Welfare Development/ Ministry of Law, Justice and Human Rights

The NCCWD is an advisory body to the government, and works under the Human Rights Division of Ministry of Law, Justice and Human Rights. It has mandate to monitor, review and coordinate the implementation of the UNCRC in Pakistan. It is also responsible for the preparation and submission of periodic reports to the CRC Committee on the progress made on the Convention (6). The Human Rights Division has provincial directorates in all provinces. These directorates are effective arm of Human Rights Division to coordinate with provincial governments. The Provincial Commissions for Child Welfare & Development (PCCWD) and ONCC also liaise and coordinate with NCCWD (7). During field visits, it was found that PCCWD in different provinces existed on paper but were not functional any more post 18th constitutional amendment.

National Disaster Management Authority (NDMA)

The National Disaster Management Authority (NDMA) established “Gender and Child Cell” in August 2010 with the aim to mainstream gender and child issues and vulnerabilities in humanitarian response, crises management and disaster risk reduction initiatives. NDMA made focused efforts to extend support to provinces for establishment GCC at respective PDMA’s with the objective to bring coherence in National, provincial and District policies and actions with regard to gender and child issues in disasters and to be able to work in collaboration with relevant stakeholders. The four PDMA’s having notified GCC during 2012 include: PDMA Balochistan, PDMA Sindh, PDMA Punjab and SDMA (State Disaster Management Authority) Azad Jammu and Kashmir (7).

National GCC Framework 2013-2016

Gender and Child Cell (GCC) developed the “National GCC Framework 2013-2016,” In line with the vision of National Disaster Management Policy, approved and endorsed by Chairman NDMA and by heads of R/PDMA’s. The framework aims at adopting two pronged strategy, focusing on achieving two key outcomes. i.e. (1) Needs and concerns of vulnerable groups are integrated in all policies for natural and man-made disasters (2) Institutions are strengthened and coordination mechanisms are developed for addressing the needs and concerns of the vulnerable groups at all levels.

Source: NDMA

National Disaster Risk Reduction Policy, formulated in 2013 is important document as it focuses on the prevention, mitigation and preparedness aspects of disaster risk reduction(8). The GCC has prepared a Gender Priority in Disaster Management Policy for adoption by the government: lays the framework for gender mainstreaming in disaster situations (9). The policy document aims at integrating gender equality and building the capacity of the NDMA to institutionally mainstream the gender perspective in the management of various phases of disaster management.

Pakistan Bait-ul-Maal

Pakistan Bait-ul-Maal (PBM) is an autonomous body, and is making significant contribution towards poverty alleviation all over Pakistan through its various poorest of the poor focused services. Its on-going programmes include support and shelter homes for orphans, rehabilitation of child workers through non-formal education and vocational trainings, educational stipends, shelters and an outreach programme for poor people (10).

At federal level, Ministry of Federal Education and Professional Training, and Ministry of National Health Services Regulations and Coordination, are coordinating ministries for provincial and international cooperation on issues related to education and health. Ministry of Overseas Pakistanis and Human Resource Development has a similar role of provincial and international coordination, and cooperation on labour affairs including child labour.

There is also a Human Rights Cell at the Supreme Court of Pakistan that works under the direct supervision of the Chief Justice of the Supreme Court of Pakistan. Cases warranting urgent relief and/or constituting a pattern of human rights violations have been taken up by the Court under its suo motu power. In the past, this Cell has taken notice of missing persons, kidnapping, murder, rape, honour killings, inhumane treatment, and other complaints (11).

3.04 Key Child Rights Issues in Pakistan

The analysis focuses on key child rights issues based on the review and concluding observations of the Committee on the Rights of the Child (CRC) in 2003 and 2009.

3.4.1 Respect for the Views of the Child

Children's opinions are important and their views and voices must be heard and taken into account in the realisation of their rights. Children views are not given priority in Pakistan. Children's activism is being channelled through extracurricular activities in schools, club activities like scouts and debates, competitions between schools, various conferences, online social networking forums, participation in trainings and meetings, and through volunteering for non-governmental organisations and associations run by students themselves. These initiatives tend to offer children a chance to be consulted, with relatively few opportunities for children to participate actively in the process of influencing decision, policies and services impacting their lives. A child has the right to have their views heard in the Guardians and Wards Act 1890, which has the provision to consider the preference of the "Child" when appointing a guardian.

3.4.2 Education

The overall literacy rate (age 10 years and above) is 60 per cent (71 per cent for males and 48 per cent for females), according to the Pakistan Social and Living Standards Measurement (PSLM) Survey 2012-13. The data show that literacy remains higher in urban areas (82%) than in rural areas (64%). Of the four provinces, Punjab has the highest literacy rate and Balochistan has the lowest.

Literacy Rates (10 Years and above)			
Area	Male	Female	Total
Pakistan	71	48	60
Rural	64	37	51
Urban	82	69	76

Pakistan Social and Living Standards Measurement Survey 2012-13

According to the PSLM 2012-13, overall school attendance, as measured by the Net Enrollment Ratio (NER), for 2012-13 was 57 per cent. Nationally, the Gross Enrollment Ratio (GER), sometimes referred to as the participation rate, which is the number of children attending primary school (irrespective of age) divided by the number of children aged 5 to 9 years at national level, remained at 91 per cent.

Education in Pakistan is divided into different levels: pre-primary (initial stage of organised instruction), primary (grades one through five); middle (grades six through eight); high (grades nine and ten) leading to the Secondary School Certificate; intermediate (grades eleven and twelve, leading to the Higher Secondary School Certificate); and degree colleges and university programmes leading to graduate and advanced degrees. There are 225,504 institutions in the country in 2013-14 from pre-primary up to university level (12) with an enrollment of 38,535,716 students (56% boys, 44 % girls).

Net Enrollment and Gross Enrollment Ratios			
Area	Male	Female	Total
Net Enrollment Ratio (NER)	61	54	57
Gross Enrollment Ratio (GER)	98	83	91

Pakistan Social and Living Standards Measurement Survey 2012-13

In addition to the public and private schools, there is another stream of '*Deeni Madaris*' (Religious Schools) offering free religious education with free boarding and lodging. These *Madaris* are usually managed by local communities and are financed through charity and donations. According to NEMIS 2013-14, there are 13,405 *Deeni Madaris* in the country. Out of which 393 (3%) are in public sector, whereas 13012 (97%) are in private sector. The total enrollment in the *Deeni Madaris* is 1.836 million of which 0.054 million (3%) is in the public sector, whereas, 1.782 million (97%) is in the private sector. The total male enrollment in *Deeni Madaris* is 1.142 million

(62%), whereas, the female enrollment is 0.694 million (38%). These parallel systems of education in Pakistan have perpetuated inequalities and economic stratifications, and are root cause for behavioral divisions and social conflict in the society (13).

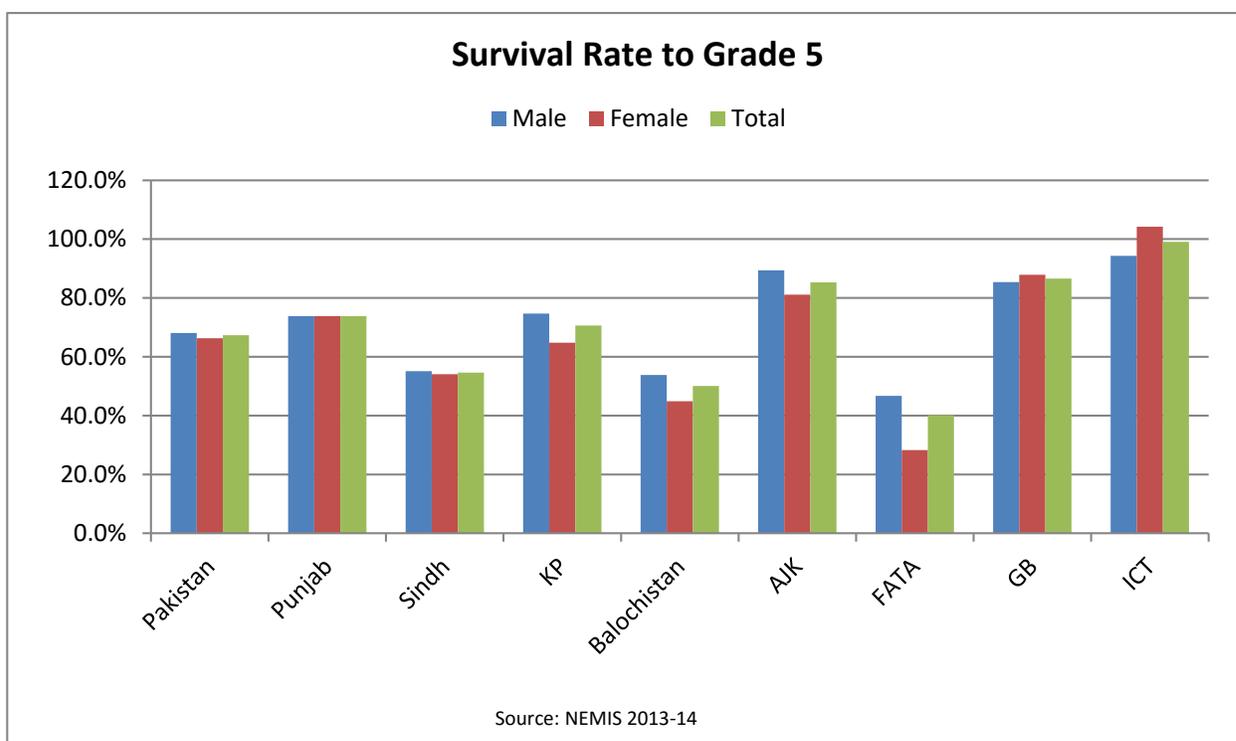
Pakistan also has an extensive network of 12,023 Non-Formal Basic Education (NFBE) institutions that offer education, learning and training outside recognised educational institutions. At the end of grade 5, formal sector conducts the examination and allows admission in grade 6 in formal sector to those who qualify/pass the examination. In other words the graduates of non-formal schools are mainstreamed in grade 6 (14). The total enrollment is 536,717 (243,401 boys, 293,316 girls) and 12,023 teachers are performing their duties in these centers (15). Local female teachers are employed in more than 80% of these schools. In addition there are 5,744 NCHD schools with an enrollment of 291,221 students (153,216 boys and 138,005 girls). Establishment of NCHD and Non-formal Basic Education Schools for out-of-school children were important initiatives taken by government of Pakistan and civil society organisations.

Overall enrollment of students in Pakistan, including technical and vocational institutions, teachers' training institutions, Deeni Madaris, etc., are estimated at 42.23 million (57% males, 43% females) in 2013-14 with the teaching staff of 1.598 million as compared to 1.535 million in 2011-12 (16). Enrollment shows a slight increase of 2.7 per cent in 2013-14 comparing to 2011-12 (17). The public sector is serving 27.09 million students to complete their education while the remaining 15.83 million students are in private sector of education. According to NEMIS 2013-14, 51% of teachers are providing their services to public institutions whilst 49% are employed by the private sector.

Up to Degree College level, 78% educational institutions are functioning in rural areas catering to 13.18 million boys and 9.49 million girls (18). The share of private sector of education in rural areas is 20%. Twenty-two per cent institutions are located in urban areas out of which 63% are running under private sector; catering to 7.75 million boys and 6.586 million girls (19).

The percentage of female enrollment reflects the equity in education system of the country. According to NEMIS 2013-14, the percentage of female enrollment in Pakistan is 45% at pre-primary level, 44% in primary level, 43% in middle level and 41% in upper secondary level. ICT has the highest percentage of female enrollment among the provinces and regions.

School enrollment does not guarantee completion of primary schooling. Therefore, one needs to assess the survival rates and/or completion rates of primary school children. According to estimates in Pakistan, of all the children entering primary schools, 67% reach Grade 5. For boys this rate (68%) is slightly above than that for girls (66%). Among the provinces and areas, the highest rate of survival is for ICT (99%) while FATA (40%) is lowest (20).



Pakistan is amongst the nine countries, which have the largest numbers of primary-age group out-of-school children. Estimates for out-of-school children show that there are 6.7 million out of school children in the country, of which 55% are girls (21). Given their relative higher populations, there are 3.1 million and 1.9 million out-of-school children in Punjab and Sindh respectively followed by Balochistan (0.56 million) and KP (0.48 million).

Primary Out of School Children 2012-13 by Province			
Province/ Region	Male	Female	Total
Balochistan	267066	296148	563214
FATA	44323	149768	194091
GB	32613	30832	63445
ICT	25427	16734	42161
KP	58163	424250	482413
Punjab	1520812	1647954	3168766
Sindh	881064	1096208	1977272
AJK	134003	127200	261203
Pakistan	2963471	3789094	6752565

Source: NEMIS & NIPS Projections (2005-2025)

Key characteristics of out of school children are highlighted by a study conducted by UNICEF in 2013 (22). According to the study findings: (i) More girls than boys are out of school. Pakistan is a characteristic example of gender disparity in education with a bias against girls. (ii) The problem of out of school children is much worse in lower secondary school than in primary school. (iii) Difference between boys and girls tends to disappear in richer households. Poorer households are more likely than richer households to have children out of school. (iv) Children in rural areas are more likely to be out of school than children in urban areas. Poor girls living in rural areas are several times more likely to be out of school than boys from the wealthiest households living in urban areas. (v) Children from Balochistan lag behind other children in all key indicators for education. (vi) Children engaged in child labour are the most likely to be out of school.

The availability of proper physical facilities and infrastructure plays an important role in the quality of education. Facilities such as proper building, drinking water, electricity, toilets and boundary wall are considered as basic facilities, and research has demonstrated that a lack of toilets and hygiene are one of the primary reasons for the high dropout rate in schools. According to NEMIS 2013-14, there are currently 55526 schools without electricity, 46,296 schools without drinking water, 46,158 schools without toilets and 42,412 schools without boundary walls. It does not only affect students but teachers also.

Availability of Physical Facilities in Schools (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	54606	36211	90817	60128	40077	100205	62564	43523	106087	60827	46471	107298
Not Available	39713	15813	55526	34244	12052	46296	36125	10033	46158	36249	6163	42412
Not Reported	5169	2429	7598	5116	2324	7440	799	897	1696	2412	1819	4231
Total	99488	54453	153941	99488	54453	153941	99488	54453	153941	99488	54453	153941

Source: NEMIS 2013-14

Public Expenditure on Education as percentage of GDP is lowest in Pakistan as compared to other countries of the South Asian region. According to official data, Pakistan allocated 2.0 per cent of the GDP on education. It must be noted that provincial governments are also spending sizable amount of their Annual Development Plans on education. As percentage of total expenditures at the national level, actual education expenditures have remained within a band of 7.4% to 10% for last three years. For the provinces, this percentage i.e. education expenditures as percentage of total provincial expenditures, is much higher i.e. roughly around 16%-34% in 2012/13.

Actual Education Expenditures against Total Expenditures (Rs. Million)			
	Education Expense	Total Provincial Expense	% Education/ Total Expense
Punjab	196086	690882	28.38%
Sindh	98425	404253	24.35%
KP	84458	248088	34.04%
Balochistan	29171	183353	15.91%
Federal	71713	3441016	2.08%
National	479853	4816300	9.96%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan/ Pakistan EFA Review Report 2015

Ministry of Federal Education and Professional Training has developed a National Plan of Action for MDGs Acceleration Framework (MAF) 2013-16. The National Education Plan focuses on; (i) bringing in maximum number of primary age, out of school children to be enrolled in formal and non-formal schools through provision/expansion of schools, awareness campaigns, etc (ii) increase retention in primary grades through provision of proper teaching-learning environment, textbooks, other incentives, etc., (iii) improve quality of education through teachers' training, community participation, etc. and (iv) specific provision of other incentives (e.g. stipends, food for education, uniforms, etc) to retain children from most disadvantaged/rural/remote areas, especially girls. To achieve the target, total plan costs Rs.784 billion and during this period 1,326,905 new schools will be enrolled in the country (23).

Pakistan Progress of MDG Goal 2: To Achieve Universal Primary Education			
Indicator	National Value	Target	Status
Net Primary Enrollment Ratio (5-9 Years)	57	100	Off Track
Completion/ Survival Rate Grade 1 to 5	50	100	Off Track
Literacy Rate (%)	60	88	Off Track
Pakistan Progress of MDG Goal 3: Promoting Gender Equality and Women Empowerment			
GPI Primary Education (5-9 Years)	0.89	1.00	Off Track
GPI Secondary Education (Age 14-15 Years)	0.89	0.94	Off Track
Youth Literacy (Age 15 Years & Above)	0.82	1.00	Off Track

Source: PSLM Survey 2012-13

18th Constitutional Amendment & Education

Education was one of the key subjects that were devolved to provinces after passage of 18th Constitutional Amendment. The Federal Ministry of Education was dissolved in July 2011. This Amendment brought a significant shift in the roles and responsibilities of the federation and the federating units. It delegated the key subjects of education policy, curriculum, planning and standards to the exclusive legislative and executive jurisdiction of the provinces. Education had

always been a provincial subject in Pakistan but this formalised the withdrawal of federal coordination and legislative functions, and all decision-making powers were given to the provinces.

One of the benefits of the 18th Amendment for children and child rights is the introduction of education as a fundamental right of every Pakistani citizen. Article 25A makes the provision of free education compulsory to all children, between the ages of five and sixteen, a constitutional responsibility of the state. Although federal and provincial governments had provided education to the poor and the marginalised, it was not an enforceable right per se. Implementation of this fundamental right requires Federal and Provincial Governments to establish necessary legislative and institutional framework for their respective areas of jurisdiction.

The dissolution of the Ministry of Education was soon followed by the creation of the Ministry of Education and Training, and now called 'Ministry of Federal Education and Professional Training' (24). This Ministry is now responsible for, inter alia, establishing and managing educational institutions within federal territories, international cooperation on conventions and agreements regarding education, achievement of Millennium Development Goals, non-formal basic education, adult literacy, standards in higher education, and technical and vocational training. At the time of its dissolution, the Ministry of Education administered 17 subordinate organisations, two attached departments, six autonomous organisations and 14 chairs in foreign universities (25).

A review of the functions and departments assigned to various Ministries and devolved to provinces shows that the new Ministry is almost as large as its predecessor, as only four departments/organisations have been devolved (26). The following organisations/departments of the dissolved Ministry are now attached with the newly established Ministry of Federal Education and Professional Training.

- Higher Education Commission
- National Vocational and Technical Training Commission
- National Training Bureau
- National Talent Pool
- National Commission for Human Development
- Academy of Educational Planning and Management
- Federal Board of Intermediate and Secondary Education
- National Education Assessment System
- National Internship Programme
- Pakistan National Commission for Unesco (PNCU)
- National Education Foundation
- Basic Education Community Schools (BECS)
- Pakistan Manpower Institute

The reconfiguration of the governance framework has perceptible impacts on the education sector. In this context, the redefined roles of the federal and provincial governments have

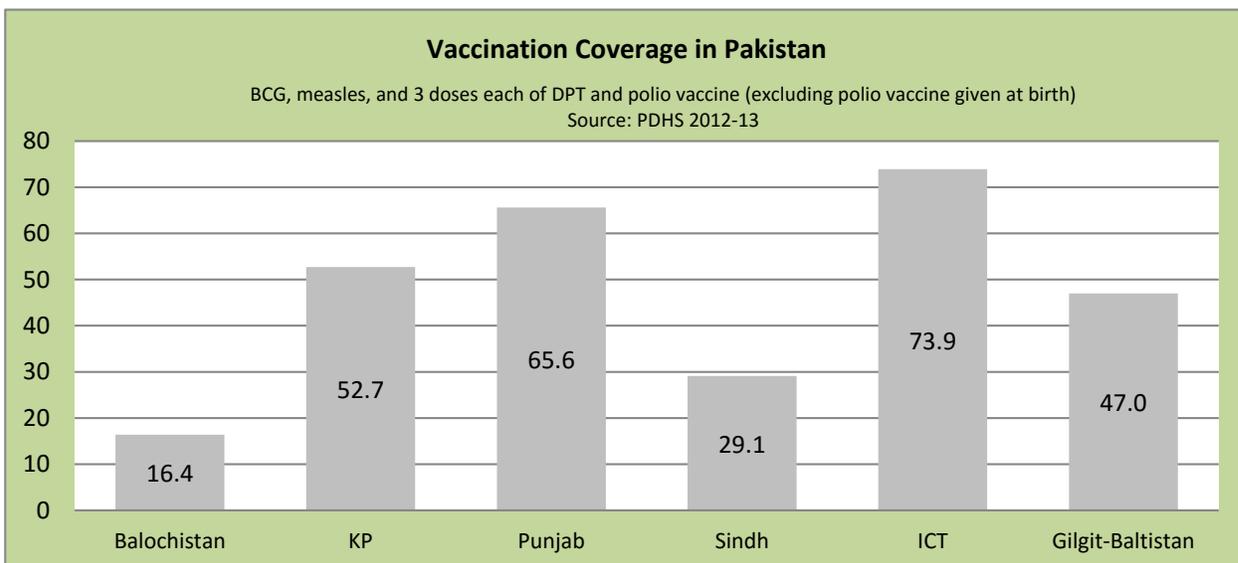
brought new challenges as well opportunities at both the tiers. We noticed welcome developments where some provinces have passed compulsory laws and allocations for higher education in provincial budgets. The country is facing serious challenges of access, equity and quality, and it will be worth to do an examination as how this shift is responding to challenges currently faced by Pakistan.

3.4.3 Health and Nutrition

The health care system in Pakistan comprises public and private health facilities. In the public sector, districts have been given power for developing their own strategies, programmes and interventions based on their local needs. In the private sector, the range of health care facilities includes accredited hospitals and clinics, medical practitioners, homeopaths and hakeems (traditional medicine). By the year 2013, there were 167,759 physicians, 13,716 dentists, and 86,183 nurses. Besides, there are 1096 public hospitals in the country, 5310 dispensaries, 5,527 basic health units (BHUs) mostly in rural areas and 650 rural health centres (27).

According to the available health data, the population versus health facilities ratio works out 1,099 person per doctor and availability of one dentist for 13,441 people, and one hospital bed for 1647 people(28). In the urban areas, access to health care clinics and facilities is not a problem, though the general state and quality of public services is often not up to standard. On the other hand, in the rural areas, people live far from hospitals and basic health care units. It is for this reason that most women give birth at home with the assistance of a midwife or lady health worker. The shortage of trained health workers and the rising population pressure on public health institutions have allowed the private sector to bridge the demand/supply gaps.

Pakistan is working towards universal immunisation, disease prevention, health promotion and curative services. There are several programmes underway to improve health care and coverage including: (a) Expanded Programme on Immunisation (EPI); (b) AIDS Control Programme; (c) Malaria Control Programme; (d) National T.B. Control Programme (NTCP); (e) National Programme for Prevention and Control of Blindness; (f) National Programme for Family Planning



(FP) & Primary Health Care (PHC); (g) National Maternal, Newborn and Child Health Programme (MNCH Programme); and (h) Cancer Treatment Programme (29).

It can be concluded that Pakistan has lagged behind in achieving MDGs targets related to children health. MDG 4 that aims to reduce child mortality by two-thirds by 2015 cannot be met by the targeted period. Pakistan had committed to reduce the under-five mortality rate from 140 per 1,000 live births in 1990, and to 52 in 2015; currently, it stands at around 89 per 1,000 live births. Similarly, Pakistan committed to reduce its infant mortality rate from 102 in 1990 to 40 by 2015; currently, it is estimated at 74 per 1,000 live births (30). Neonatal mortality in Pakistan has stagnated at a very high level relative to other neighboring countries, and there has been an 8 per cent increase in the neonatal mortality rate over the last 20 years. In 1990-91 neonatal mortality was estimated at 51 deaths per 1,000 live births, and in 2012-13 it is estimated to be 55 deaths per 1,000 live births.

The malnutrition, measured as prevalence of underweight children under-5 years of age, decreased slightly from 40 per cent in 1990/91 to 31.5 per cent in 2011/12, but is still far off the MDG target of less than 20 per cent and at emergency levels (31). Overall, a little over half (54%) of children age 12-23 months are fully vaccinated with BCG, measles, and three doses of DPT and polio. There has been a seven percentage point increase in the proportion of fully vaccinated children since 2006-07 and a 19 percentage point increase since 1990-91. However, this pace of falling below the increase needed to achieve the MDG target of more than 90 per cent by 2015 (32).

The PDHS 2012-13 reveals that the proportion of children fully vaccinated is lower for girls (52 per cent) than boys (56%). It is also considerably lower for children in rural areas (48%) than in urban areas (66%). Among regions, the proportion in Balochistan has gone down to only 16 per cent from 35 per cent in 2006-07 and Sindh also witnessed a decline, from 37 per cent in 2006-07 to 29 per cent in 2012-13. It is notable that more than one-fifth of children (21%) in Balochistan are reported to have not received any vaccinations at all (33).

Pakistan has recorded its highest number of polio cases for 15 years, with health officials blaming the rise on attacks on immunisation teams. The number of total cases in 2014 is 306 exceeding the 199 cases in 2001 but short of the 558 cases in 1999 (34).

POLIO CASES IN PAKISTAN						
Province/ Region	2009	2010	2011	2012	2013	2014
Balochistan	11	12	73	4	0	25
KP	29	24	23	27	11	68
Punjab	17	7	9	2	7	4
Sindh	12	27	33	4	10	30
FATA	20	74	59	20	65	179
Gilgit-Baltistan	0	0	1	1	0	0
Total	89	144	198	58	93	306

Source: Polio Eradication Unit, WHO Pakistan

Acute respiratory illness, malaria, and dehydration, caused by severe diarrhea, are major causes of childhood mortality in Pakistan. Early diagnosis and treatment when a child has the symptoms of these illnesses is, therefore, crucial in reducing childhood deaths. The simple and inexpensive remedy for this major killer is clean drinking water and ORS. The government must probe why, despite investment, diarrhoea among children cannot be controlled. Similarly, malaria, pneumonia, respiratory tract infections, tuberculosis are among the leading preventable and curative diseases but they are all taking a toll on the lives of the newborn and children. Some studies indicate that a significant portion of the rural poor incomes is spent on preventable common diseases linked to contaminated water and unsanitary living conditions.

Adequate nutrition is essential to children's growth and development. According to Pakistan Demographic and Health Survey 2012-13, the situation for nutrition remains critical. Levels of both chronic and acute malnutrition status remained at emergency levels. Forty five per cent of children show evidence of chronic malnutrition (stunting) and 11% are acutely malnourished requiring urgent treatment. While breastfeeding is widely practiced, just over a third of infants up to six months are exclusively breastfed and the vast majority of infants are getting formula exclusively or in addition to breast milk. Once able to take food, children 6 months and beyond are not consuming the appropriate foods in appropriate amounts. Only 15% of children aged 6-23 months are fed according to the recommended practices. Women are also at risk nutritionally which leads to poor outcomes at birth for the infant and mother.

Health improvement in Pakistan has lagged behind other Asian and world countries. Cross-country studies of vital health indicators show a wide variation in epidemiological patterns between different Asian countries. Pakistan's infant mortality rate is higher. Life expectancy is also higher, except for Sri Lanka, but the overall population growth at 1.95 per cent is the highest in the region (35). Similarly, other indicators show that a lot of progress will have to be made to meaningfully improve the health status of the population.

Despite number of efforts by the federal and provincial governments, the situation of child health in Pakistan remains abysmal. There is high infant, neonatal and maternal mortality, and a double burden of diseases and inadequate health care facilities along with high population growth. Infrastructure is undeveloped and the rural areas of Pakistan are the more disadvantaged in the provision of the health care facilities. The health issues are multidimensional and inter linked. They are affected by number of obstacles such as poverty, education, training, access to clean drinking water, hygiene and sanitation, unemployment, availability of quality health care services and low level of expenditures on health.

Polio in Pakistan

Despite a national emergency being declared, Pakistan is failing miserably in its battle against polio. A total of 306 cases have been reported in 2014 compared to 93 cases in 2013. Majority of these cases are from FATA and Khyber Pakhtunkhwa and most of the total caseload is from North and South Waziristan Agencies where polio campaigns could not be conducted properly. An estimated 290,000 children under the age of five have not been vaccinated for two years leading to the ongoing explosive polio outbreak in the region. Environmental sampling results further confirm that the virus is circulating across the country. Pakistan is the only polio endemic country to see a year on year increase in cases, and now holds more than 80% of all cases in the world.

To counter Polio in Pakistan, a National Emergency Action Plan 2014 for Polio Eradication was prepared. The Action Plan was approved by the Executive Committee of the National Economic Council, and is fully funded until 2018. Special task forces were put in place at the national and provincial levels, led by the Prime Minister in the centre and the chief ministers or chief secretaries in the provinces. The Prime Minister appointed a dedicated point person in addition to the minister of health services to lead the overall effort. Monitoring committees of senior managers exist at the federal, provincial, district, tehsil and union council levels. Every province has a special polio control room. In addition, the emergency operation cells started in two provinces expanded to cover all four. Anti-polio drives are being conducted according to schedule. All the pieces, therefore, are in place, following precise recommendations from the highest authorities and the IMB. But increased cases of Polio suggest that it is not working well probably because no single government department has the overall responsibility of coordinating the actions of all these task forces and committees.

The government says their success, with the dozens of annual immunisation campaigns run across the country, crucially hinges on the security situation. The government has reported that 64 polio team members (including police officials guarding them) have been killed whereas 47 have suffered serious injuries." The attacks on Polio workers since 2012 highlighted the critical need for adaptive methods to increase access to children for vaccinations in areas of high threat, and closer monitoring of the risks that could severely impact the success of the global initiative. Pakistan recently finalised a plan for introducing the inactivated polio vaccine into routine immunisation systems. One dose of the injectable vaccine will be given out alongside the oral polio vaccine in key polio reservoirs through the end of the year.

In May 2014, travel restrictions were imposed by WHO on air travellers, regardless of age, making their way in and out of Pakistan. No one was permitted to board an international flight without a polio certificate proving they had been vaccinated with a year-long validity. Strains of the virus found in China, Syria and Tel Aviv originated back to Pakistan and world health bodies became concerned of the virus, eradicated decades ago in most of the developed world, resurfacing globally. The restrictions were meant to contain the virus within Pakistan, which was labelled an 'exporter of polio'. In October 2014, Independent Monitoring Board (IMB) has demanded from the Pakistan government and other stakeholders to take transformative actions to fix the country's appalling polio programme.

3.4.4 Definition of a Child

There is no uniform definition of a child in terms of age in Pakistan. The Constitution does not provide a definition, and the multiple definitions which are embodied in various pieces of legislation create disparities in social practice and interpretation. As a consequence, the age of majority or minority is subject to various interpretations, depending upon the specific law under application. Social attitudes also contribute to how children are defined. It is commonly understood that a child is a human between the stages of birth and puberty. These attitudes are reflected in the way children are treated by police, the court of law and in cases of marriage.

It is important to align the age of marriage for boys and girls, raise the minimum age of criminal responsibility, and establish clear minimum ages of employment. The definition of a child should be uniform, and must not be relative or dependent on context. Special consideration can be given in certain situations, for example lowering the age for admission to employment which is permissible subject to special protections granted to children, but this does not mean that the "status of childhood" is taken away.

3.4.5 Birth Registration

Formal registering of births is not widely practiced in Pakistan, even though the national registration system was introduced in 1973 and enforced by the Directorate General of Registration. Birth certificates are made mandatory for services such as school enrollment, passports, voter registration, and marriage registration (36).

Child Registration Certificates				
Serial	Province	Male	Female	Total
1	Khyber Pakhtunkhwa	811,881	772,949	1,584,830
2	FATA	71920	38599	110519
3	Punjab	5,859,504	5,762,394	11,621,898
4	Sindh	1,269,520	1,277,911	2,547,431
5	Balochistan	202,936	176,006	378,941
6	Islamabad	170,393	171,390	341,783
7	Gilgit-Baltistan	78,568	75,308	153,876
8	Azad Kashmir	383,130	383,383	766,513
TOTAL		8,847,852	8,657,939	17,505,791

Source: NADRA (October 2014)

According to Pakistan Demographics and Health Survey 2012-13, 3 in 10 children (34%) under age 5 have been registered, and 32 per cent have a birth certificate. The government's vital registration system requires that a newborn be registered within the shortest possible time after birth. The survey reveals that children under age 2 are less likely to be registered than children age 2-4 (31 per cent and 35 per cent, respectively). The registration of older children is primarily driven by the practice of asking parents to produce a child's birth certificate for school admission.

It also shows that birth registration is higher in urban (59%) than in rural (23%) areas. No difference was found in the extent of birth registration between male and female children.

Pakistan has a legal and administrative structure stipulating official registration of births according to standard procedures. In 2000, the government established the National Database and Registration Authority (NADRA) to oversee registration of the population. All children under age 18 are registered using the “Bay Form,” and adults age 18 and older are issued a Computerized National Identity Card (CNIC). In recent times, NADRA tried to simplify procedures for registration, and has issued Child Registration Certificates to children; however the mandate of birth registration is primarily with local union councils. According to available data from NADRA (October 2014), a total of 17,505,791 Child Registration Certificates have been issued in Pakistan, including AJK and GB.

3.4.6 Corporal Punishment

Pakistan’s Penal Code (section 89) allows for corporal punishment and it is widely practiced as a disciplinary measure in schools, family, workplaces and other institutions. Ministry and Provincial Departments of Education have prohibited corporal punishment in schools through directives and notifications but they are poorly enforced with no proper monitoring system in place or legal binding. Efforts have been made to outlaw corporal punishment but so far without any major success. The only government that has actually prohibited corporal punishment is by the government of Gilgit-Baltistan. One of the reasons for widespread corporal punishment is that it is culturally accepted at homes, schools and at work, and it will not be reported unless the child is injured.

The study ‘Stopping the Fear: Why Teachers Use Corporal Punishment’, conducted by Plan Pakistan in 2013, reveals that most teachers and parents, at least those in low-income households, support corporal punishment in the classroom, despite the practice being banned in government schools. It is based on surveys of teachers and parents in four districts in Pakistan – Chakwal in the Punjab, Gilgit in Gilgit-Baltistan, Thatta in Sindh and Lasbela in Balochistan. Asked if they agreed with the statement that a small amount of physical punishment is necessary for most children, some 20% of teachers said they ‘fully agreed’ and 47% said they ‘partially agreed’. Parents (and other family members of students) were even more supportive of corporal punishment, with 41% fully agreeing and 38% partially agreeing with the statement. The most common form of physical punishment handed out to children, according to 24% of the more than 300 students who were surveyed, was to be beaten on the palms of the hand with a stick or ruler. Twenty-two per cent said slaps on the face or head were most common. Other popular answers were to be forced to stand or sit in an uncomfortable position, to be struck with a stick or ruler on body parts other than the hand, and to be kicked.

3.4.7 Non-discrimination

Discriminatory social attitudes as a whole and discrimination against children is widespread especially against vulnerable groups such as disabled children and girls who are victims of early and forced marriages, low school enrollment and high drop-out rates, honour killings, mutilation

and violence. There are a large number of marginalised populations within Pakistan such as children living in poverty, children in contact with the law, and children living in rural areas, especially regarding access to adequate social, health, and educational services.

A primary consideration of the non-discrimination principle is the importance of offering equitable access to social services, justice and participation to all groups of the population. Therefore, special attention needs to be given to children who are economically marginalised, belong to socially discriminated groups or are otherwise excluded from the full realisation of their rights.

3.4.8 Children Deprived of a Family Environment

PDHS 2012-13 reveals some information on living arrangements and orphan-hood among children. The survey reveals that about 84 per cent of children below age 15 and 83 per cent of those below age 18 live with both of their parents. Approximately 2 per cent of both children less than age 15 and children less than age 18 are not living with their biological parents, even if both are alive. About 4 per cent of children younger than age 15 and 5 per cent of children younger than age 18 have one or both parents deceased. A substantial proportion of children age 15-17 (5%) are not living with either parent, even when both parents are alive. This may be due to children moving to a relative's house to pursue further education or to seek work and shelter.

A large number of children in Pakistan are living in institutional care. The existing institutions providing alternative care are inadequate, both qualitatively and quantitatively, and lack mechanisms for conducting periodic reviews of placement. Efforts are under-way to enforce minimum care standards in the alternative care institutions.

Identity for Abandoned Children

In a landmark move, the National Database and Registration Authority (Nadra) approved a new 'Orphan Registration Policy and Juvenile Cards' in 2014. Under this policy, registration of orphan/ abandoned children will be carried by NADRA, and Smart Cards will be issued to children. Furthermore, children with unknown parentage will also be registered under Guardianship field through the same policy.

Under the new policy, the head of an orphanage where such a child lives is eligible to become that child's legal guardian by providing an affidavit. This replaces the old practice of going to the relevant court to seek guardianship certificates for each such child. Before this, a child could only be legally adopted if a guardian court issued a decree to the person claiming guardianship under the Guardian and Wards Act of 1890. Without a court decree, no-one could claim to be the legal guardian of a parentless or orphaned child. In the past, orphans could not be registered with NADRA because they had no legally appointed guardian, which kept them from obtaining national identity cards, the primary proof of citizenship.

Under section 9(1) of the NADRA Ordinance 2000, the authority is bound to register every citizen of Pakistan, inside or outside the country, who has attained the age of 18 years. The birth of a child must also be registered by a parent or a guardian not later than one month after the birth. Under the new policy, it is mandatory that the orphanage in question is registered with NADRA, a complete record of all children previously residing there is available and all documents of the relevant authority of the orphanage are in order. In case a child's parentage was unknown, whatever name was recorded by the orphanage in its records would be registered with NADRA. The orphanage would be responsible for providing these details and could assign any name to the child's parents, as long it wasn't a generic or placeholder name, such as Edhi, Abdullah, Adam or Eve. NADRA will to issue identity cards to such orphans free of cost.

As of 15 October 2014, 359 smart cards were processed by NADRA for orphans.

3.4.9 Abuse and Neglect

Although not widely acknowledged, there is prevalence of child abuse and neglect including sexual abuse. Existing laws suffer from weak implementation and the criminal justice system is also not child-friendly. There is lack of knowledge and data on the prevalence of abuse and neglect as a whole, and especially when it occurs within the family.

3.4.10 Child Sexual Abuse and Exploitation

Child sexual abuse is normally shrouded in secrecy. The available evidence shows that it is mostly acquaintances who abuse children, and exploit children trust. Victims are both girls and boys. Children who are exploited for commercial sexual exploitation include girls found in the red light district of major cities, massage boys commonly found in or near shrines, boys with alternate sexual identities, nomad children, children in the transport industry, children in deep sea fishing, and other high risk work places. Prostitution occurs on the streets, in brothels and via pimps who arrange visits between the children and the clients.

According to Sahil (NGO), 3508 cases of child sexual abuse were reported in Pakistan in 2014. The figure shows an increase of 17% from the previous year. The major crime category of rape/sodomy including gang rape and gang sodomy show that there were 1225 cases and 258 cases of attempted rape/sodomy, gang rape and gang sodomy. The cases of child sexual abuse exposed by Sahil are only the tip of the iceberg of the extent of sexual exploitation of children. There is a paucity of reliable statistics and published data on the prevalence of CSEC and CSA in the country. Very few cases are reported by families to save family “honour” and the overall criminal justice system discourages victims to report cases and fight long legal battles in courts. Most cases of child abuse, particularly CSA, remain under cover and go unreported. In Pakistan, there is no mandated system of reporting child exploitation, abuse and/or neglect.

Although there are number of penal provisions that deal with different forms of child sexual abuse such as abduction, rape, gang-rape, molestation, murder after sexual assault but there are no exclusive penal laws for cases of child sexual abuse and sexual exploitation, or to deal with sexual consent (37).

All children are vulnerable to sexual abuse and exploitation, but children in difficult circumstances are at higher risk of being sexually abused and prostituted due to specific situations, such as street children, refugee children, economically active children, especially those working in small hotels and restaurants, children in transport industry and bus terminals and those confined in detention centres/ jails.

3.4.11 Children with disabilities

Of the total population, the number of persons with disabilities range from 4 to 8 million in Pakistan, and 45% of these are children under age 18 (38). An estimated 1.4 million persons with disabilities in Pakistan were the children of school going age, most of whom do not have access to either inclusive or special schools due to limited capacity in the existing facilities(39). There is limited integration and no support for children with disabilities in schools, social events and cultural activities, thus majority of them have very little chance to become productive citizens of the society.

3.4.12 Harmful traditional Practices

Harmful traditional practices, including forced and/or early child marriages and dowry-related violence persist in the society. Very little has been done to stamp out all traditional practices harmful to the physical and psychological well-being of children, and the girl child in particular. Amendments to the penal laws to outlaw harmful traditional practices are indicative of the problem that is pervasive. More measures are needed to prohibit and eradicate harmful practices, and to carry out sensitisation programmes to change negative traditional attitudes.

The practice of child, early and forced marriage is prevalent and occurs in all regions of Pakistan, with the highest prevalence in the Sindh Province. According to Labour Force Survey 2012-13, 0.13% of children from the age group population of 10 to 14 years are married. Of the ages between 15-19 year, 6.49% children/ youth are married in Pakistan. Child marriage cases which have been reported in media, reveals a positive role of police. In recent years, police were able

to stop number of marriages and filed cases against culprits when police were informed or a case was reported to them.

The Sindh Assembly deserves praise for being the first legislature in the country to have passed a bill prohibiting child marriage. Similar Bills have been initiated by other provinces as well but so far there has been no success.

3.4.13 Torture and other cruel, inhuman punishment

The media and NGOs regularly report cases of torture, ill-treatment and sexual abuse of children, including those belonging to religious or other minority groups, by police/prison officers in detention facilities. There is some ambiguity in relevant laws in definitions of torture, cruelty, and degrading treatment.

3.4.14 Children in Armed Conflict

Numbers of children taking active part in hostilities and militant acts have gone down in 2013 and 2014 comparing from 2009 to 2012. It does not mean that child involvement in armed conflict has been completely abolished. Children who have been caught by the authorities have confirmed under-age recruitment and training of minors by militant groups. The government needs to take significant preventive measures, such as awareness-raising, and physical and psychological recoveries of children affected by armed conflict, in particular, those who have been recruited, trained, and have taken part in terrorist activities.

3.4.15 Child Labour

Child labour is widely prevalent in Pakistan, and can be found in almost every sector of the economy. A large proportion of child labourers are invisible as they work predominantly in the informal sector. There is high level of acceptance of child labour in the society. ILO conventions 138 and 182, dealing with minimum age of admission to employment and worst forms of child labour, are poorly enforced. There is lack of protection from abuse and exploitation at workplaces, and child domestic workers have no protection under law. Child labour policy and laws are poorly implemented. Despite a wide spread problem, there is no latest survey that can gauge the extent and prevalence of child labour in Pakistan. The last survey was carried out in 1996 by the Federal Bureau of Statistics, in collaboration with ILO. According to the findings, 3.36 million children (in the 5-14 year age group) were involved in child labour. Of the 3.3 million working children, 73 per cent (2.4 million) were boys and 27% (0.9 million) were girls.

3.4.16 Child Trafficking

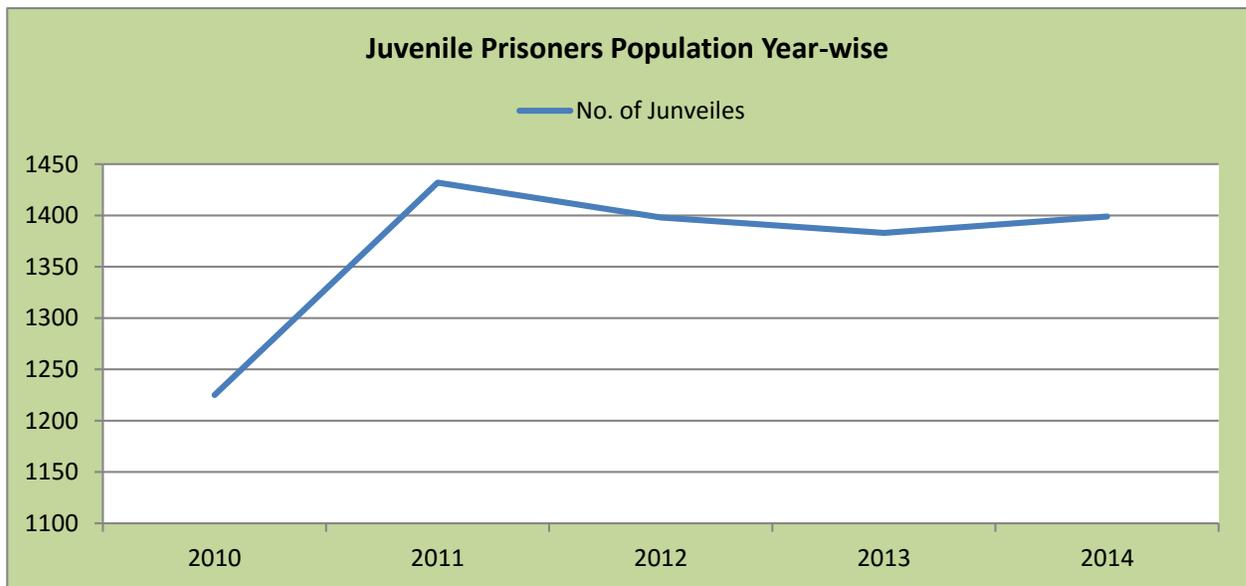
Good progress has been made in recent years to counter cross-border trafficking of children and trafficking via air routes has reduced substantially. Some forms of cross-border trafficking still take place on borders of Balochistan and the tribal belt (northern Pakistan) (40). Internal trafficking of children is pervasive but understanding of internal trafficking among law enforcement agencies is poor especially when children are sold by parents or forced into marriages, forced labour, sexual exploitation or domestic servitude.

3.4.17 Street Children

There is a huge increase in the number of street children in urban centres and their vulnerability to violence, torture, sexual abuse and exploitation has increased manifold. The government offers no comprehensive strategies to address this issue while the registration system of missing children by the police is ineffective and inefficient in most of the cities. Punjab and Khyber Pakhtunkhwa have taken legislative and administrative measures but implementation is a challenge. No initiative has been taken to monitor and stop children migrating for work from rural areas to urban areas.

3.4.18 Juvenile Justice

It is welcome to see that the number of juveniles in detention centres / prisons has decreased over years despite poor enforcement of Juvenile Justice System Ordinance 2000 in Pakistan. At the end of 2014, juveniles population in prisons were 1399, comparing to 3586 juveniles in 2003 (41). Juvenile population for last five years has remained stagnant, averaging between 1200 to 1450 every year.



Like every year in 2014, majority of children in prisons were under-trials. Of the total 1399 juveniles at the end of 2014, 1292 children were under-trials and 107 children were convicted (42). According to Provincial Reclamation and Probation departments, 259 children were released on probation in 2014 and 288 children were released in 2013.

The minimum age of criminal responsibility still stands at 7 years. There are no proper rehabilitation facilities for juvenile offenders to meet the provisions of JJSO 2000. Living conditions of majority detention centres are poor, with few exceptions. No exclusive juvenile courts have been set up. Under article 3 of the JJSO, child accused has a right to legal assistance at the expense of the state and corresponding articles in the Juvenile Justice Rules notified in the provinces obligate juvenile courts or district and sessions courts, functioning as juvenile courts, to establish panels of legal practitioners to assist the juvenile accused. The lack of access to free legal assistance, coupled with the inability of many children and their families to pay lawyers' fees, has also contributed to juveniles not being able to avail of bail provisions (43). According to civil society groups, over 80% of juveniles charged with bail-able offences remain in prison due to a lack of or inadequate legal assistance.

Juvenile Prisoners Population in 2014			
Province	Convicted	Under-Trial	
Balochistan	8	41	49
KP & FATA	29	272	301
Punjab	63	694	757
Sindh	7	284	291
GB	0	1	1
AJK	0	0	0
Total	107	1292	1399

Source: IGP of all Provinces

Civil society groups have expressed serious concerns about the new law passed to counter extremism and terrorism in Pakistan. In October 2013, the President of Pakistan, on the advice of the Prime Minister of Pakistan, promulgated the Pakistan Protection Ordinance (PPO), which was further amended in 2014 to include more stringent provisions to deal with acts of terrorism, but many of its provisions are against fundamental rights. The PPO says that the civil and armed forces can, on reasonable apprehension, use force (including shooting on sight) on people, including women and children, to prevent them from the commission of offence given in the schedule of the Ordinance. Under the PPO, any person, including children, can be arrested under the preventive detention and can be kept in detention up to ninety days, though the prevention detention of children under 15 years old is prohibited in the JJSO (Section 10 (6)), but ATA has been given overriding effect on all other laws. As such, no protection measures for children in case of preventive detention are available. The civil society groups are urging the government to revisit the law and exclude all the anti-child rights provisions, and protect interests of innocent children.

The National Commission of Child Welfare and Development (NCCWD) has drafted a bill to codify and amend the laws relating to the criminal justice system for children alleged and found to be

in conflict with the law. Salient features of the proposed 'The Juvenile Justice System Bill 2015' are to focus on disposal of cases through diversion and rehabilitation of juvenile offenders.

3.4.19 Refugee Children

Pakistan is still hosting a large number of Afghan refugees with estimated population of 1.6 million refugees (44). Many Afghan children endure harsh living conditions, and many of them survive by working as child workers, beggars and rag-pickers. Pakistan is not fully complying with UNHCR Guidelines on the Protection and Care of Refugee Children and has not ratified international instruments safeguarding the interests of refugees. The Government of Pakistan feels that they have done much more for refugees than any other country, given their limited resources.

3.4.20 Right to life

Every year, many children either die or are killed in Pakistan as a result of internal armed conflict, population displacements, honour killings, family disputes, poor health and sanitation facilities, severe malnutrition and related illnesses. Increasing numbers of children, born out of wedlock, are being abandoned.

3.4.21 Right to an adequate standard of living

A high number of children are living in poverty, with inadequate housing, lacking sanitation and sewage facilities, and without clean drinking water, causing injuries, sickness and death. Safety net coverage is inadequate and limited to providing support and material assistance to economically disadvantaged families, and to guarantee the right of children to an adequate standard of living.

3.4.22 Resource Allocation

The budget represents a financial commitment to which the government can be held accountable. Allocation for children in Pakistan by federal and provincial governments remains low, thus hindering effective implementation of the UNCRC. Budgets are not prepared from a child rights perspective. Despite government claims and commitments, overall funding remains extremely low for social welfare, education, and health sectors. The government (Federal and Provincial) are urged to make their budgets more 'child friendly' by reviewing their budgets to ensure that priority is given, in budgetary allocation and implementation, to the realisation of children's right and wellbeing.

3.4.23 Best Interest of the Child

To some extent, judicial decisions regarding custody of minors are based on the best interests of children; however, judges and the legal system use the age limit instead of the best interests of the child as decisive criteria in determining custody in cases of divorce. Besides, there is little evidence that the principle of best-interest is a primary consideration for the government or whether the principle is well understood by all professionals, particularly those who are directly working with and for children.

3.4.24 Data

The government has not been successful in establishing a comprehensive and permanent mechanism to collect children's data, disaggregated by sex, age, and rural and urban area with emphasis on the vulnerable group. Although the National Plan of Action 2006 specifically identifies it, no indicators have been developed to monitor and evaluate progress achieved in the implementation of the UNCRC and assess the impact of policies that affect children. Efforts have been made in Punjab and KP, and some departments have developed excellent data systems but so far integrated functional system is missing at national and provincial level.

Children are affected by Disasters in Pakistan

Pakistan is one of the most disaster prone countries in the world and frequently experiences multiple disasters in a given year. Consecutive years of floods since 2010 have led to millions of people being displaced and at risk. These floods resulted in unprecedented and unsustainable losses. This has a significant impact on livelihood and nutritional security. High levels of malnutrition, coupled with limited access to water, sanitation and medical services, have compromised the health and coping capacities of the most vulnerable communities.

The northwest of Pakistan and the regions in neighbouring Afghanistan, Khyber-Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA), are affected by large scale internal displacements due to military operations and insurgency. Security operations by the Government against armed non-state actors and sectarian violence have resulted in waves of displacement of up to 4 million people over the years. As of 31 December 2012, the registration of IDPs by UNHCR and the authorities indicates that there were 163,102 IDP families in need of humanitarian assistance (45).

In June 2014, renewed military operations against non-state armed groups in the North Waziristan Agency (NWA) prompted within two weeks a massive displacement of the civilian population. As of 8 August 2014, the total registered displaced population from North Waziristan (NWA) was 1,002,002 individuals (95,356 families): 258,643 males; 286,389 females; and 456,970 children. Overall, 74 per cent of the total displaced population was women and children. No proper arrangements were made in time to look after millions of population consisting of women, children, old age persons and people with disabilities. The vast majority of IDPs have sought refuge within the host communities of Bannu, Lakki Marwat, Karaka, D I Khan, Kurram and Peshawar Valley. The influx of nearly a million people has put tremendous strain on the limited existing facilities in the hosting areas (46).

Access of humanitarian organisations to IDP populations in need remains one of the key challenges. Health facilities are overburdened, and there is a lack of adequate health professionals to meet the increased number of patients, notably the female health professionals. Diarrhoea and respiratory infections among children were reported to be steadily increasing and the risk of epidemics is high. Children are highly vulnerable in displacement settings, and efforts must be made to ensure their protection and welfare.

At time of preparing this report, military operation is still taking place, with displaced population waiting for peace so they can go back homes. Disasters have an enormous and significant negative impact on future generations, and development of Pakistan.

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Chapter 4: State of Children in Balochistan

Name of Province/ Region	Balochistan
Population (1)	9,717,000
Literacy Rate 10 years + (2)	44% (62% Male, 23% Female)
Net Enrollment Ratio (Primary Level 5-9) (3)	45% (54%, 35%)
Gross Enrollment Ratio (Primary Level 5-9) (4)	86% (49%, 69%)
IMR (5)	97 per 1000 lives
U5MR(6)	111 per 1000 lives
MMR(7)	785 per 100,000 live births
Children in Detention Centre (UT, Convicted) (8)	49 (41 Under-trial, 8 Convicted)
Number of Children Released on Probation (9)	12
Child Labour Participation Rate (10)	7.04 % (10-14 Years) 12.92 % (15-19 Years)

4.01 Introduction

Balochistan is the largest province of Pakistan in terms of area and comprises 48 per cent of the total land mass (11). The province is named after its inhabitants, the Baloch. It borders Iran and some parts of Afghanistan to the west, Khyber Pakhtunkhwa to the north, and Punjab and Sindh to the east. To the south is the Arabian Sea. Gwadar is the major port of Balochistan. Balochistan's estimated population, in 2014, is 9,717,000 with 53 per cent males and 47 per cent females (12). Population density in this province is low due to the mountainous terrain and scarcity of water. The capital and largest city is Quetta, located in the most densely populated district in the northeast of the province.

Balochistan has a patriarchal and traditional society. It is dominated by tribal chieftains called Mirs, Sardars, and Nawabs, who are the ruling elite of Balochistan. Each tribe is further subdivided into various branches. The cultural landscape of Balochistan portrays various ethnic groups. The principal languages in the province are Balochi, Brahui, and Pashto.

Provincial economy is largely based on natural gas, coal, minerals and two thirds of the country's coastline. Balochistan's share of the national economy has ranged between 3.7 per cent and 4.9 per cent (13), which remains much below its potential. Agriculture and livestock employ 65 per cent of the labour force. It is the most neglected province, with all the social and economic indicators running at the lowest ebb.

The province has been a prey to internal and external conflicts, and a target of militancy and terrorism by the Taliban. In the past few years, the province has also been a flashpoint for sectarian violence targeting ethnic Hazara community. Many innocent civilians, including children, have been killed or maimed in these deadly attacks.

The overall literacy rate of Balochistan is 44 per cent, with 62 per cent for males, and only 23 per cent for females (14).

4.02 Policy and Legal Framework

In 2013, the Government of Balochistan approved Child Protection Policy. In 2014, the Balochistan made steady progress and passed three important pieces of legislation related to children. It is a big achievement, considering that only one provincial law existed on statute books before 2014.

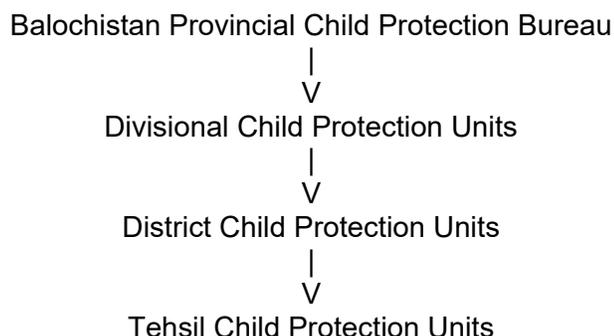
Child Protection Policy of Balochistan

The Government of Balochistan approved a Child Protection Policy in 2013, in an attempt to ensure safety of children in Balochistan against all forms of violence, abuse, and exploitation. The Policy states that the Government of Balochistan will establish a Child Protection Bureau under the provincial Department of Social Welfare and Special Education. The Child Protection Bureau shall function as an executive body/structure, being accredited as a public administration body. Child Protection Units shall be established at Divisional, District and Tehsil levels under the Social Welfare and Special Education Department.

The goals of the Balochistan Child Protection Policy are as follows:

- Strengthen institutional capacities of government authorities in charge of Child Protection Systems at the provincial and local levels;
- Reform legal and administrative frameworks from the perspective of child rights and child protection;
- Strengthen infrastructure to prevent all forms of child abuse, neglect, and exploitation at the community level;
- Establish a comprehensive monitoring system for child protection, manage an information database, and undertake relevant research;
- Develop a child protection system for services by diversifying the types of services, re-organise existing services, pilot and extend new services focused on family and the community;
- Disseminate and encourage information, public awareness, and capacity building on child protection for stakeholders, key decision makers, professionals, media specialists, parents, children, and the general public;
- Institutionalise co-operation with key sectors involved in intervention and prevention of child abuse and exploitation, namely Probation and Child Care Services, Justice and Law Enforcement authorities, Immigration, Defence, Health, Education and the NGO and INGO networks.

Proposed Administrative Structure for Child Protection System



The Balochistan Compulsory Education Act, 2014

On 12th March 2013, the Governor of Balochistan approved the Ordinance on free and compulsory education. The Ordinance made all five to sixteen year old children residing in the Balochistan province for free and compulsory education by law. The Ordinance was then passed by the provincial assembly on February 6, 2014 and is now called “Balochistan Compulsory Education Act, 2014”. The move came against the backdrop of the Supreme Court’s directive to implement Article 25-A of the Constitution. Implementation of the law is dependent upon rules which have not been framed (15).

According to the law, the state will charge no fee for tuition directly or through any other head that imposes a financial burden on the parent/ guardian of the child. In addition, the state is responsible to provide the child with free textbooks, stationary, one meal in school and transport facilities. This education for every child is compulsory until the child has completed the highest level of education course, offered in school. The only exception could be when a child has physical or mental disability. In such a case, it is parent responsibility to send their child to special education school within the area of his or her residence.

The Government will constitute School Attendance Authorities for vigilance, ensuring attendance of children in schools. They can take action if parents fail to comply with the law. Under this law, Parent School Committees will also be notified. These committees have been entrusted with many responsibilities such as motivating parents and children to take admissions in schools; recommend any changes in school operations; plan and implement schemes to facilitate implementation of mid-day meals; recommend to the Authority exemptions from compulsory attendance; maintenance of healthy educational environment, report the cases of absence or late attendance of school teachers or non-teaching staff posted in schools, etc. Failure to comply with provisions of this law, parents or employers will be fined or can be imprisoned if they continue doing so.

The Balochistan Breast Feeding Protection and Nutrition for Infants Young Children Act, 2014

This Act was promulgated on 24th January 2014 to provide for the protection of breast-feeding in Balochistan, and nutrition for infants and young children by promoting and protecting breast-feeding, and by regulating the marketing and promotion of designated products, including breast milk substitutes, and of feeding bottles, values for feeding bottles, nipples shields, teats etc. For the administration and implementation of this law, an Infant Feeding Board will be constituted. Key functions of this Board are: (i) receive report of violations, (ii) to recommend investigation of cases against manufactures, distributors or health workers found to be violating the law, (iii) plan and coordinate the dissemination of educational materials on the topics of infant feeding, (iv) advise government on policies for the promotion and protection of breast feeding, and matter relating to designated products especially infant and young child nutrition etc.

The Balochistan Borstal Institution Act, 2014

The Balochistan Borstal Institutions Act was passed on 3rd September 2014. The purpose for this law is to provide for the establishment and regulation of Borstal Institutions in Balochistan for the detention of juveniles for their education and training for their mental, moral and psychological development. The Government shall establish and maintain one borstal institution at every district or more where it deemed necessary and one borstal institute would be established within six months after passing law at the provincial headquarters. Under this law, “Juvenile” means a person who at the time of commission of an offence has not attained the age of eighteen years, and includes a child and youthful offender. This is in line with the Juvenile Justice Ordinance, 2000.

The Balochistan Orphanages (Supervision & Control) Ordinance, 1978

The Balochistan Orphanages (Supervision and Control) Ordinance, 1978 is the law dealing with issuance of licenses to orphanages. The law establishes a Board to supervise and regulate the working and control of orphanages in the province. All orphanages, however, established or managed by the government, are exempted from this law. This law repealed the West Pakistan Control of Orphanages Act, 1958 in its application to the Province of Balochistan. The law does not extend to the Provincially Administered Tribal Areas of Balochistan. Contravention of any provision of the Ordinance is punishable with imprisonment for a term extending to three years, but not less than one year, or with fine which may extend to Rs 2,000, or with both. Despite passage of this law many years ago, rules have not been framed. Law remains on books only, and is not enforced.

The Balochistan Domestic Violence (Prevention and Protection) Act, 2014

The Balochistan Assembly passed the Balochistan Domestic Violence (Prevention and Protection) Bill 2014 in February 2014. This Act provides protection against different forms of domestic violence, including physical, sexual and economic abuse, harassment, etc. as well as verbal and emotional abuse. This law expands the ambit of the law and includes violence against domestic servants as well.

The Balochistan Child Welfare and Protection Bill, 2011 (DRAFT)

The proposed Bill focuses on providing protection to children against violence, harm, injury, abuse, neglect or negligent treatment, maltreatment and exploitation. The law proposes setting up of a Child Welfare and Protection Bureau which shall monitor child protection units at the district level. The Bill has been under-discussion for quite long. According to the Social Welfare Department, the Bill has been vetted by the Law Department, and is expected to be passed soon by provincial legislative assembly of Balochistan.

4.03 Institutional Arrangements for Child Protection in Balochistan

Different departments and agencies are responsible for protecting children in Balochistan. Social Welfare, Special Education, Literacy/ Non-Formal Education and Women Development Department are the central departments in the province with a mandate for policy reforms, monitoring and research and coordination on matters related to social welfare, including child rights and children's welfare.

The Provincial Labour and Manpower Department acts as a focal department responsible for legislation, policy development and implementation of labour standards in the province. The Home Department is responsible for internal security and public order, administers prisons and crisis management, police reforms, and rehabilitation of offenders among others. The FIA Quetta office works under FIA Headquarters in Islamabad, and has established Anti-Trafficking Units. The Directorate of Human Rights is working directly under the Ministry of Law, Justice and Human Rights to review the situation of human rights in the province and monitors the implementation in compliance with international treaties.

Balochistan Child Rights Standing Committee (BCRSC)

Balochistan Child Rights Standing Committee was notified on 22nd July 2014 (16). The mandate of the committee is to work towards incorporating the UNCRC through legal reforms and administrative policy. The specific objective of the BCRSC is to monitor and review the progress made under Action Plan for child related issues. The Committee shall look into matters pertaining to children in need of special care and protections and recommend appropriate remedial measures for children in distress, marginalised and disadvantaged children, children in conflict with law, children without family etc.

The Balochistan Child Rights Standing Committee functions under the chairmanship of the Provincial Ombudsman Balochistan. Members of standing committee are (17): Ombudsman Balochistan, Secretaries of all departments (Law & Parliamentary Affairs, Home & Tribal Affairs, Health, Secondary Education, Labour & Manpower, Social Welfare, Prosecution Department, Sports & Youth Affairs Department), Inspector General of Police Balochistan, Inspector General of Prisons Balochistan, Director General Provincial Disaster Management Agency Balochistan, UNICEF BALOCHISTAN, Save the Children, SEHER (NGO), LHRLA (NGO) and Provincial Commissioner for Children (Ombudsman Secretariat Balochistan).

Steering Committee on Birth Registration

A Steering Committee was constituted to promote birth registration under the chairmanship of Secretary Local Government. UNDP and UNICEF are also members of the Steering Committee (18).

Child Protection Sub-Cluster

The Child Protection Sub-Cluster aims to facilitate an effective inter-agency child protection response during emergencies and disasters. This Sub-Cluster works under the supervision of UNCHR, with an official of the Department of Social Welfare as the Chairman of the Sub-Cluster (19).

Provincial Commissioner for Children- Ombudsman Secretariat Balochistan

Provincial Commissioner for Children is the new name of Children's Complaint Office that was setup under the Provincial Ombudsman. The objective of this Commissioner is to investigate and redress any injustice done to a child (up to 18 years) through maladministration of a government agency, such as a school, hospital, or law enforcing agency (20).

National Centre(s) for Rehabilitation of Child Labour (NCRCL)

There are 14 NCRCL all over Balochistan; Quetta 2, Lasbella 2, Khuzdar 1, Loralai 1, Pishin 1, Naseerabad 1, Gwadar 2, Turbat 1, Sibi 1, Noushki 1, and Jaffarabad 1. These centres have been set up by Baitul-Maal to wean off child labourers between the ages of 5-14 who, once enrolled in the centres, are given free education, clothing, a stipend, as well as a subsistence allowance for their parents (21).

Pakistan Sweet Homes

PBM has set up two Sweet Homes in Quetta and Zhob. These are orphanages for children whose parents, either one or both, are deceased. They help to rehabilitate and facilitate children through education, health, and residential facilities. Orphans with the following criteria are enrolled in each centre, i.e. orphans without a father, the poorest of the poor, and aged between 4 to 6 years (22).

Child Support Programme

PBM is running a Child Support Programme, through cash transfer on quarterly basis, to promote primary school education and reduce the drop-out rate by providing additional resources to poor families for sending their children to schools. Amount of benefit includes Rs. 300 for one child and Rs. 600 per month for two or more children (23). The programme is being supported in Quetta, Kharran and Lasbella.

Other important past initiatives in Balochistan by different government agencies were the Provincial Commission for Child Welfare & Development (PCCWD), Police Child Protection Centre (PCPC), Child Friendly Desks, FIA Child Protection Centre and Hospital-based Child Protection Committees. PCCWS is not active anymore and Police Child Protection Centre is closed whereas

the responsibility to run Child Friendly Desks, FIA Child Protection Centre and Hospital based Child Protection Committees now rest with respective departments and agencies.

Institutional Assessment of Social Welfare Department

The Government of Balochistan with the support of UNICEF Pakistan carried out an institutional assessment of Social Welfare Department Balochistan in 2013 (24). The scope of assessment includes organisational aspects vis-à-vis child protection issues covering policy, legal and regulatory frameworks, resource mobilisation, partnerships with private sector/ local communities, human and financial management. Through this assessment, a strategy was evolved with clear outcomes and outputs for the period of 2013-18. Six strategic areas (SPA) were identified and prioritised. These six SPAs are: (i) Good governance (ii) Institutional Capacity (iii) Social and Economic Empowerment (iv) Institutional Care Services (v) Public Private Partnership (vi) Relief, Rehabilitation and Reintegration services / disaster risk reduction.

4.04 Education

According to NEMIS 2013-14, a total of 1.365 million (62% males, 38 % females) children are enrolled in public and private schools of Balochistan from pre-primary to degree college. It is pertinent to note that the enrollment significantly drops from primary to middle schools among both boys and girls. Of the total enrollment, 63% (854,789) students are studying in rural areas, and 37% (510,265) students are enrolled in urban areas of Balochistan. The enrollment in educational institutions shows increase of only 2.3 per cent in Balochistan in two years. The enrollment of students in 2011-12 was 1.33 million comparing to 1.365 million in 2013-14.

Enrollment in Formal Schools in Balochistan 2013-14			
	Boys	Girls	Total
Pre- Primary	260332	154883	415215
Primary	416642	267760	684402
Middle	111070	61560	172630
High	49850	26523	76373
High Secondary	3078	1777	4855
Degree	5860	5719	11579
Total	846832	518222	1365054

Source: NEMIS 2013-14

According to ASER Survey 2014 conducted in rural areas of Balochistan, 28% of all school-aged children within the age bracket of 3-5 years were enrolled in schools as compared to 19% in 2013, and 72% children of age 3-5 are currently not enrolled in any early childhood program/schooling.

Negative enrollment indicates less number of children admitted in schools in comparison to the previous year. According to BEMIS Census 2013, less numbers of children were enrolled in 2013 in nine districts comparing to 2012 (25). District Jaferabad had the highest negative enrollment rate whereas District Barkhan had the maximum positive enrollment rate. The highest number of drop-outs were reported from Loralai (46%) followed by Washuk (40%).

Negative Enrollment in Balochistan				
District	Enrollment		% Change	Drop-out
	2012	2013		
Chaghi	25223	24867	-1.41	24%
Jaferabad	89877	64227	-28.54	25%
Kalat	34804	33686	-3.21	27%
Khuzdar	46238	44746	-3.23	32%
Loralai	40657	32646	-19.7	46%
Musakhel	12942	12334	-4.7	39%
Noshki	27331	26802	-1.94	20%
Pishin	72232	69211	-4.18	27%
Washuk	13425	12897	-3.93	40%

Source: BEMIS 2013

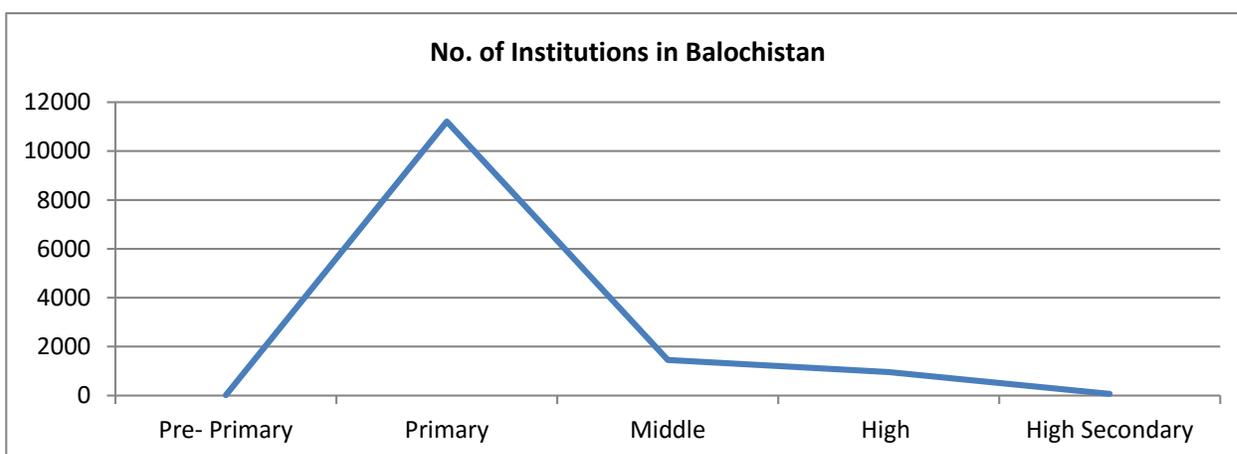
BEMIS 2013 reveals that districts with positive enrollments have also reported high drop-outs from schools. For example, Killa Abdullah enrollment has increased from 49,732 in 2012 to 50,251 in 2013 with drop-outs of 31%. The enrollment could have been much higher in 2013, if government was successful to retain students in the education system.

Positive Enrollment				
District	Enrollment		% Change	Drop-out
	2012	2013		
Awaran	22243	23104	3.87	27%
Barkhan	16374	24586	50.15	17%
Dera Bugti	21086	23895	13.32	23%
Gawadur	31944	32614	2.1	21%
Harnai	9539	10355	9	27%
Jhal Magsi	26099	32220	23.45	23%
Kachhi	29321	35205	20.07	7%
Kech	80127	87233	8.87	14%
Kharan	20610	20775	0.8	27%
Killa Abdullah	49732	50251	1.04	31%
Killa Saifullah	36079	37621	4.27	28%
Kohlu	14170	15454	9.06	37%
Lasbela	48611	49534	1.9	24%
Mastung	26351	32139	21.97	16%
Naseer Abad	29451	31497	6.95	30%
Panjour	34497	37383	8.37	18%
Quetta	128840	131198	1.83	24%
Sherani	6419	6663	3.8	28%
Sibi	22507	23651	5.08	18%
Sohbatpur		31128		
Zhob	26429	30551	15.6	18%
Ziarat	13506	15658	15.93	18%

Source: BEMIS 2013

Educational Institutions

NEMIS 2013-14 reports that there 13,762 educational institutions for 1.365 million students from pre-primary up to degree college. There are 9305 educational institutes for boys, 3635 for girls and 822 institutes are mix. There are 2027 institutes in urban areas and 11735 institutes in rural areas. Numbers of middle schools are very low in comparison to primary schools, and are unable to cater to local educational needs (26). In two years, 301 new schools have been established in Balochistan.



Educational Institutions in Balochistan 2013-14						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre- Primary	1	10	1		10	11
Primary	1187	10022	7991	2853	365	11209
Middle	338	1113	685	505	261	1451
High	406	553	573	239	147	959
High Secondary	38	25	32	18	13	63
Inter College	19	7	10	4	12	26
Degree College	38	5	13	16	14	43
Total	2027	11735	9305	3635	822	13762

Source: NEMIS 2013-14

In addition to formal schools, there are 18,153 children (10669 boys, 7484 girls) enrolled in 421 NCHD schools, 21,675 children (10829 boys, 10846 girls) are in 607 Basic Education Community Schools and 78,521 children (51685 males, 26836 females) are enrolled in 726 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the province (27). The comparison between NEMIS 2011-12 and NEMIS 2013-14 shows the upward trend of enrollment in Deeni Madaris. In 2011-12 academic year, the enrollment of Deeni Madaris was 75,230 students. The enrollment in BECS, however, has decreased from 37,958 students to 21,675 students in two years due to closure of many community schools.

Non-Formal Institutions in Balochistan 2013-14				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	607	10829	10846	21675
NCHD	421	10,669	7484	18153
Deeni Madaris	726	51,685	26836	78521

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

Pupil Teacher Ratio (PTR) is one of the most common indicators used in educational planning. A low number of pupils per teacher indicates that pupils will have a better chance of contact with the teachers and hence a better teaching-learning process. According to NEMIS 2013-14, the PTR ratio at different levels is: 108 at pre-primary level, 32 at primary level, 21 at middle level and at upper secondary it is 23. It clearly indicates a need of human resource investment to curb school drop-outs at pre-primary and primary level.

Gross and Net Enrollment Rates of Balochistan

Gross Enrollment Rates (GER) referred to the participation rate of children attending primary schools divided by the number of children aged 5 to 9 years. Balochistan witnessed some improvement from 73 per cent in 2012-13 as compared to 69 per cent in 2011-12 according to Pakistan Social and Living Standards Measurement Survey 2012-13.

Net Enrollment Rates (NER) at the primary level refers to the number of students enrolled in primary schools of age 5 to 9 years divided by the number of children in the same age group for that level of education. Balochistan witnessed a prominent improvement at 45 per cent in 2012-13 as compared to 39 per cent in 2011-12.

Provincial NER/GER at Primary Level	2011-12 (per cent)			2012-13 (per cent)		
	Male	Female	Total	Male	Female	Total
Balochistan						
Gross Enrollment Rates	86	49	69	91	52	73
Net Enrollment Rates	48	28	39	54	35	45

Pakistan Social and Living Standards Measurement Survey 2012-13

Survival Rates

Balochistan is not showing good progress when it comes to survival rates. Only half of enrolled children survive up to Grade-5. There are number of factors for drop-outs, including conservative environment, extreme poverty, poor quality of education, long distances between school and home, and poor law and order situation.

Survival Rates to Grade 5 from 2001-02 to 2012-13				
Province	2001-02	2005-06	2009-10	2012-13
Balochistan	49.70%	39.60%	50.50%	48.90%
- Male	41.3%	37.9%	51.0%	50.2%
- Female	39.7%	42.4%	49.8%	46.9%

Source: NEMIS (2001-13)

Budget

As percentage of total expenditures, actual education expenditures in 2011-12 were 20.83% of the total provincial expenditures. It dropped down to 15.91% in 2012-13. However this does not show the actual picture as the overall spending has been increased from Rs. 23,981 Million to Rs.29,171 Million.

Balochistan Actual Education Expenditures against Total Expenditures (Million)					
2011-12			2012-13		
Education Expense	Total Provincial Expense	% Education/ Total Expense	Education Expense	Total Provincial Expense	% Education/ Total Expense
23981	115138	20.83%	29171	183353	15.91%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Of the total education expenses of 29171 million, 91% of education expenditures comprise current expenses and only 9% comprises development expenditures leaving a very small portion for development expenditures.

Balochistan				
Distribution of Education Expenditures (actual) by Current and Development Heads 2012-13				
Current	Development	Total Expenditures	% Current	% Development
26601	2570	29171	91%	9%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Key Challenges

Lack of Institutions

Balochistan does not have adequate number of institutions to cater for its educational requirements. According to the Policy Planning and Implementation Unit (PPIU) there are about 22,000 settlements in Balochistan but availability of schools is only for 10,000 settlements. In rural areas, students have to walk long distances to get to schools. Situation analysis of education system in Balochistan conducted by SPO in 2013 reveals that out of five children one child has to travel more than 30 minutes and one child in 10 children has to travel more than one hour to school. The situation analysis further reveals that there is only one middle school for 11 primary

schools. The numbers of primary schools are 11,209 in Balochistan but number of middle schools is only 1,451 and it further goes down for high and higher secondary.

Out of School Children (OOSC)

According to NEMIS 2012-13, 563,214 children are out of school of primary school age in Balochistan (28). Of the total out of school children, 267,066 (47%) are boys and 296,148 (53%) are girls. According to ASER survey 2014, 23% children have never been enrolled in a school and 10% have dropped out of school for various reasons.

UNICEF study conducted on Out of School Children (OOSC) in Pakistan estimates that in Balochistan 76 per cent of children aged four years, 64 per cent of five-year-olds, 51 per cent of six-year olds, 46 per cent of seven-year-olds, 41 per cent of eight-year-olds, 38 per cent of nine-year old, 33 per cent of 10-year-olds, 43 per cent of 11-year-olds and 50 per cent of 12-year-olds are out of school (29). The report indicates gender disparity and urban and rural disparity. Wealth is also a considerable factor in determining attendance rates. There is strong evidence of early enrollment in primary education, particularly of four-years-olds from the richest households (27.5 per cent) compared with those from the poorest households (11.6 per cent). The non-attendance rate decreases from the poorest wealth quintile to the richest wealth quintile (81.4 per cent compared to 53.1 per cent). Additionally, more than 99 per cent of households with OOSC have no access to Zakat from either the public or private sector.

Drop-outs

The overall dropout rates of Balochistan are alarming in Balochistan, with 50% of primary students dropping out before completing primary education (50% boys, 53% girls). Dropout rates are higher in earlier classes. According to NEMIS 2012-13, drop-outs in ICT are 17% at grade-1, 14% at grade-2, 13% at grade-3, 14% at grade-4 and 0% at grade-5.

Dropout Rates in Primary Education from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
Balochistan	59.3%	60.4%	49.5%	51.1%
- Male	58.7%	62.1%	49.0%	49.8%
- Female	60.3%	57.6%	50.2%	53.1%

NEMIS 2012-13

There are multiple reasons of high drop-outs in Balochistan, including shortage of nearby schools, teachers' shortage and absenteeism, poor teaching quality, poor school environment, family poverty, insecurity, natural disasters and other factors. Internal conflict in the province as well as continued terror attacks are also responsible for children dropping out from school. Security concerns make it difficult for parents to send their children to school. The conflict has also impacted on the well-being of families, who may have been forced to remove their children from schools because of the drop in financial resources.

Gender Gap and GPI

The gender gaps a persistent problem in the province. Available data indicates that the gender gap in literacy and net enrollment is persistent and resistant to improvement over time. The problem is acute in both urban and rural areas, however it is slightly more pronounced in rural areas. The percentage of female enrollment in Balochistan stands at 37% at pre-primary level, 39% in primary level, 36% in middle level and 35% in upper secondary level (30).

The Gender Parity Index (GPI) is a socioeconomic index usually designed to measure the relative access to education of males and females. In its simplest form, it is calculated as the quotient of the number of females by the number of males enrolled in a given stage of education (primary, secondary, etc.). According to the Pakistan Education Atlas 2013, the Gender Parity Index for primary school of girls to boys has been reported at 0.68 (public schools). GPI ratio in middle and secondary schools is reported at 0.56 and at youth literacy aged 15 years and above, it is 0.27 (public schools).

The impact of gender discrimination is reflected on learning outcomes as well. According to ASER survey 2014, boys outperform girls in literacy and numeracy skills in Balochistan. Thirty four per cent of boys could read at least sentences in Urdu as compared to twenty three per cent of girls. Thirty three per cent of boys could read at least English words while twenty two per cent of girls can do the same. Similarly, twenty nine per cent of boys were able to do at least subtraction whereas only nineteen per cent girls could do it.

Missing Physical Facilities

Quality of education also depends on the physical environment and availability of facilities such as water and sanitation in educational institutions. The status of basic facilities in primary schools in Balochistan is abysmal and a matter of serious concern. Many schools lack drinking water and electricity. Only half the girls' schools have toilets and boundary walls while conditions in the boys' schools are far worse. Many latrines, where available, are non-functional simply because of non-availability of water. According to NEMIS 2013-14, water facility is only available in 50% primary schools, 55% in lower secondary and 75% in upper secondary schools.

Availability of Physical Facilities in Schools of Balochistan (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	3004	934	3938	1028	639	1667	1499	1242	2741	2410	1974	4384
Not Available	1545	917	2462	3924	1559	5483	7554	2281	9835	5035	623	5658
Not Reported	4504	1672	6176	4101	1325	5426			0	1608	926	2534
	9053	3523	12576	9053	3523	12576	9053	3523	12576	9053	3523	12576

Source: NEMIS 2013-14

Statistics on public sector schools show that availability of drinking water is positively related with the level of educational institution e.g. upper secondary schools, in relation to lower secondary and primary schools are best provided with drinking water facility. Data for sanitation facilities in public sector schools, too, show better availability by levels of educational institutions.

This situation needs serious attention and needs to be rectified on priority basis. It is hard to imagine as how teachers and students can properly concentrate on education in the absence of drinking water and latrine facilities in schools.

Teacher's Training

Teacher's Education is carried out in government colleges. There are 12 institutions (6 males, 3 females, 3 mixed) operating in the province that offer teachers training such as PTC and CT courses. The PTC is meant for primary school teachers and it is a pre-service programme for matriculate candidates. This curriculum does not cater to the needs of elementary education. The staff hired to train primary school teachers are inexperienced and not qualified to teach. The Bureau of Curriculum and Extension Centre that is responsible for in-service teachers' training has never evaluated teachers' training requirements and, as such, the programme has failed to fulfil teachers' professional needs (31). Teachers require intensive training in Early Child Education (ECE) techniques and the Government needs to launch a well-thought-out, need-oriented, and effective training programme to train the ECE teachers. It means that some 10,000 primary school teachers need to be trained in ECE teaching techniques.

Poor Quality of Education

Quality of education is poor in Balochistan which can be judged from the level of learning by students. ASER is an annual survey that aims to provide reliable annual estimates of children's schooling status and basic learning levels for each province and rural districts in Pakistan. Learning levels of children are assessed through specific language and arithmetic tools. According to findings of ASER survey 2014 conducted in rural areas of Balochistan: (i) Learning levels of children have worsened: 67% class 5 children could not read a class 2 story in Urdu compared to 51% in 2013. (ii) Deterioration can be seen in English competencies in one year: 72% class 5 children could not read sentences (class 2 level) compared to 71% in 2013. (iii) Arithmetic learning levels have deteriorated: 76% class 5 children could not do two digit division as compared to 61% in 2013. The survey also reveals that children enrolled in private schools are performing better compared to their government counterparts. Teacher absenteeism also affects quality of education. According to ASER survey, 15% teachers in surveyed government schools and 4% teachers in surveyed private schools were absent

Weak Governance and Management

In education, weak governance is a major constraint. District and provincial education planners and managers lack the required expertise and need good quality training to effectively implement education policies and plans in their respective regions. Besides many of ADOs and Learning Coordinators are not even trained for the job and, instead of supporting teachers, all they do is collect data (32). Shortage of school supervisory teams, partly due to financial constraints and partly due to recruitment policies, has resulted in irregular and low quality delivery of service by

teachers and support staff across schools. Participation of community in school matters is also not effective, thus failing in monitoring standards and quality of education.

4.05 Health and Nutrition

Mortality Rates

Key health indicators for Balochistan are poorer in comparison to national estimates, particularly that of women and children. According to the Pakistan Demographic and Health survey 2012-2013, child mortality rates in Balochistan are as follows:

- Infant mortality rate is 97 per 1000 live births (93 Urban, 98 Rural)
- Neonatal mortality rate is 63 per 1000 live births (68 Urban, 62 Rural)
- Under-five mortality rate is 111 per 1000 live births (102 Urban, 112 Rural)

Trends indicate that child mortality rates have increased in Balochistan over years. It can be assessed from the following table:

Trends in early childhood mortality rates of Balochistan					
Survey	Approximate Calendar	Neonatal Mortality	Infant Mortality	Child Mortality	Under-five Mortality
2012-13 PDHS	2003-2012	63	97	15	111
2006-07 PDHS	1997-2006	30	49	11	59
1990-91 PDHS	1981-1990	46	72	31	101

PDHS 2012-13

According to MICS 2010, mortality indices were higher when the mother was uneducated or was in the poorest segment of society. Maternal mortality rate in Balochistan is estimated at 758 deaths per 100,000 live births (33).

Immunisation

According to latest findings of Pakistan Demographics and Health Survey 2012-13, only 16 per cent of children age 12-23 months had been fully immunised by the time of the survey. With regard to specific vaccines, 49 per cent of children had received the BCG immunisation and 37 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines were 38 per cent and 78 per cent respectively, and only 27 per cent and

According to the WHO immunisation guidelines, children are considered fully immunised when they have received one dose of the vaccine against tuberculosis (BCG); three doses of the vaccine against diphtheria, pertussis and tetanus (DPT); three doses of polio vaccines (excluding polio vaccine given at birth); and one dose of measles vaccine. All children should receive the suggested number of doses of BCG, DPT, OPV, and measles vaccines during their first year of life.

61 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a large drop out of 7 per cent and 17 per cent respectively, between the first and third dose of DPT and polio vaccines. Significant urban-rural disparity can be observed with the coverage of immunisation in rural areas comparing to urban areas is very low.

Immunisation Coverage in Balochistan										
Vaccination		DPT			Polio					All Basic Vaccinations
Balochistan	BCG	1	2	3	0	1	2	3	Measles	
Total	48.9	37.7	33.7	27.1	34.8	78.1	74.9	60.6	37.3	16.4
Urban	72.2	58.6	56.2	46.2	67.4	81.6	79.3	68.9	49.1	35.9
Rural	44.1	33.4	29.1	23.2	28	77.4	74	58.9	34.9	12.3

PDHS 2012-13

The comparison of PDHS 2006-07 and PDHS 2012-13 surveys reveal an alarming situation in Balochistan. There has been downward trend in the proportion of children who are fully immunised in Balochistan. However, the comparison of PDHS 2006-07 ad PDHS 2012-13 reveals that the proportion of children who did not receive any vaccination has decreased in Balochistan.

Trends of Immunisation in Balochistan												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
Balochistan	BCG	1	2	3	0	1	2	3	Measles			
PDHS 2012-13	48.9	37.7	33.7	27.1	34.8	78.1	74.9	60.6	37.3	16.4	20.8	8
PDHS 2006-07	63.0	60.8	60.0	46.7	32.5	69.2	66.3	62.9	54.0	35.2	28.9	10.6
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

Diarrhoea and Oral Re-hydration treatment

Trends indicate that number of diarrhea cases in Balochistan has reduced. Diarrhoea causes a rapid loss of body fluids, it leaves children continually at risk of dehydration and remains a leading cause of childhood morbidity and mortality in Balochistan. The PDHS 2012-13 reveals that 12 per cent of children had diarrhoea in two weeks prior to the survey, registering a decrease from 16 per cent of children in 2006-07. Of the total, only 1.2 per cent children reported diarrhoea with blood.

The incidence of diarrhoea is similar among male and female children. The prevalence of diarrhoea is highest among children age 6-11 months, a span during which solid foods are first introduced into the child's diet. This period is believed to be associated with increased exposure to illness as a result of weaning and the immature immune systems of children in this age group. This condition is normally treated with oral rehydration therapy (ORT). There are less children receiving treatment in Balochistan. According to PDHS 2006-07, 65 per cent received ORS or Government recommended home-made fluids and 10 per cent did not receive any treatment whereas in 2012-13 only 46 per cent received ORS or home-made fluids and 18 per cent received no treatment at all. According to MICS 2010 survey, the prevalence of diarrhoea was highest in Sibi and lowest in Quetta. Use of ORS was higher in urban (77%) compared with rural areas (70%) and among children of educated mothers and those in the well-to-do families.

Acute Respiratory Infections

Acute respiratory infections (ARI) are the leading cause of deaths in young children in Balochistan. The proportion of children under age 5, who reported ARI, has increased in Balochistan. According to PDHS Survey 2006-07, 3 per cent of children less than five years of age, were reported to have had symptoms of pneumonia whereas the PDHS 2012-13 reported 10 per cent of children had symptoms of pneumonia two weeks prior to the survey. Of these, 54 per cent were taken to an appropriate health provider and treatment was sought. Twenty three per cent children, with suspected pneumonia, received antibiotics. MICS Survey 2010 reveals that economic status of the household, educated mothers and urban residence are strongly correlated with seeking appropriate treatment for pneumonia in a child.

Malaria

Malaria is the second most prevalent and devastating disease and has been a major cause of morbidity in Balochistan. More than 90 per cent of disease burden is shared by 56 highly endemic districts mostly located in Balochistan (17 out of 29 districts). According to NIPS (2008), Balochistan has the highest prevalence of malaria among the four provinces of Pakistan.

PDHS surveys imply that cases of children suffered from fever have increased in Balochistan. Comparing to 13 per cent children suffered by fever reported by PDHS 2006-07, the latest survey reveals 23 per cent children suffered from fever (below 5 years), registering an increase of 10 per cent. Forty two per cent took advice or treatment from Health Facility or provider.

Regional differences in fever prevalence were found in MICS survey 2010. The highest prevalence was reported in Sibi (32%) followed by Nasirabad (26%) and Makran (21%) regions. The lowest incidence of fever was reported in Zhob (10%). Fever was found almost equally prevalent across all ages and gender. Fever was slightly lower among children whose mothers had secondary or higher education than among children of less educated mothers. Among those who had fever, nearly one-quarter were reported to have received anti-malaria drugs on the same or the following day.

A study was conducted at Children Hospital Quetta (CHQ) during July 2011 to March 2012. Blood samples were collected from 3418 clinically suspected and were evaluated using thin and thick

blood films stained with Giemsa stain. Out of 3418 total of 230 (6.72%) children were found positive for any of the malarial parasitic infestation. Male children were 65.21% (150/230) i.e. two times more commonly affected than female 34.78% (80/230) children. The prevalence among age groups was 7.41% (n = 89/1200) in preschool-aged children aged 1-5 years, 7.11% (n = 75/1054) in school-aged children aged 6—10 years while 6.78% (n = 46/678) in 11-15 years-old children, and 6.66% (n = 20/300) in >15 year-olds children.

Polio

Balochistan remained polio-free for one year before the first polio case was reported in July 2014 from Maizai Addah area of district Killa Abdullah in 2014. A total of 25 cases of Polio reported in Balochistan in 2014 with 13 cases reported from Killa Abdullah, 5 cases reported from Quetta, one case each from Khuzdar, Zhob, Killa Saifullah, Pishin, Chaghai, Nasirabad and Jafarabad (34).

Polio High Risk Districts in Balochistan
Jaffarabad
Nasirabad
Killah Abdullah
Pishin
Quetta

Source: Polio Eradication Unit, WHO Pakistan

Nutritional Status of Children in Balochistan

The nutritional status of children under age 5 is an important measure of children’s health. According to Pakistan National Nutrition Survey (NSS) 2011 findings, 52 per cent of children under age 5 are stunted in Balochistan. Stunting is higher in rural areas than urban centres. Overall, 16 per cent of children less than age 5 are wasted, and 39.6 per cent of children less than age 5 are underweight.

Infant and Young Child Feeding Practices (IYCF)

Breastfeeding for the first two years of life protects children from infection, is an ideal source of nutrients. Breastfeeding practices in Baluchistan are less than adequate and trends of breastfeeding remain same revealed by the comparison of PDHS 2006-07 and PDHS 2012-13 surveys. Though 96% of children reported having been ever breastfeed, and 42% where breastfeed within an hour of birth, more than half are given non breast milk liquids and the trend seems to be increasing. According to MICS 2010, girls are more exclusively breastfed than boys. Exclusive breastfeeding is more prevalent in rural areas and among poor families. The median duration of any breastfeeding in Balochistan is 19.6 months and predominant breastfeeding is 1.6 months.

Initial Breastfeeding Practices in Balochistan		
Balochistan	PDHS 2006-07	PDHS 20012-13
Children ever breastfed	95.50%	98.70%
Children who started breastfeeding within 1 hour of birth	41.90%	42.10%
Children who received a prelacteal feed	51.60%	57.70%

* Breastfeeding among children born in past five years

Complementary feeding of children from six months to two years is important for growth and development of children. Continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate foods that help meet nutritional requirements of child when breast milk is no longer sufficient. PDHS 2012-13 reveals that only 9 per cent of breastfed children were fed in accord with the recommended guidelines, that is, given foods from four or more groups and fed the minimum number of times each day. In addition, 9 per cent of breastfed children and 10 per cent of non-breastfed children of ages 6-23 were fed foods from four or more food groups in the 24 hours preceding the survey.

Micronutrient Intake among Children

Children can receive micronutrients from foods, food fortification, and direct supplementation. Vitamin A is an essential micronutrient for the immune system. PDHS 2012-13 reveals that 26 per cent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency (VAD). Trends indicate that the proportion of children who were given vitamin A supplements have decreased in Balochistan. DHS 2012-13 reveals that 45 per cent of children age 6-59 months was given vitamin A supplements in the six months before the survey, registering a decrease from 54 per cent in 2006-07.

Iron is essential for cognitive development, and low iron intake can contribute to anemia. Iron requirements are greatest at age 6-23 months, when growth is extremely rapid. The results of the PDHS 2012-13 show that only 18 per cent of children age 6-23 months consumed foods rich in iron in the 24 hours prior to the survey. As a means of assessing iron supplementation coverage, mothers were asked if their children under age 5 had received an iron tablet in the seven days prior to the survey. Survey findings reveal that, overall, only 2 per cent of children age 6-59 months received iron supplementation.

Certain types of intestinal parasites can cause anemia. Periodic deworming for organisms such as helminthes can improve children's micronutrient status. According to PDHS 2012-13, only 8 per cent of children age 6-59 months received deworming medication in the six months before the survey.

Micronutrient Intake among Mothers

Micronutrient deficiency among pregnant and lactating mothers is a common public health problem. Trends reveal that micronutrient intake among mothers in Balochistan have gone down. According to PDHS 2006-7, 16 per cent of women had received vitamin A during the postpartum period whereas the PDHS 2012-13 shows that only 6 per cent of women received a vitamin A dose. Eighty three per cent women did not take iron tablets or syrup during pregnancy of last birth comparing to 66 per cent in the previous survey (PDHS 2006-07). Less than one per cent took deworming medication.

Priority Diseases Report (2010) Balochistan					
Health Problems (Priority Diseases)	Cases under 5			Cases 5 & over	Total Cases
	Under 1	1 to 4	Total		
Diarrhoea	52776	96837	149613	186109	335722
Dysentery	29025	58277	87302	151048	238350
Acute Respiratory Infections	74884	163610	238494	457125	695619
Fever (Clinical Malaria)	41286	98447	139733	360169	499902
Cough more than 2 weeks	3384	6902	10286	21030	31316
Suspected Cholera	65	186	251	667	918
Suspected Meningococcal Meningitis	38	20	58	64	122
Poliomyelitis	1	0	1	7	8
Measles	216	577	793	547	1340
Neonatal Tetanus	2		2		2
Diphtheria	3	16	19	59	78
Whooping Cough	117	525	642	515	1157
Goitre	315	577	892	5180	6072
Suspected Viral Hepatitis	12	139	151	788	939
Suspected AIDS	0		0	7	7
Snake bite with signs of poisoning	9	76	85	585	670
Dog Bite	37	359	396	1435	1831
Scabies	4404	16059	20463	62574	83037
Total	206574	442607	649181	1247909	1897090

National Health Information Resource Centre

Health Programmes and Services

Balochistan Health Department implements special health programmes for children, including Provincial AIDS Control Programme Balochistan, Polio Eradication Initiative, Malaria Control Programme, Primary Health Care (PHC) & Family Planning (FP), Nutrition Programme and Mother and Child Health Services. In addition, the Government of Balochistan has taken number of policy steps and has developed plans such as Health Care Strategy, New Born Strategy, Comprehensive Multiyear plan for immunization, and Inter-Sectoral Nutrition strategy to prevent and treat under-nutrition directly and also addresses the determinants of under-nutrition.

In the public sector, health services are provided through a tiered referral system of health care facilities; with increasing levels of complexity and coverage from primary, to secondary and tertiary health facilities. Primary care facilities include basic health units (BHUs), rural health centres (RHCs), government rural dispensaries (GRDs), mother and child health (MCH) centres and TB centres. All of these facilities provide 8/6 OPD services for preventive and a limited

number of curative services, while RHCs provide a broader range of curative services, 24/7. Primary care facilities also provide outreach preventive services to the communities through vaccinators, sanitary inspectors and a sanitary patrol. Tehsil and district headquarter hospitals provide increasingly specialised secondary health care, while teaching hospitals form the tertiary level tier.

Budget

The Balochistan Assembly has earmarked Rs. 15.23 billion (approx. 8%) for provincial health programmes and services for the year 2013-14 out of a total budget of Rs. 198.39 billion (35).

Challenges

Balochistan faces innumerable problems in health and survival of children. Health challenges include; reducing vaccine-preventable childhood infectious diseases, reducing infant & a stagnant neonatal mortality, combating high morbidity and mortality from malaria and tuberculosis, access to health care is limited and raising general awareness on healthy practices in a largely illiterate population, . Polio has resurfaced in Balochistan in big numbers. Security concerns further handicap people.

Nutrition is extremely important for children and is directly related to their performance in school. Different surveys reveal that children are seriously deficient in iodine, vitamin A, and iron. The situation is exacerbated by poor health infrastructure and misconceptions regarding vaccination; parental unawareness, inadequate sanitation and hygiene; lack of knowledge about child nutrition; and lack of access to medical check-ups for pregnant women and trained assistance during childbirth.

The basic health units in rural areas are not equipped to better the failing health of the rural population. According to a study conducted by an NGO, most of the government-run health units lack basic facilities. Sixty per cent have no electricity and 70 per cent have no running water (36). The study revealed that shortage of doctors in rural areas was a huge challenge and set back to improved health services. For children, who most often succumb to diarrhoea or other gastric complaints, the situation is aggravated by the scarcity of potable water. Piped water in many areas is still a luxury, and people walk miles to collect drinking water. Balochistan is in critical need of comprehensive health sector reforms.

4.05 Child Labour in Balochistan

Child labour is just as prevalent here as in other parts of the country. This is a natural consequence of negligible investment, apathy, insurgency, terrorism and poor development in the province. As always, children in Pakistan are paying the heaviest price for the government's failure to govern competently and dedicatedly. Child labour fulfils essential needs and keeps poor and deprived households afloat. Employers are willing to hire children because they are cheap and exploitable. Social and economic conditions in Balochistan compel children to start work at an early age.

In 1996, the Federal Bureau of Statistics (FBS) conducted a national Child Labour Survey (CLS) that revealed that only 0.41 per cent of the total working children (3.3 million) were employed in Balochistan. It is believed that levels of child labour must have been much higher than the survey findings. Government statistics omitted those children who were working in family and small businesses not registered with the government. These official figures were released over 15 years ago and cannot be applied today because of the population growth, high number of school drop-outs in the last 17 years, the on-going conflict situation, and natural catastrophes that have taken place since.

Child Labour in Balochistan									
Age Groups/ Provinces	All Areas			Rural			Urban		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Pakistan	3,313,420	2,431,992	881,428	2,945,675	2,110,358	835,317	367,745	321,634	46,111
5-9 Year	573,084	333,656	239,428	536,145	302,694	233,451	36,939	30,962	5,977
10-14 Year	2,740,336	2,098,336	642,000	2,409,530	1,807,664	601,866	330,806	290,672	40,134
Balochistan	13,723	13,384	339	11,168	11,023	145	2,555	2,361	194
5-9 Year	1,967	1,967	-	1,802	1,802	-	165	165	-
10-14 Year	11,756	11,417	339	9,366	9,221	145	2,390	2,196	194

Source: FBS-Child Labour Survey 1996

According to Labour Force Survey 2012-13, the labour participation rates of 10-14 years old children in Balochistan have gone down children from 9.78% in 2010-11 to 7.04% in 2012-13. However, it cannot be concluded that child labour has decreased in Balochistan while taking into the account the population increase during these years. According to estimates based on the Population and Labour Force Survey (labour participation rates), CRLC views that number of child labour has increased in 2012-13 comparing to 2010-11 in Balochistan.

Labour Participation Rates	2010-11 (Per cent)		2012-13 (Per cent)	
	10-14 Years	15-19 Years	10-14 Years	15-19 Years
Province				
Balochistan	9.78	35.41	7.04	12.92
Punjab	12.58	38.46	4.2	12.33
Sindh	13	36.8	5.16	12.82
Khyber-Pakhtunkhwa	7.48	27.99	3.95	11.98

Labour Force Survey 2012-13

The Balochistan Multiple Indicator Cluster Survey (MICS) 2010 shows 17 per cent children between 5 and 14 years were in child labour. Participation rate in labour activity was highest (26%) in Sibi and lowest (10%) in Quetta. It was higher among males compared to females (19% male, 16% female), in rural areas compared to urban areas (19% male, 12% female), in poor

families compared to rich (18% male, 4% female), and among children of uneducated mothers compared to children of educated mothers (25% male, 9% female).

The increasing population of child workers, besides other challenges, is also a result of poor implementation of the Employment of Children Act, 1991 and other related laws in the province. There was no information available for this report on the enforcement of the Act; such as number of inspections, filing of cases, convictions and fines for violation of the Act, or under the Factory's Act, Shops and Establishment Ordinance.

Forms of child labour

Children toil as domestic help, street hawkers, daily wage labourers, shop/workshop assistants, carpet weavers, garbage pickers, beggars, etc. They work in the informal sector as apprentices in automobile workshops, cleaners in buses and vehicles, shoe-polishers, etc. Subsequently, these children and adolescents end up mixing with anti-socials and engage in drug trafficking, sex rackets and other illegal and lucrative businesses.

Rag Pickers

Rag pickers or scavengers form the largest group of working children in Quetta. These children leave home early in the morning to collect paper, plastic, bottles, metal scrap and other items from garbage which they sell to junk dealers or garbage collection centres. Many child rag pickers in Quetta are of Afghan origin (37).

The survey conducted by Department of Labour in 2013 reveals that waste collection by children is the most hazardous job in Quetta and is wide spread all over the district (38). Living off garbage and other waste from hospitals, industries, etc., can cause severe health problems for these children, who at times are also seen eating food picked from the garbage. The survey shows that most of the children working in the waste collecting sector are between 10 to 15 years, while some children between ages of 6 to 9 are also working in the sector. Waste collection children are highest earning among other sectors.

Child Domestic Labour

According to labour experts, child domestic labour is growing. The issue remains outside the scope of national and provincial legislation. It is unidentified in government labour statistics. There is low public awareness of its adverse impact on children; and, there is widespread social acceptance of the practice. Children from rural/outlying areas are also sent by their parents to work in the residences of their powerful landowners/lords who maintain second homes in the cities (39).

Carpet weaving

Carpet weaving is concentrated around Quetta, and all of the contractors and weavers are from the Hazara tribe, some of whom are local and some refugees from Afghanistan. The primary concern, besides young age, is the hazard to children's health, such as respiratory disease, due to the wool dust in the air and poor ventilation. Inadequate lighting and working in the evening

combine to cause eyesight problems, and cramped working conditions contribute to backache problems (40).

Carpentry

Carpentry/ woodwork is widespread in Quetta, especially in Sirki Road, Double Road, Suraj Ganj Bazar, Killi Alamo, Hazar Ganjj etc. Carpentry can be considered of high risk because it involves interaction with very sharp tools that cause severe harms and sometime loss of a body organ. Children are involved in tasks like helping, lifting heavy loads, cleaning, arranging tools, cutting, fixing, assembling, polishing, nailing wood, etc. The average age of child workers in carpentry was found to be 15 years, with 13 years often the starting age for work. Children in this sector are paid Rs. 100 to Rs. 175 per day which is comparatively better remuneration than other occupations. The average working hours are normally 11 hours a day (41).

Auto Workshop

Children employed in auto workshops are widespread in Balochistan. According to Department of Labour survey conducted in Quetta, it is the second most hazardous job for children in Quetta. In garages, children mostly work as helpers. They usually perform lifting of heavy machinery like engines, cleaning of garage, washing tools and accessories, cleaning of spare parts, and other non-technical work like tyre replacement, mixing of paint, removing defective parts of machinery, fixing of certain parts, hammering works, scrubbing, etc.

Deep Sea Fishing

Available literature on child labour suggests that children are involved in both deep sea fishing and fish processing industries, but there is no substantial information or data on the number of children involved. A baseline study of child labourers in deep sea fishing and sea food processing in the Gadani area, Balochistan, and an Occupational Safety and Health (OSH) study have been conducted by the government in collaboration with the ILO; however these studies remain unpublished. Deep sea fishing is conducted along the 1,120 km coastline of Sindh and Balochistan and, as of 2003/2004, involved approximately 395,000 fishermen and their families. Approximately, 16,000 fishing boats operate in the waters off Pakistan's coast, and many engage children, all boys, many of whom are from the same family.

The baseline survey conducted estimated that approximately 2,500 boys, ranging in age from 5 to 17 years, work on the fishing boats as helpers to collect fish from the nets and deposit them in cold storage for transportation to the fish processing plants. Children work 10 to 12 hours a day, and at night as well, if required. Deep sea fishing can pose health risks to children from ocean storms and injuries by the lines, winches and other machinery which control the fishing nets. There is some evidence of physical and sexual abuse of boys working on the fishing boats. The OSH study found that many of the children had fungal infections and skin lacerations from contact with the fish and sea-water, as well as muscular-skeletal disorders from the difficult work.

Coal Mines

A study carried out by SEHER in 2005 "Assessment of Child Protection Issues at Coal Mines of Balochistan" revealed that children were working in coal mines as cooks/assistants and miners in

Mach, Marwarh, Degari, Sor Range, Shahrig, Harnai and Duki. They work in extremely dangerous and hazardous environments, and are vulnerable to fatal injuries. They are also exposed to exploitation and abuses, including physical and sexual assault.

Welding Sector

Welding business employs children in large number in Quetta, is hub of welding business is situated mostly in Hazar Ganji, Satellite Town, Killi Alamo, Double Road, Sirki Road, Patel Road, Quarry Road and NawaKilli. Children working as welders are at high risk of getting harmed because of their direct interaction with electricity, flames and sharp cutting instruments. The children are also involved in lifting heavy weights and the most hazardous part of the job is welding with improper eye protectors that can cause irreparable damage to eyes. According to a study's findings (42), common working age of children in the welding sector is 14 to 17 years. The survey reveals that the highest payment to the children was Rs. 75 per-day which found to be lowest among all sectors. The approximately working hours were 11 hours a day excluding the 1.5 overtime in evening.

Child Labour in Quetta and Loralai

According to the findings of the survey conducted in Quetta by Department of Labour in 2013, various forms of child labour were identified. Children are working in heavy loading, as painters, conductors, electricians, plumber, restaurants, street vendor, domestic labour, begging and in farming. The waste collectors are found to be the most vulnerable among the working children taking into account of working conditions, health hazards, work burden and harassment. Garage works, carpentry and welding were other occupations with worst forms of working conditions.

Similar study conducted in Loralai in 2013 by DOL identifies majority of children in coal mining, waste/garbage collection, domestic labour, automobile workshops, hotels/ restaurants, welding and carpentry. According to research findings, coal mining, waste collection, domestic labour and automobile workshops were major sectors with worst forms of working conditions using the criteria of high degree of prevalence and intensity of tasks performed by children.

Child Beggars

For many children and families, begging is a last resort. For others, it is a profession, either fulltime or supplementing other work. While begging is conducted independently by individuals, including street children, migrants and the extremely poor and homeless, begging in Balochistan is organised—conducted in pairs or groups whose begging locations, methods and income are controlled by a leader. Those involved in organised begging, including the leader, are most often of the same family (43).

In Quetta city, there are different forms of organised begging: families and caste/clan groups who migrate seasonally from the country to beg during Ramadan and Eid; slum families of disparate castes and ethnicities who beg as a supplementary source of income. Physically impaired children are being used for begging (44).

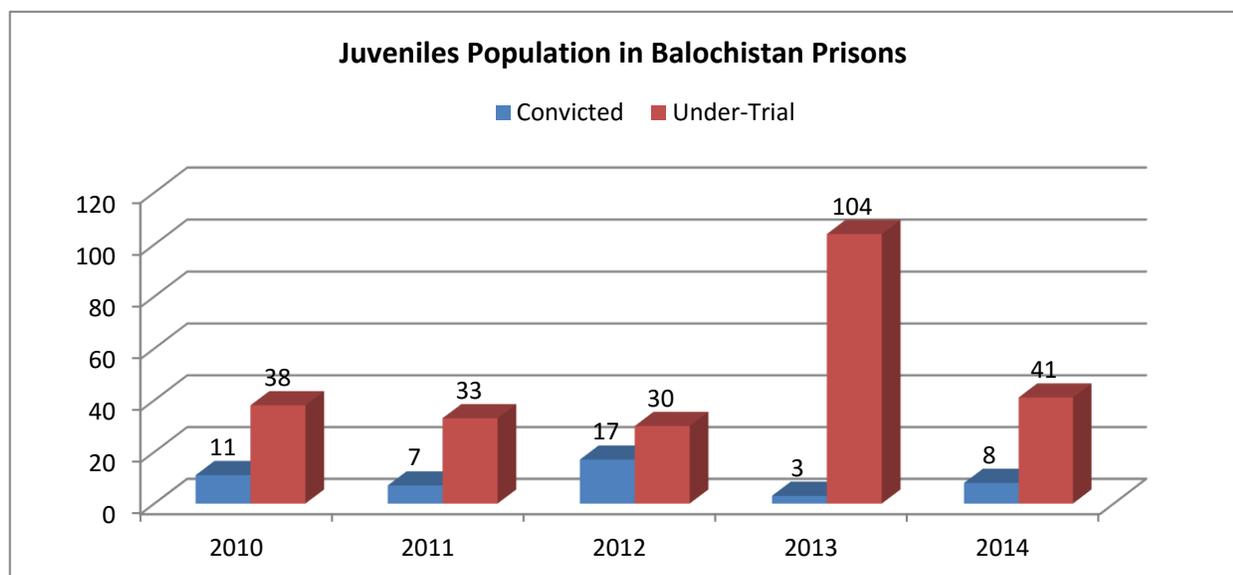
Child beggars, whether street children or those from begging families, are at high risk of hazards to their life, health, safety and security. Begging at intersections and roads can lead to accidents, health problems such as skin diseases, malnutrition, and respiratory problems. Although there is no data available, beggars and street children are easy targets for sexual abuse.

4.06 Juvenile Justice

Protection of juveniles in the criminal justice system remains inadequate, and the situation of children who come in conflict with the law is no different in Balochistan as in other parts of the country. There is no borstal institute in the whole of Balochistan. The Borstal law has been passed in 2014, and it is anticipated that the government of Balochistan would allocate resources for establishing the first ever Borstal institute in the province.

In Balochistan, children are trialed in the same courts as adults in the absence of exclusive juvenile courts as provided for in the JJSO. Separated from their families, their homes and their communities, these young prisoners in jails remain unprotected. Juveniles are transported to the courts in the same prison vans in which other criminals are transported in sheer violation of JJSO.

At the end of 2014, there were 49 juveniles (8 convicted, 41 under-trials) in jails of Mach, Zhob, Quetta, Turbat and Dera Murad Jamali (45). The number of juvenile offenders has increased in 2014 compared to 2013 when the total number of juvenile offenders in prisons was 107 (3 convicted, 107 under-trial). In 2013, juvenile in Mach Jail were shifted to new barracks to create distance between adults and juvenile offenders. All juvenile offenders were male, and there were no female juvenile offender.



There are 11 jails in Balochistan; four central and seven district jails. In the absence of separate facilities, children are detained in separate barracks in the jails, mostly in Quetta District Jail, Mach Central Jail, with a few in Sibi District Jail, Central Jail Khuzdar and Loralai District Jail. Funds used for these juveniles come from the Prison Department budget as there is no separate budget for juvenile jails. Conditions of Quetta District Jail and Central Jail Gaddani are better due to civil society support and interventions in the jail (46).

In 2014, the number of children released on probation was 36 in Balochistan (47). It is a marked improvement, compared to previous years. The number of released children on probation was 10 in 2013, 3 in 2012, and 11 in 2011. The actual sanctioned posts of probation officers in the Balochistan Reclamation and Probation Department are 14, including 12 for males and 2 for females probation officers, but according to available information only 6 males and one female probation officer were working in 2014.

Three Juvenile Reformatory Schools (JRS) have been established in Quetta, Mach, and Gaddani Jails. The JRS Management Committee was set up in Quetta and Mach Jails. The Committee comprises seven members in each jail and includes juvenile offenders and teachers. The JRS Committee is responsible for taking care of juvenile inmates who do not have stationery, or who may require any other assistance.

Section 3(1) of the JJSO requires government to provide free legal assistance to juvenile offenders. Furthermore, it obligates the State to appoint a legal practitioner for the child at State's expense. For this purpose, session judges have been empowered under the provincial Juvenile Justice System Rules to constitute panel of lawyers to provide legal assistance to juvenile offenders. According to SPARC, the panels had neither been constituted nor had funds been allocated for the purpose. However, children are regularly provided legal aid by CSOs and this is one of the reasons for the low population in jails over years (48).

The Prison Department of Balochistan is working in collaboration with civil society organizations. CSOs conduct capacity building trainings of jail authorities, police, parole and probation officials on child rights, child protection and application of Juvenile Justice System Ordinance 2000, Police Order 2002 and other related laws. CSOs are also extending support to juvenile prisoners within jails. Children receive formal education, and in past, many children appeared in secondary school examinations. Children are enrolled in various classes according to the results of their aptitude tests. The syllabus covers text books of the Balochistan Board. Computer Laboratories have been set up in Quetta, Mach, and Gaddani Jails. A significant development, that encouraged children to take board exams, was the setting up of an examination hall within the jail, thus giving children an opportunity to appear in board exams, and to get remission in their sentence (49).

Living conditions have also been improved with the assistance of civil society organizations. The juvenile barracks were provided with televisions, fans, lights, water coolers and other amenities to improve their living conditions from time to time. For children in jails, these small interventions meant that somebody out there thought and cared about them. Children in Mach Jail play volley ball, since they have a proper ground, while children in Quetta Jail spend their time playing table

tennis. Among other games enjoyed by the children are Ludo, badminton, chess and carom. Football is the favourite game played in Gaddani.

This has helped the children improve their lives, giving them hope of a better life ahead, relief in jail life, feeling that someone looks after and cares about them.

4.7 Violence against Children in Balochistan

Violence is a severe infringement of children's rights, and continues to be a significant problem throughout Balochistan province. Girls and boys of all ages are affected. Reporting of violations is also weak and, as such it is difficult to gauge the real magnitude of the violations.

Corporal Punishment

Corporal punishment is widely practiced and is inflicted on children at home, in schools, in care institutions, in detention, in their work places and on the streets. The government's attempts to prohibit corporal punishment are limited to Education Department directives to schools throughout the province instructing teachers not to use corporal punishment. According to child rights' experts, teachers and schools are either not aware of the directive or are unwilling to comply. The directive is not comprehensive and there is no system to monitor or report incidences of corporal punishment both at district and provincial level. The issue will persist as long as corporal punishment is lawful under the Pakistan Penal Code Section 89. It can, however, be overcome by passing a special or a child protection law, with an overriding effect on Section 89, to outlaw corporal punishment.

Child Marriages

The practice of child marriage is common, particularly among poor urban and rural areas of Balochistan. According to the Balochistan MICS 2010, nearly 7 per cent girls were married before reaching their 15th birthday and 35 per cent before their 18th birthday. Trend of early marriage of girls is slowly falling in Balochistan.

Marriage customs in tribal Balochistan revolve around negotiations between families on the bride-price (*lub /valvar*). This cultural practice has its roots in the notion that the payment is a token of respect for the bride's parents on the part of the groom. These customs, however, can often degenerate into commodifying women. It is striking that women have little or no direct involvement when *lub* is negotiated and bargained by *saang-e-marka*—a team of men representing the families of the bride and groom. A girl who is disabled, ill or mentally challenged has a lower *lub*. The *lub* belongs to the bride's father, except in Makran where the *lub* is considered the property of the bride (50).

In one of the shocking incidents in Dera Bugti in October 2011, 13 girls were given as Vani, to settle an old feud between two tribes. All girls were less than 16 years of age. After media reports, inquiry committee was formed by local administration, and Supreme Court took notice of the case also.

The Child Marriage Prohibition Bill 2014, Balochistan has been drafted and the provincial government is taking all stakeholders in confidence for evolving consensus over proposed Bill to curb trend of child marriages.

Honour Crimes

Respecting family honour is a cultural imperative in Balochistan. Children, particularly girls, are reluctant to report abuse, both for fear of being blamed and for fear of damaging the honour of the family. In extreme cases, girls and women are murdered for real or implied offences against the “honour” of the family. Honour crimes are acts of violence, usually murder, committed by male family members against female family members, who have allegedly brought dishonour upon the family (51). According to Aurat Foundation, 59 cases of honour killings were reported in Balochistan in 2009, 36 cases in 2010 and 81 cases were reported in Balochistan during 2011. According to Federal Ministry of Law and law ministry’s Human Rights Regional Office, 28 cases of honour killings were reported in 2013 and 32 cases in 2014.

The tribal system of retribution, and the formal legal system, both subject women and the girl child to cruel treatment and judgments are passed which are highly unfavourable to women. As state institutions the law enforcement apparatus and the judiciary have dealt with such crimes against girls and women with extraordinary leniency, and as the law provides many loopholes for murderers to get away in the name of honour, the tradition of honour killing thrives unabated. Hundreds of women and young girls, of all ages, are killed or exchanged as commodities for a variety of reasons connected with perceptions of honour (52).

Child Sexual Abuse and Exploitation

Child Sexual Abuse (CSA) is the least acknowledged form of child abuse in Balochistan and yet prevalent according to some NGO reports. According to Sahil, a total of 297 cases were reported of child sexual abuse in 2014. It was a marked rise in the reported cases of child sexual abuse in 2014 as only 106 cases were reported in 2010 during the same span of time. Sahil believes that the small number of cases from Balochistan is perhaps due to strict traditional systems, and non-reporting because of the implications of dishonour and shame.

DANESH NGO was working with Balochistan Police in 2011 to support victims of sexual abuse. The composite data, compiled by DANESH, reported 244 cases of child sexual abuse in 2011 and 2012 including 21 cases of commercial sexual exploitation from Quetta, Sibi, Pishin, Naseerabad and Jaffarabad. These cases were referred to DANESH by the police and hospitals for medical, legal, and psychosocial support.

Commercial sexual exploitation is prevalent in different parts of Balochistan. Male child prostitution is highly visible in Quetta and Gwadar, whereas that of girls is generally hidden (53). Estimating the numbers of children in sexual exploitation is difficult as the activity is hidden and the issue is little discussed in public. No authentic research has been conducted to find out commercial sexual exploitation of girls. The Centre established by SEHER provides services to victims of commercial exploitation that indicate the presence and volume of the problem. More

than 1300 children have been benefitted from the centre under IMTIZAJ project from 2009 to 2012.

The assessment conducted by SEHER under IMTIZAJ project in 2009 revealed that male child prostitution takes place in the vicinities of cinema centres, video game centres, shops, and small hotels. These boys who are forced to work are then lured into commercial sexual activities for easy money and other charms or are blackmailed into it. According to SEHER, boys are more prone to becoming sexually abused than girls in this particular societal set-up.

Street Children

Street children are among the most physically noticeable of all children, living, working, and begging on the roads and public squares in the cities. They are often runaways from home. The exact number of street children is not known but their visibility is high in Quetta. They often find themselves in conflict with the police and other authorities and are harassed and beaten up by them. Children from the villages migrate to cities and towns in search of jobs, but end up being exploited. The lack of economic growth, conflict and war, poverty, domestic violence, violence at school and religious seminaries, and physical, sexual and emotional abuse have forced children onto the streets (54).

A number of civil society organizations have stepped in by establishing drop-in centres for street children. These are limited scale projects, providing psychosocial counselling, some basic health and non-formal education services. Some of them attempt to reunite street and runaway children with their families. According to SEHER, the number of children who spend the night on footpaths, hospitals, and other commercial areas is increasing. Many of these children have families but they either shy away from returning home for the fear of punishment if they do not earn the desired amount of cash expected by their parents or guardians.

Street children are vulnerable to a number of hazards such as drugs, glue sniffing being one of the most common and accessible, besides heroin and charas. They suffer from health problems, infections and are exposed to deadly diseases such as STDs and HIV.

Child Trafficking

According to child rights experts in Balochistan, children are trafficked in Balochistan, and are subjected to prostitution, forced marriage or work as domestic help or beggars. Balochistan also serves as a transit route for many children trafficked to Western countries through its borders with Iran. Illegal travel across many borders requires a network of smugglers who are linked from Pakistan through Iran to the Gulf States, Turkey and then to Europe. In a collaborative effort between SEHER and FIA, Child Friendly Centres were established in FIA offices in Quetta, Taftan, and Gwadar. SEHER reports in its annual report of 2012 that 841 children were provided support through these centres which included services such as reunification, legal aid, counselling, and nutritional and medical aid. The majority of illegal emigrants, as recorded by the FIA, were from northern Punjab; from the relatively prosperous communities of Gujranwala, Gujrat, Mandi Bahauddin, Sialkot and Layyah, which have a history of overseas migration and depend on remittances from abroad (55).

The tragedy is that many of these children are trafficked with the consent of their parents/guardians and end up in extremely exploitative and abusive situations and even being dead. Trafficking exposes children to violence, sexual abuse, diseases and it violates their rights to be protected, to grow up in a family environment and have access to education.

Missing Children

There are various types of missing children in Balochistan. Some are those who run away from home and never return. Some are kidnapped, and parents and families have no clue about their whereabouts. Others are lost in catastrophes like earthquakes, floods, etc. Missing and disappeared children are at risk of abduction and sexual (prostitution) and other kinds of exploitation such as forced labour, child begging, and physical and mental abuse. In May 2014, armed men kidnapped five children belonging to minority Hindu community from Balochistan's volatile Jaffarabad district. Ages of children were from 5 to 10 years old (56). According to the SPARC State of Pakistan's Children 2012, 141 children from April 2010 to March 2011 were reported missing in Balochistan out of which 91 children were below 15 years of age. Some of the cases of missing children were reported from madaris in Quetta. Based on findings of meetings with child rights organizations in Balochistan and data available from the Police, it appears that male children are more vulnerable than female children.

Refugee Children

Afghans, both refugees and labour migrants, are well established in Pakistan. According to the 2005 Census, of the total Afghans living in Pakistan, 25 per cent are in Balochistan. The majority of Afghans are in marginal labour activities and Afghan boys dominate the rag-picking industry in Quetta city (57). Some children are also involved in cross-border trade and smuggling.

Afghan child refugees, including girls, become child labourers because they do not attend school. Some, even if they do enroll, end-up dropping out by the end of primary education, and the ratio of refugees in school further declines at the secondary education level. The government maintains that Pakistan has one of the most open and generous policies towards refugees and has done much more than expected of a country with limited resources (58).

Sectarian Killings

There have been numerous attacks on hazara communities since 2001 killing hundreds of adults including children. The scale of attacks has increased in recent years (59). As a result, mothers avoid sending children to school, and businesses have been heavily dented. After every blast or incident of targeted violence, those outside the community hastily draw a line. When a Balochistan University bus was attacked, the non-Hazara parents decided to pull out their children from the transportation used by Hazara students. Moving with the Hazaras has become synonymous with inviting death.

While sectarian terrorism in Balochistan has disproportionately targeted the Hazara community, easily identifiable because of their distinctive physical appearance, other Shias, especially pilgrims travelling to and from Iran, have not been spared either. According to a report by the

Pakistan Institute for Peace Studies (PIPS), out of 33 sectarian attacks in Balochistan in 2013, 22 took place in Quetta district, which is where the vast majority of Hazara and other Shias live.

Birth registration

PDHS 2012-13 shows that Balochistan has the lowest birth registration rates among all provinces, and only 8 per cent of children less than 5 years were registered. According to MICS Balochistan 2010, 23 per cent children were registered at birth but interviewers only verified registration of 3 per cent children after actually seeing their birth certificates. Majority of the mothers or caretakers did not produce a birth certificate when they were asked during a survey. Children who are not registered at birth are not counted and without a formal identity children cannot access essential services including education, health care, social security etc. According to NADRA, 378,941 Child Registration Certificates have been issued to children in Balochistan by October 2014.

Conclusion & Recommendations

Continued insurgency in the province, years of neglect and lack of concern, poor economic development, and investment have all added to make the province the poorest of all. Access to different parts of the province continues to be a major problem, which particularly affects the poor who live mostly in the rural areas. Poverty has had the worst and the most adverse impact on children, who are not only denied their very basic and inherent rights to education, health, a safe and secure environment but are robbed of their childhood and innocence, and in many cases their parents and loved ones.

Balochistan has either the lowest indicators or the highest, but all in the negative. It has the lowest literacy rate, highest drop-out rate; it has rapidly growing numbers of child labourers, street and runaway children and children who are trafficked inside and outside Pakistan, in most cases with parental consent. Health indicators in Balochistan make it clear that the government has to make a lot of social investment to make things better. If they continue to do the same, the situation will get worse, the mortality and morbidity rates are high and health care facilities are not only low in numbers but are also ill equipped.

It is very positive indeed that after many years of struggle, Balochistan has approved Child Protection Policy and enacted number of child related legislations. It is hoped that the law on child protection, which is pending for several years, would also be passed soon.

It is important that the provincial government and federal government both make sustained and concerted efforts for development and make investments on industrialisation, infrastructure development, education, health, social welfare, security and peace. Only then positive change can be made in the lives of the children and open venues of a better life for them in Balochistan.

Recommendations for Balochistan

Provincial Plan of Action

1: It is recommended that a provincial Plan of Action on children must be formulated with tangible targets for child protection and welfare.

Activate Child Rights Steering Committee

2: Notification of Child Rights Steering Committee is a step taken in a right direction. Meeting of the Committee should be held regularly and a work-plan should be devised and agreed among all member organisations for future actions.

Enactment of a Child Protection Law

3: It is recommended that the Balochistan Assembly should pass the Child Welfare and Protection Law which is pending for several years now.

Enforcement of Balochistan Compulsory Education Act, 2014

4: As a first step, it is very important to notify Rules of Business for the enforcement Balochistan Compulsory Education Act, 2014. The Education Department also needs to devise a framework and action plan as how they would enforce the law across Balochistan.

The Balochistan Orphanages (Supervision & Control) Ordinance, 1978

5: It is recommended that the government draft rules for this Ordinance and its enforcement to enable it to supervise and regulate orphanages in the province.

Amendments in PPCs 1860, Code of Criminal Procedure

6: It is recommended that amendments in the PPC should be made as follows: (i) Raise the age of criminal responsibility from 7 to 12 years or minimum 10 years of age; (ii) Raise the doli incapax (incapable of doing harm) age limit from age 7 to 12 years to age 12 to 15 years; (iii) Repeal Section 89 of the PPC to prohibit corporal punishment in homes and schools; (iv) Add new offences to criminalise exposure to seduction, child pornography, sexual abuse, cruelty to a child and internal trafficking. Insertions of new sections will broaden the scope of child protection and recognition of some of the grim realities facing children in Balochistan.

Balochistan Child Marriage Prohibition Bill 2014

7: Provincial assembly of Balochistan should pass the Balochistan Child Marriage Prohibition Bill 2014 aiming to curtail child marriage practices from Balochistan province. Minimum age of marriage age of girls and penalties should be increased.

Introduce law for Prohibition of Child Labour in Balochistan

8: It is recommended that, in view of the growing numbers of child labourers, the government should introduce a law aiming to prohibit child labour in Balochistan, which should clearly state 14 years as the minimum age of admission to employment in any occupation, including child domestic labour. The government should also prohibit children's employment in hazardous occupations (under 18 years), and extend the law's purview to family businesses as well.

Enforce Balochistan Borstal Institute Act, 2014

9: The government must make efforts to implement the Balochistan Borstal Institution Act, 2014. It is recommended to allocate resources and establish Remand Homes and Borstal Institutes. Remand Homes should be established to protect the offender while an inquiry is pending, who can subsequently be shifted to a Borstal Institute in case of conviction, ensuring their rights to education, healthcare, development, reformation, and reintegration. Borstal institutes must be run as reformatory schools rather jails for children. There shall be no further delays in issuing Rules of Business for the implementation of the law.

Recognition, Reporting, and Helpline

10: To protect a child from abuse and exploitation, it is important that help is accessible to him/her easily and quickly, as well as for those who are concerned and wish to help the child victim. A helpline service should be started where children or any other person can call and complain and the service can put them through to relevant agencies, provide guidance and free counselling to children.

Inter-Agency Network on Child Protection

11: There should be an inter-agency network on child rights/protection that would include focal persons designated by the agencies, departments and organisations. Inter-agency reporting, referral procedures and resource sharing should clearly identify roles and responsibilities of individual organisations within the system which must be agreed upon. The network can be the implementation arm of the Provincial Plan of Action on Children.

Strengthening Directorate of Education Role

12: It is recommended that measures should be taken to strengthen the role of the Directorate of Education which is responsible for leadership and policy making. This hub should have complete information, accurate data of every education related activity, should have efficiency, efficacy and vision in order to enhance education standards and enrollment rates, compensate for missing facilities, reduce gender parity and drop-out rates, and improve school infrastructure.

Improve Education Environment

13: The government, as a matter of urgency, should give top priority to education in Balochistan. It should increase the number of educational institutions on a war footing, provide facilities required to attract children back to school, improve retention, employ quality staff, ban corporal punishment, and importantly facilitate girls' education. It must also take extra and effective measures to step up security of schools and children so that parents are encouraged to send children to school, promote a child-friendly culture and environment in schools that is conducive to effective learning as well as being inclusive, healthy and protective, and gender responsive. In addition, the participation of learners' families and communities should be encouraged.

Reduce Gender Parity

14: Girls' education in Balochistan is in a dismal state. It is recommended that strategic measures are taken such as social mobilisation, and incentive oriented schemes, ensuring safety, easy accessibility of schools with proper infrastructure, such as toilets and boundary walls to promote education among girls.

Child Protection Committees in Hospitals

15: It is recommended that Child Protection Committees be instituted in all hospitals. It should be made mandatory for all doctors, especially paediatricians, to report to the committee if a case of child abuse has been identified. Doctors and paramedics should be trained on child rights and child protection. It is important that they should be able to recognise signs of child abuse and exploitation.

Setting-Up Child Care Institutions

16: The government should establish child care institutions on its own or in collaboration with civil society organisations. The government should also notify minimum care standards for children's homes/child care institutions and set up monitoring systems to oversee if the minimum standards are being followed. In case of failure, strict action should be taken to ensure that children's rights are not compromised.

The other care centres, such as Remand Homes for juvenile offenders, should be established for reformation of offenders, and shelters and drop-in centres must be regulated and monitored and given legal cover in case overnight stay and custody become necessary.

The government should encourage civil society organisations to establish care centres, and make it easy to acquire licences for these centres.

Financial Support for the Economically Needy

17: The government should ensure that education is free and exempted from hidden costs. It should also provide additional financial support to students from economically disadvantaged families and highlight the value of girls' education.

Improve Health Care System for Children

18: The government needs to increase allocations to the health sector, reduce infant, under-5 and maternal mortality rates significantly, through adequate antenatal and postnatal care. It should take, as a matter of urgency, measures to address preventable health problems among children, including malnutrition, TB, malaria, diarrhoea, acute respiratory diseases, measles, etc. Interventions to reduce micro-nutrient deficiencies must be put in place to reduce the burden of malnutrition. Medical staff must be improved and upgraded with incentives to work in remote areas of the region.

Public Awareness Campaigns to Prevent Harmful Traditional Practices

19: Public awareness campaigns must be launched to bring about behavioural change against harmful traditional practices, including discrimination against the girl child, need for suitable nutrition, and access to health services and education.

Build a Knowledge-base on Children's Issues

20: One of the major impediments in the promotion and protection of children is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. There is very limited information available on child protection issues in cities other than Quetta. A comprehensive monitoring mechanism should be established to

collect data, disaggregated by sex, age, and rural and urban areas. The unit should be self-sufficient in human and financial resources. A Research/Statistical Department should be established to carry out authentic and updated surveys and data collection on children's issues.

Promote Birth Registration

21: Birth registration systems need to be flexible in recognition of the difficulties and differences in people's lives, and must do more to make the process accessible. In remote rural communities, decentralised birth registration systems and mobile registration can help improve accessibility. Free registration and birth certification make birth registration possible for poorer people. The cost of registration is mentioned time and time again as a barrier to registering children. Integration of birth registration into existing public services such as primary health care, immunisation and school enrollment is a cost-effective, efficient and sustainable way of ensuring birth registration. Furthermore, timely and accurate registrations of births and deaths are crucial for understanding population dynamics and planning effective development programmes.

Better Health Facilities

22: It is recommended that sustained and culturally acceptable campaigns be initiated in Balochistan to create awareness on good health practices, hygiene and sanitation, importance of vaccination for mother and child for a healthy and disease-free life. Water filter plants can be installed in public places and in schools, communities, places of worship, etc. so that clean water is made available for improved health needs.

Regionalise Health Care System

23: It is recommended to regionalise health care system in Balochistan. A region would combine a number of districts giving it a larger population base. In each region, an independent Regional Health Board, representing professionals as well as members from other segments of society, would administer health care services. While initially the provincial government may nominate the Regional Health Boards, in the long run, they should be elected. The role of the government will then be limited to financing health services, providing broad policy guidelines, and monitoring and evaluation. Through this, there will be a separation between the service provider (Regional Health Boards) and the service financier (government) which will enhance the accountability of the system.

Vocational Training for Children

24: In view of the obtaining situation of conflict, instability and general neglect, it is recommended that the government set up vocational training centres for children, in the age group of 12 and above, to engage out-of-school children in work and develop a skill based resource for the area. Vocational training can also be provided for children along with education. At the same time, the government needs to create job opportunities for skilled youth.

Social Mobilisation on Child Rights

25: Given the years of neglect of the region, it is imperative that if the child rights situation is to be tackled in Balochistan, massive social mobilisation and awareness campaigns need to be carried out. It is recommended that while respecting the social norms and traditions of the area, behavioural change can be initiated with respectable people of the area who can help convey the

message and bring about a positive change in the mindset for the welfare of all; men, women, and specifically, children.

Strengthening of Criminal Justice Coordination Committee

26: The District & Sessions Judge as Chairperson of the Criminal Justice Coordination Committee must ensure that a juvenile justice system is implemented in letter and spirit, and exert his/her influence on the Police, Prosecution and Probation Officers to facilitate diversion of juveniles who come in conflict with the law.

Develop Child Friendly Justice System

27: In order to develop a child friendly justice system in Balochistan, the police should be trained to treat the child offender in a humane manner, suitable for dealing with children, and report the crime with compassion. The child's security and safety should be ensured during investigations, and the probation system should be strengthened to offset the offender's entry in jail or quick release from jail.

Diversions Schemes

28: The majority of child offenders come from poor and abused backgrounds. To help save these children from further abuse and exploitation, it is recommended that diversion schemes are introduced and promoted such as: pre-trial release where the child is released without a trial, but with a warning and limitations; release on probation; community work for a stated number of hours etc.

Activating and Strengthening Courts' Role

29: Going to court can be a difficult and frightening experience for children whether they are victims, witnesses, or offenders. It is recommended that separate courts be established/notified, dealing solely with children's issues. Exclusive Juvenile Courts can be notified, under the JJSO, by the Balochistan High Court.

Set up Exclusive Desks dealing with Children's Cases

30: It is recommended that child rights desks are introduced in all the police stations of Balochistan. The desks will deal exclusively with children's cases (offenders and victims) directly reported to the police station. Preferably, the desks should be set up separately; police officers should not be in uniform, and they must be trained in child rights and to deal with the children with compassion and understanding.

Brazil Progress towards Elimination of Child Labour

Brazil has witnessed dramatic progress towards eliminating child labour and achieving universal basic school enrollment in the last two decades. Indeed, in the period from 1992 to 2008, economic activity among 7-15 year-olds fell by more than half, from 18 per cent to 7 per cent, while school attendance rose from 85 per cent to 97 per cent. Some of the factors underlying this success were policy initiatives taken by the federal government. It initiated a number of reforms including:

- (a) amendment of the constitution to guarantee a minimum spending level on primary education everywhere in the country;
- (b) support for a law that sets the standards redefining the roles and responsibilities of each government level;
- (c) implementing a programme to directly transfer funds to the schools, in an effort to increase school autonomy and effectiveness; and
- (d) development of information and of a communication programme about education quality and performance through a national assessment system and an annual school census; and
- (e) development and dissemination of new and national curriculum parameters.

These reforms were designed to decentralise the funding of education system, diminish regional and local disparities, and increase coordination among the various systems

The new Brazilian constitution, ratified in 1988, stated that all states, municipalities and the Federal Government had to spend a fixed share of their tax and transfer revenues in their public education system. This share was equal to 25% for states and municipalities and to 18% for the federal government. With this new legislation, the amount of resources allocated to education increased, but so did the heterogeneity of public schools, since richer states with a small share of students in their system were spending a higher amount per pupil than were poor municipalities with a large share of students.

The highly decentralised system of educational provision in Brazil suffered from overlapping and imprecise responsibilities among levels of government, and large spending and quality differentials across regions and providers. The approval of the National Education Law (LDB) in 1996 clarified the roles and responsibilities of the state and municipal governments with respect to educational provision. The law also established minimum quality standards (including curriculum and teacher qualifications standards), and further decentralises service provision to sub-national governments.

Fundef, a fund for financing sub-national spending on primary and lower-secondary education was created in 1996, and subsequently implemented in 1997-98. The introduction of Fundef aimed at changing the structure of funding in fundamental education. Through Fundef, a national floor was set on a per student basis for government spending on primary (1st to 4th grades) and lower-secondary education (5th to 8th grades) at all levels of government. The Federal Government is required to top up spending in those states and municipalities that cannot afford the national spending floor by redistributing resources among them depending on the size of each. Fundef also established a floor of 60% on the percentage of public spending in teachers' wages out of total resources. The implementation of Fundef contributed significantly to the rapid increase in enrollment rates in primary and lower-secondary education, particularly in small municipalities, which rely more heavily on transfers from higher

By 2001, cash transfers programmes with education conditionalities were in force in more than 100 municipalities and provided support to approximately 200,000 families. All of these programmes had three key features in common: they were targeted to the poor through means testing; they paid cash to families (usually to women) in exchange for counterpart actions. Most programmes also included minimum residency requirements (five years) in the municipality or state, out of fear that the lack of a national programme would attract poor migrants to their jurisdictions.

, hotels/ restaurants, welding and carpentry. According to research findings, coal mining, waste collection, domestic labour and automobile workshops were major sectors with worst forms of working conditions using the criteria of high degree of prevalence and intensity of tasks performed by children.

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Chapter 5: State of Children in Khyber Pakhtunkhwa

Name of Province/ Region	Khyber Pakhtunkhwa
Population (1)	25,308,000
Literacy Rate 10yrs+ (2)	52% (72% Males, 35% Females)
Net Enrollment Ratio (Primary level 5-9) (3)	54% (54% Boys, 54% Girls)
Gross Enrollment Ratio (Primary Level 5-9) (4)	68% (68% Boys, 68% Girls)
IMR (5)	58 per 1000 live births
U5MR (6)	70 per 1000 live births
MMR (7)	275 deaths per 100,000 live births
Children in Detention Centre (UT, Convicted) (8)	301 (272 under-trials, 29 convicted)
Number of Children Released on Probation (9)	56
Child Labour Participation Rate (10)	3.95 % (10-14 Years) 11.98 % (15-19 Years)

5.1 Introduction

Khyber-Pakhtunkhwa, previously the North-West Frontier Province, is the smallest province in area. It is located in the north-west of the country, bordering Afghanistan to the north-west, GB to the north-east, AJK to the east, FATA to the west and south, and Punjab and ICT to the southeast.

Khyber Pakhtunkhwa's population in 2014 is estimated at 25.30 million (11), making it the third most populated province of Pakistan. Peshawar is the capital of the province. Khyber Pakhtunkhwa is divided into 26 districts, comprising 19 Settled Area Districts and 7 Provincially Administered Tribal Area (PATA) Districts (12). The main ethnic group is the Pashtuns, and the smaller ethnic groups include most notably the Hindkowan, Kohistani, Gujjars and Chitralis (13). There are around 1 million Afghan refugees in the province according to the UNHRC in 2014.

Khyber Pakhtunkhwa shares 10.5 per cent of Pakistan's GDP, whereas the province accounts for 13.46 per cent of Pakistan's total population (14). Forestry, the main economic sector, with mining provides for 20 per cent of the total output in Pakistan (15). KP is blessed with vast reserves of minerals and gemstones. Agriculture remains important and the main cash crops include wheat, maize, tobacco, rice, sugar cane, gram and fruits. Agriculture contributes 21% to provincial GDP. Livestock and agriculture together provide livelihoods to 83% of the people living in rural areas (16).

Khyber Pakhtunkhwa is among the poorest provinces of Pakistan. The percentage of people living below the poverty line is estimated to be 39% (17%). Poverty is concentrated in rural areas.

According to the Labour Force Survey 2012-13, the labour force of KP increased from 6.58 million in 2010-11 to 6.72 million in 2012-13. The economy is not creating enough jobs for the new labour force entrants. KP had an exceptionally high unemployment rate of 8.5% in 2012-13 (18).

After suffering for decades due to the fallout of the Soviet invasion of Afghanistan, the province has been a victim of severe hardship, both in terms of natural catastrophes and the almost decade-long militancy and terrorism. It has adversely affected the infrastructure and overall development of the province.

The security situation in KP remains volatile. Since mid-June 2014, military operations to counter terrorists and terrorism have displaced approximately 961,000 people from North Waziristan to FATA, KP and other areas of Pakistan, according to OCHA. Nearly three quarters of those displaced are women and children. IDPs have primarily relocated to Bannu, Dera Ismail (DI) Khan, Lakki Marwat, Karak, Kohat, and Tank districts in KP. Military operation in NWA is expected to be extended in 2015 also.

The overall literacy rate, age 10 years and above, for Khyber Pakhtunkhwa stands at 52 per cent (male 72% and female 35%). In the rural areas total literacy rate is 49 per cent (male 69% and female 31%), and in urban centres, it is 66 per cent (male 78% and female 52%) (19).

5.2 Policy and Legal Framework

Integrated Development Strategy (IDS) 2014-2018

The Integrated Development Strategy (IDS) is an overarching strategic document which constitutes the premier platform for integrating and coordinating government priorities in the province of Khyber Pakhtunkhwa. Its strategic objective is to lay down a guiding framework for achieving sustainable development in KP by providing efficient public services and robust economic growth while maintaining highest standards of accountability, security and legal justice. It is built on two interlinked dimensions – poverty reduction and prosperity. In this vein, health, education and good governance are considered important elements in ensuring the wellbeing and prosperity of citizens (20). The IDS promises strategic investments in gender-equitable education and health that the provincial government will pursue.

The IDS integrates government priorities under one framework. The earlier development strategies and assessments of government, such as the Comprehensive Development Strategy (CDS), the Economic Growth Strategy (EGS) and the Post-Conflict Needs Assessment (PCNA) have all been consolidated in the IDS.

NWFP Compulsory Primary Education Act, 1996

Under the NWFP Compulsory Primary Education Act that came into effect on October 16, 1996, the government was obligated to ensure compulsory primary education for children between 5 and 10 years of age.

The law makes it obligatory on the parents/guardian or any other person who has custody of the child, to make him/her attend school except in cases of reasonable excuse, until he/she has completed primary education. The law provides for certain conditions to exempt children from attending school, but that is at the discretion of the School Attendance Authority. The government has failed to establish the School Attendance Authority which would be responsible for checking child absentees, and the court cannot take cognisance of the violation unless the school authorities file a written complaint.

Conditions for exemption are: the child is incapable of attending school by reason of sickness; it is not desirable to compel the child to carry on his studies due to mental incapacity; when the child is receiving otherwise instructions which, in the opinion of the prescribed authority, are sufficient; or, when there is no school within a distance of 2km according to the nearest route from the residence of the child. Section 5 of the Act envisages that if the School Attendance Authority is satisfied that a child has not been sent to school, it may pass an order directing parents to cause such a child to attend school on and from the date which shall be specified in the order.

Parents who fail to comply with the order shall, on conviction before a magistrate, be punishable with a fine which extends to Rs20 per day, and with imprisonment which may extend to one week, or with both, in case failure continues after conviction. Any employer of a child who, after receiving a warning from the authority continues to employ a child, whether on remuneration or otherwise shall, on conviction before a magistrate, be punishable with a fine which may extend to Rs500 and with further fine which may extend to Rs50 per day if the child continues to be in his/her employment after conviction, or with imprisonment extending to one month, or with both.

Khyber Pakhtunkhwa Child Protection and Welfare Act, 2010

The Khyber Pakhtunkhwa Assembly passed the Khyber Pakhtunkhwa Child Protection and Welfare Bill on September 21, 2010. The law aspires to provide care, protection, maintenance, welfare, training, education, rehabilitation and reintegration to children at risk.

Under the law, the government was mandated to establish a Khyber Pakhtunkhwa Child Protection and Welfare Commission, which has been established. The law provides a legal basis to: establish Child Protection Units; Child Protection Committees; establish or recognise Child Protection Institutes; Child Protection & Welfare Fund, and Child Protection Courts. Part VIII of the law deals with offences and penalties.

The law deals with civil and criminal laws. The Section "Definitions" defines "Child at Risk" and covers a broad range of children in need of protection, including orphans, children with disabilities, child labourers, street children, children in conflict with the law, children living in extreme poverty, beggars, children living in brothels or with prostitutes, etc. However, ambiguities persist in the response to cater all children who are in need of protection.

The Governor of Khyber Pakhtunkhwa, with the approval of the President of Islamic Republic of Pakistan has extended Child Protection and Welfare Act 2010 to the Provincially Administered Tribal Areas. The extension of Child Protection & Welfare Act 2010 to PATA will be helpful in rapid access of services and justice to children at risk through Child Protection Courts and Child Protection Units in PATA including Malakand, Swat, Dir, Chitral, Shangla etc.

Khyber Pakhtunkhwa Borstal Institution Act (KPBIA), 2012

Khyber Pakhtunkhwa Borstal Institution Act (KPBIA) was passed in 2012. Under this law, separate detention places will be established for juvenile convicts for their basic education, and training for their mental, moral and psychological development and will make proper arrangement for their health, hygiene, medical care, accommodation, food and facility of meetings with their relatives. The law states that Government shall appoint any person to be Director of the Borstal, who shall not be an officer or employee of jail or police force. The law only deals with convicted juvenile offenders. According to available information, there is a large number of under-trial juveniles to whom this law is not applicable. The government intends to establish the first borstal of the province in Bannu where building has been constructed for the purpose.

5.3 Institutional Arrangements for Child Protection in KP

Different departments and agencies are responsible for protecting child rights in Khyber Pakhtunkhwa. The agency responsible for educational affairs is the Department of Elementary & Secondary Education; the Department of Health is responsible for children health issues; child labour is the responsibility of the Directorate of Industries, Commerce & Labour; and the Home Department is responsible for children who come in contact and conflict with the law which also administers Police, Prisons, and Probation. The Child Protection and Welfare Commission have been entrusted with matters related to children and child rights, and Department of Social Welfare and Women Empowerment, which deals with social welfare, is the administrative department of the Commission.

Child Protection & Welfare Commission

The Child Protection and Welfare Commission (CPWC) has been established under the Khyber Pakhtunkhwa Child Protection and Welfare Act, 2010. It is headed by the Minister for Social Welfare and Women Development and includes members from the departments of Finance, Home & Tribal Affairs, Law & Parliamentary Affairs, Local Government & Rural Development, Elementary & Secondary Education Department, Child Protection & Welfare Commission, MPAs, NGOs, Local Government, Bar, and clerics.

It is the main body responsible for supervising and coordinating matters relating to child rights at both the provincial and local levels, and for developing and coordinating activities, programmes, and plans. The mandate of the Child Protection & Welfare Commission is: (i) reviewing provincial laws and regulations affecting the status and rights of children and proposes new laws; (ii) implements policies for protection, rehabilitation and reintegration of children at risk; and (iii) monitors implementation and violation of laws.

Under CPWC, there has been a marked improvement in monitoring of child rights and protection through coordination with Child Protection Units and Child Protection Committees. Child Protection Committees have been holding regular awareness- raising and coordination meetings with the line departments at the District level.

Child Protection Units (CPUs)

The CPWC have established CPUs in twelve districts; Peshawar, Mardan, Bunner, Swat, Kohat, Charsadda, Abbottabad, Batgaram, Lower Dir, Chitral, Bannu and Swabi. Child Protection Units have registered 21084 cases of children at risk from May 1, 2011 to Nov 28, 2014, which includes 12,868 boys' cases, 8210 girls' cases and 6 cases of transgender. Of 20184 cases, Child Protection Units have been successful in resolving 16295 cases whereas 4467 cases are currently in progress. CPUs are connected to Child Protection Commission, and all cases and work progress are reported to the Commission office on daily basis (21).

Child Protection Institutions (CPIs)

The CPWC has established Child Protection Institutions (CPIs) in Peshawar as a transit shelter, which provide accommodation, non-formal education, food, psychosocial counseling, etc. to all those children who are rescued and taken into custody. At a shelter, a child at risk is provided residential accommodation up to 6 months. There are two shelters: male shelter can accommodate 75 boys and female shelter can accommodate up to 25 girls (22).

Child Welfare Homes

There are five welfare homes, functioning in Peshawar, Kohat, Abbottabad, Bannu and Dera Ismail Khan, for the rehabilitation of destitute/poor and socially and economically handicapped children (23). Services offered at these centres include formal education, vocational and skills training, institutional-cum-residential care, free books, medical care through referral services, and free boarding and lodging. A visit to the Child Welfare Home in Peshawar revealed that the government sponsored services were limited and of low quality, due to shortage of funds.

National Centre(s) for Rehabilitation of Child Labour

Pakistan Bait-ul-Maal is running nineteen centres for rehabilitation of child labour in Khyber-Pakhtunkhwa (24). Children between the age of 5-14 years are weaned away from hazardous labour and enrolled in these centres where they are provided free education, clothing, footwear and stipend as well as subsistence allowance to their parents.

Pakistan Sweet Homes

Pakistan Bait-ul-Maal is running Pakistan Sweet Homes in Kohat, Peshawar, Manserra, Abbottabad, Swat and Mardan (25). These are orphanages for children whose parents, either one or both, are deceased. They help to rehabilitate and facilitate children through education, health, and residential facilities. Orphans with the following criteria are enrolled in each centre, i.e. orphans without a father, the poorest of the poor, and aged between 4 to 6 years. The following facilities are provided to children free of cost in Sweet Homes (i) Furnished accommodation (ii)

Food (breakfast/lunch/dinner) (iii) Education (iv) Uniform, books and stationary etc. (v) Summer/Winter clothing along with shoes (vi) Medical care (vii) Skill development (viii) laundry service (ix) Counseling/Legal Aid for victims of violence and abuse.

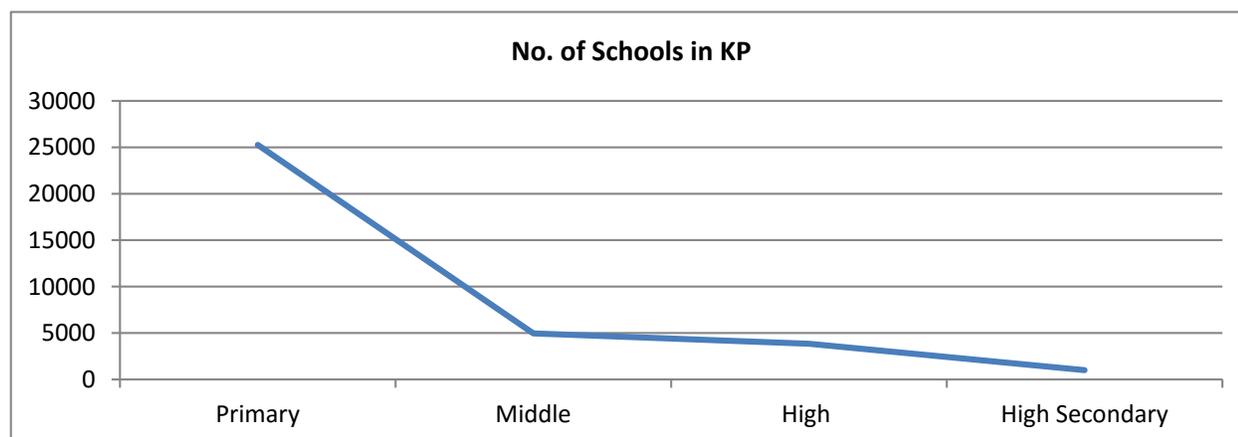
5.4 Education

A total of 6.25 million (61% males, 39% females) are enrolled in public and private institutions of KP at different levels from pre-primary to degree college according to NEMIS 2013-14. The enrollment rates indicates low enrollment in middle schools comparing to primary schools enrollment. Of the total enrollment, 81 per cent students are studying in rural areas whereas the enrollment in urban areas is 19 per cent. In two years, enrollment in KP from 2011-12 to 2013-14, has increased from 5.90 million to 6.25 million, shows an increase of 6 per cent.

Enrollment in Formal Schools in KP			
	Boys	Girls	Total
Pre- Primary	738181	590169	1328350
Primary	1802790	1234242	3037032
Middle	706554	375009	1081563
High	310236	147984	458220
High Secondary	251130	56709	307839
Degree	22221	16035	38256
Total	3831112	2420148	6251260

Source: NEMIS 2013-14

According to findings by UNICEF study on OOSC (2013), there is significant late enrollment observed in KP and hence many overage children are in each grade. The official pre-primary age is four years but children up to nine years are attending this level. Such trends are observed across all age groups and grades. Children aged between three years and 17 years are attending primary school, while children aged between eight years and 17 years are attending lower



secondary school. Attendance is high for children aged 7–8 years due to late enrollment, and the trend starts to reverse after the age of nine years as children begin to drop out.

Educational Institutions

According to NEMIS 2013-14, there are 35,469 institutions imparting education to 6.25 million students in Khyber-Pakhtunkhwa. There are 18617 educational institutes for boys, 10753 for girls and 6099 institutes are co-educational.. Number of schools is much higher in rural areas. Of the total of 35469 institutes, 31462 are in rural areas and the rest 4007 are in urban locations. The number of middle schools is very low in comparison to primary schools and is not sufficient to meet growing demand of schools. In two years, 895 new schools have been established in KP.

Educational Institutes in KP						
	Urban	Rural	Boys	Girls	Mixed	Total
Primary	1718	23554	14868	8578	1826	25272
Middle	853	4102	1669	1126	2160	4955
High	865	2969	1535	755	1544	3834
High Secondary	341	661	344	177	481	1002
Inter College	110	41	40	44	67	151
Degree College	120	135	161	73	21	255
Total	4007	31462	18617	10753	6099	35469

Source: NEMIS 2013-14

In addition to formal schools, there are 4,869 children (1420 boys, 3449 girls) enrolled in 96 NCHD schools, 48,430 children (22067 boys, 26363 girls) are in 1380 Basic Education Community Schools and 406,486 children (282980 males, 123506 females) are enrolled in 2836 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the province. The comparison of two years data (NEMIS 2011-12 and NEMIS 2013-14) show 4% increase in the enrollment of Deeni Madaris. However, the enrollment in BECS has decreased from 53,008 students in 2011-12 to 48,430 students in 2013-14 due to closure of many community schools.

Non-Formal Educational Institutions in KP				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	1380	22067	26363	48430
NCHD	96	1,420	3449	4869
Deeni Madaris	2836	282,980	123506	406486

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

Smaller classes are widely believed to benefit all pupils because of individual attention from teachers. A high pupil-teacher ratio suggests that each teacher has to deal with a large number of pupils and, that conversely, pupils receive less attention from the teacher. According to NEMIS 2013-14, the Pupil Teacher Ratio in KP is: 43 at primary level, 19 at middle level and 24 at upper secondary level. PTR at primary level is high in KP and should not be more than 30 students per teacher.

Gross and Net Enrollment Ratios of KP

According to Pakistan Social and Living Standards Measurement Survey 2012-13, there were improvements in gross enrollment rates of KP in 2012-13 comparing to gross enrollment rates of KP in 2011-12. It increased from 89 per cent to 91 per cent. Net Enrollment Rates of KP were 54 per cent in 2012-13, with only 1 per cent improvement comparing to previous year.

Provincial NER/GER at Primary Level	2011-12 (per cent)			2012-13 (per cent)		
	Male	Female	Total	Male	Female	Total
Khyber-Pakhtunkhwa						
Gross Enrollment Rates	99	78	89	103	78	91
Net Enrollment Rates	59	48	53	59	48	54

Pakistan Social and Living Standards Measurement Survey 2012-13

Private vs. Public schools in KP

The majority of children in KP are enrolled in public sector schools. Primary school enrollment in the public sector schools of KP is second highest in Pakistan, after Baluchistan. Of the students currently enrolled in academic institutions in KP, only 23% are enrolled in private schools while 74% are enrolled in public schools and only 1.4% in Madaris. However, the KP Education Management Information System calculates that the private sector is growing annually at 6%, compared with 2% growth in public sector enrollment. Students in private schools are also outperforming students in government schools in terms of learning outcomes.

Source: Integrated Development Strategy 2014-2018.

Gender Parity Index

According to the Pakistan Education Atlas 2013, the Gender Parity Index for primary school (public schools) of girls to boys has been reported at 0.77, GPI ratio in middle and secondary schools (public schools) is reported at 0.58 and at youth literacy aged 15 years and above, it is 0.43. Although the provincial government has made many commitments and prepared ambitious policy plans, in the past, to counter gender disparity in education, gender gaps have not decreased substantially. A key issue in education is the significant gender and regional disparity in literacy and enrollment levels, with rural females faring extremely poorly in educational attainment at all levels. According to NEMIS 2013-14, the percentage of female

enrollment in KP are 45% at pre-primary level, 40% in primary level, 34% in middle level and 27% in upper secondary level. The data pinpoints some districts where the situation is perilous—Kohistan is the obvious example. KP literacy figures of females are substantially far below the national average. Only 35 per cent of females in KP are literate – better than rural Sindh or Baluchistan but much lower than Punjab and the national average.

Drop-outs in KP

The overall dropout rates are high in KP, as 20% children (10.9% boys, 32.9% girls) of primary students drop out before completing primary education. The drop-outs among girls are much higher than boys. Dropout rates have decreased in 2012-13, which used to be very high before. Statistics for 2005-06 and 2009-10 show that overall dropout rates of primary students were 50% and 36% respectively. According to NEMIS 2012-13, drop-outs in Balochistan are 7% at grade-1, 7% at grade-2, 3% at grade-3, 7% at grade-4 and 0% at grade-5.

Dropout Rates in Primary Education from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
KP	26.1%	50.4%	36.4%	20.4%
- Male	20.8%	49.7%	32.3%	10.9%
- Female	35.2%	51.7%	42.1%	32.9%

Source: NEMIS (2001-2013)

Survival Rates

School survival rates of children have shown improvement in KP. Data indicates that up to 80 per cent children who take admissions in schools survive up to grade 5. In academic year 2005-06, survival rates were 50 per cent, which improved to 64 per cent in 2009-10 and 80 per cent in 2012-13.

Survival Rates to Grade 5 from 2001-02 to 2012-13				
Province	2001-02	2005-06	2009-10	2012-13
KP	73.90%	49.60%	63.60%	79.60%
- Male	79.2%	50.3%	67.7%	89.1%
- Female	64.8%	48.3%	57.9%	67.1%

Source: NEMIS (2001-13)

Budget Actual education expenditures in 2011-12 stood at 29.84% of the total provincial expenditures, which increased to 34.04% in 2012-13, indicating improved investment on education sector.

KP Actual Education Expenditures against Total Expenditures (Million)					
2011-12			2012-13		
Education Expense	Total Provincial Expense	% Education/ Total Expense	Education Expense	Total Provincial Expense	% Education/ Total Expense
67381	225801	29.84%	84458	248088	34.04%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Of the total education expenses of Rs.84458 million, 78% comprise current expenses and 22% comprise development expenditures.

Distribution of Education Expenditures (actual) by Current and Development Heads (KP)				
Current	Development	Total Expenditures	% Current	% Development
65856	18602	84458	78%	22%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Challenges

Law and Order

Over the past decade, Pakistan has suffered rising insurgency and violent militancy, including threats by militants against students, teachers and school management, particularly women and girls. Educational institutions, especially girls' schools were regularly targeted and destroyed. During 2008-12, large numbers of schools were bombed by armed groups who were opposed to girls' education. As a result, security concerns have discouraged parents to send their children, particularly girls to school.

2014 Peshawar School Massacre

On 16 December 2014, 9 gunmen conducted a terrorist attack on the Army Public School in Peshawar. The militants entered the school and opened fire on school staff and children, killing 145 people, including 132 schoolchildren (all boys), ranging between eight and eighteen years of age. According to ISPR, 960 students and adults were rescued by the Army during the attack, and at least 130 people were injured. Reports also surfaced that pupils were forced to watch teachers, being burned alive before them. This was the deadliest terrorist attack ever to occur in Pakistan, surpassing the 2007 Karachi bombing.

IDPs and Education

The education of hundreds of thousands has been disrupted after their families fled militant violence and military operations or abandoned flooded homes. Schools used as long-term shelters for IDPs are often damaged, further adversely affecting an inadequate educational infrastructure. Moreover, many poor households, faced with the loss of livelihoods, have taken their children out of school so that they can contribute to the family's income.

The government had accommodated IDPs in government schools of Bannu, Karak and Lakki Marwat districts after the military operation against militants was launched on June 15, 2014. According to OCHA (Situation report No. 7), the number of schools used as shelter by IDPs were 1,404 (Bannu 1,131; Karak 134 and Lakki Marwat 139); of these 80 per cent were in Bannu, some 75 per cent schools are primary and 46 per cent are girls' schools. Resumption of education was difficult in schools after summer holidays where IDPs were accommodated because affected families did not want to leave schools as they did not have proper arrangement for alternative shelters. The schools had facilities, including drinking water, electricity and latrine, so IDPs, mostly the poor people, were concerned about where to go. On the other hand, thousands of children were unable to get education due to prolonged stay of displaced populations and school infrastructure was also damaged. As of October 2014, the government reported that schools were re-opened as IDPs vacated nearly 940 of more than 1,000 schools that were occupied across Bannu, Karat and Lakki Marwat. Families occupying schools have moved to host families; some unused schools; and to Baka Khel camp.

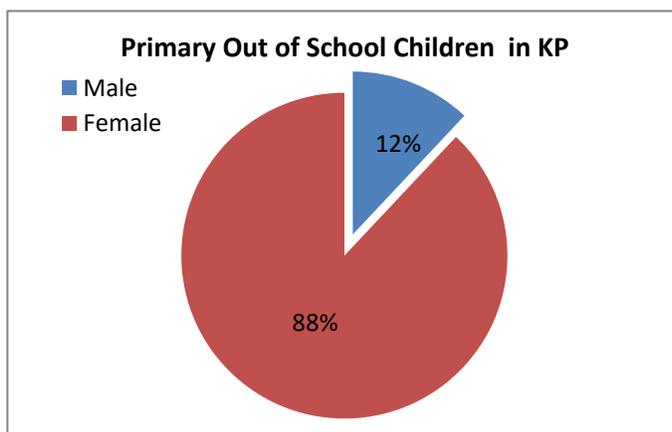
Access

Proximity to school has been identified as a key determinant of primary school enrollment and retention in KP. Children are less likely to attend schools if they live far away from schools. In KP, approximately 80 per cent of households take up to 14 minutes to reach a primary school (26). Likewise, almost 60 per cent of households take up to 14 minutes to reach a middle school and 45 per cent of households take up to 14 minutes to reach a high school (27). The time taken for girls is likely to be higher, again because of the relatively smaller number of girls schools.

Out of School Children (OOSC)

NEMIS 2012-13 reports that there were 482,413 children (12% boys, 88% girls), out of schools in KP, which was 7% of the total out of school population in Pakistan. Girls constitute the majority of population in this category. There are number of factors for that, including conservative environment, extreme poverty, low quality of education and poor law and order situation.

It is estimated by UNICEF study on OOSC (2013) that, in KP, 66.5 per cent of five-year olds, 39.8 per cent of six-year-olds, 29.7 per cent of seven-year-olds, 18.0 per cent of eight-year-olds, 27.3 per cent of nine-year-olds, 24.9 per cent of 10-year-olds, 32.4 per cent of 11-year-olds and 36.2 per cent of 12-year-olds are out of school. The dropout rate increases with grade level, at 1.8 per cent for Grade 1, 31.0 per cent for Grade 5 and 20.1 per cent for Grade 8. Access to social protection is limited. Only 2.4 per cent of households with OOSC receive Zakat from either the public or private sector. However, 52 per cent were able to secure some kind of a loan. Wealth is also a



considerable factor in determining attendance rates in KP. There is strong evidence of early enrollment in primary education, particularly of four-years-olds from the richest households compared with those from the poorest households. The non-attendance rate decreases from the poorest wealth quintile to the richest wealth quintile (71.4 per cent compared to 55.7 per cent).

School infrastructure

The non-availability of basic facilities has resulted in low enrollment and high dropout rates, and the low quality of education in KP is often reflected in the poor physical condition of public schools. KP was ranked last among all provinces in this regard, with only 32% of all ASER-surveyed primary schools having useable facilities (28). According to the government, expanding the number of schools to fill major gaps in coverage has been a strong focus of investment in recent decades. However, the emphasis on new buildings has led to a neglect of the maintenance of existing buildings and of the management of the schools that do exist. Around one-third of the schools do not have water, nearly half do not have electricity, and close to a quarter do not have boundary walls or latrines. A further investigation reveals that primary schools are the worst affected. The slow accretion of needed facilities reflects the inadequacy of resources and a lack of investment, along with low development allocations. A significant proportion of schools have more than one missing facility, which highlights the fact that, in many schools, the lack of facilities is not random but rather a systemic problem. As is expected, this diminishes the quality of the learning environment.

Availability of Physical Facilities in Schools of KP (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	9904	6298	16202	11632	7398	19030	12786	9246	22032	11904	9602	21506
Not Available	7824	3665	11489	6096	2565	8661	4942	717	5659	5824	361	6185
Not Reported	239	390	629	239	390	629	239	390	629	239	390	629
	17967	10353	28320	17967	10353	28320	17967	10353	28320	17967	10353	28320

Source: NEMIS 2013-14

Poor Quality of Education

Quality of education is poor in FATA which can be judged from the level of learning by students. According to ASER survey 2014 conducted in rural areas of KP, 63% class 5 children cannot read a class 2 story in Urdu/Pashto, 58% class 5 children cannot read English sentences(class 2 level) and 60% students of class 5 cannot do two digit arithmetic division. Gender gap in learning continues and boys outperform girls in literacy and numeracy skills. Survey also reveals that children enrolled in private schools are performing better compared to their government counterparts.

Teaching Standards

The government has been spending huge amounts of money to improve education standards in government schools and still failing to attain its goal. One of the reasons is that the resources are

spent on teaching staff and the administration but without effective monitoring and evaluation of the quality and competence of the same. Private institutions, however, with limited resources, are doing a better job and getting good results, because of the better administrative policies, quality teaching staff and effective monitoring and evaluation.

Educational Reforms in KP

The Government of Khyber Pakhtunkhwa has introduced new programmes in the field of education to improve enrollment and literacy in the province (29). These include:

Stipend for Girl Students

Stipend will be provided to girls students in selected districts to encourage female education and reduce gender and regional imbalances. Rs.400/- per month will be paid to a girl student of class 6th and above who maintains 80% attendance. Targeted districts are Hangu, Peshawar, Bannu, Lakki Marwat, D.I.Khan, Shangla and Nowshera. It is expected to benefit 68,000 girl students through this scheme.

Hard Area Allowance for Female Supervisory Staff

Female Education Supervisors will get 50% of their Basic Pay as additional allowance on their posting in Kohistan, Battagram, Tor Ghar, Dir Lower, Dir Upper, Shangla and Tank being hard and unattractive areas. Expected number of beneficiary female supervisors is sixty six (66).

Iqra Farogh-e-Taleem/ Education Voucher Scheme

Under the Education Voucher Scheme, the government will provide a voucher to poor parents, which allows them to choose a school, and they will receive fixed amount to cover the tuition fee for their children. Target beneficiaries will be the poorest of poor categories of social segment of the society i.e. labourers, kiln workers, daily wagers, widows and those earning monthly income below Rs.7,000/- per-month. The initiative will benefit 35,000 children including 20,000 primary, 10,000 middle and 5,000 high schools children from ages 5 to 16 years.

Sports Facilities in Government Schools

The scheme has been launched to provide healthy environment for youth in schools through provision of sports facilities in high and higher schools across the province.

Chief Minister's Education Endowment Fund

The present government has established the Chief Minister's Education Endowment Fund (CMEEF) with initial seed money of Rs. 500 million to improve higher education through provision of scholarships to university students. The Fund is operated under the provisions of the Khyber Pakhtunkhwa Higher Education Scholarship Endowment Fund Act, 2014. The fund is governed by a Board of Directors (BoD) and Scholarship Management Committee constituted under the Act. The investment proceeds of the Fund shall be utilised for award of scholarships in the approved institutions. The scholarship shall cover all expenses (tuition fee, lab, libraries, food, hostel charges) and monthly stipend worth Rs.5000/pm. The Scholarship shall be advertised by Higher Education, Archives & Libraries Department in leading national dailies.

Establishment of Independent Monitoring Unit (IMU)

An IMU has been established to improve monitoring & supervision system and discourage teacher absenteeism in all government schools in the province.

5.5 Health and Nutrition

Mortality Rates

According to the Pakistan Demographic and Health survey 2012-2013, child mortality rates in Khyber Pakhtunkhwa are as follows:

- Infant mortality rate is 58 per 1000 live births (53 Urban, 59 Rural)
- Neonatal mortality rate is 41 per 1000 live births (34 Urban, 42 Rural)
- Under-five mortality rate is 70 per 1000 live births (58 Urban, 72 Rural)

Trends indicate that childhood mortality rates have decreased in Khyber-Pakhtunkhwa, showing some progress. Maternal Mortality rates of KP are estimated to be 275 deaths per 100,000 live births (30).

Trends of Early Childhood Mortality rates in Khyber-Pakhtunkhwa					
Survey	Approximate Calendar	Neonatal Mortality	Infant Mortality	Child Mortality	Under-five Mortality
2012-13 PDHS	2003-2012	41	58	13	70
2006-07 PDHS	1997-2006	41	63	13	75
1990-91 PDHS	1981-1990	48	80	20	98

PDHS 2012-13

Immunisation

According to findings of Pakistan Demographics and Health Survey 2012-13, 53 per cent of children age 12-23 months in KP had been fully immunised by the time of the survey. The immunization cover of children is higher in urban areas than rural areas of KP. With regard to specific vaccines, 80 per cent of children had received the BCG immunisation and 58 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines was 77 per cent and 84 per cent respectively, and 70 per cent and 76 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a drop out of 7 per cent and 8 per cent respectively, between the first and third dose of DPT and polio vaccines. Twelve per cent of children did not receive any vaccine at all.

Immunisation Coverage in Khyber-Pakhtunkhwa										
Percentage of children age 12-23 months who received specific vaccination at any time before the survey										
Vaccination		DPT			Polio				Measles	All Basic Vaccinations
KP	BCG	1	2	3	0	1	2	3		
Total	79.7	77.1	73.9	69.6	70.8	83.6	79.5	75.7	57.8	52.7
Urban	89.3	82.4	79.3	74.4	82.6	91.2	88.4	84.2	63.1	58
Rural	77.8	76	72.9	68.6	68.5	82.2	77.8	74	56.8	51.7

Pakistan Demographics and Health Survey 2012-13

The comparison of PDHS 2006-07 and PDHS 2012-13 surveys reveal that there has been an upward trend in the proportion of children who are fully immunised in KP, however only half of children are fully immunised which is a matter of concern. The proportion of children who did not receive any vaccination has also increased from 7.5 per cent to 12 per cent. All of the vaccines in the routine immunisation schedule are provided free of cost in all public health facilities in Khyber- Pakhtunkhwa.

Trends of Immunisation in KP												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
KP	BCG	1	2	3	0	1	2	3	Measles			
PDHS 2012-13	79.7	77.1	73.9	69.6	70.8	83.6	79.5	75.7	57.8	52.7	12	39.7
PDHS 2006-07	71.1	67.5	62.4	56.4	62.6	91.3	87.9	81.0	56.6	46.9	7.5	33.9
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

Diarrhoea and Oral Re-hydration treatment

PDHS 2012-13 reveals that 28 per cent aged less than five years, had diarrhoea in two weeks prior to the survey, and 2 per cent children had diarrhoea with blood. The incidence of diarrhoea was reported more in rural areas. The prevalence of diarrhoea is highest among children age 6-11 months, a span during which solid foods are first introduced into the child's diet. Trends indicate that cases of diarrhoea have increased in KP according to PDHS 2012-13 in comparison to PDHS 2006-07.

This condition is normally treated with oral rehydration therapy (ORT). Forty one per cent children received ORS or government recommended home-made fluids for diarrhea treatment, while 15 per cent did not receive any treatment according to PDHS 2012-13. Surveys suggest that less number of children have received treatment in KP.

Acute Respiratory Infections

Trends suggest that number of children infected by Acute Respiratory Infections have increased in KP. According to PDHS 2012-13, 23 per cent children, less than five years of age, were reported to have had symptoms of pneumonia, registering an increase from 17 per cent in 2006-07. Of these, 29 per cent went to health provider and treatment was sought. Forty six per cent children with suspected pneumonia received antibiotics. According to the Health Department, most pneumonia deaths take place in the under-privileged segment, where women are illiterate and dependent on men.

Malaria

Fever is a major manifestation of malaria in young children. Likewise ARI, trends indicate that the number of children infected by malaria have increased in KP. The PDHS 2006-07 reported 30% children suffered from fever, and the figures of children suffered by fever rose to 44 per cent in the latest PDHS survey of 2012-13. Twenty seven per cent took advice or treatment from Health Facility or provider with children residing in urban centres received more treatment than rural areas. The Health Department treated 53,117 cases of malaria in 2011, and 33,828 cases of Malaria in 2012, and it is estimated that 20% of cases of Malaria are reported from KP province.

Polio

A total of 68 cases of polio have been reported in 2014 comparing to 11 cases in 2013 (31). Majority of cases were reported in provincial capital Peshawar (29 cases), followed by Bannu (11 cases), Mardan (5 cases), Tank (7 cases), Buner (3 cases), Lukki Marwat (3 cases), Nowshera (4 cases), Swat (2 cases) and one case each reported from Charsadda, Kohat, Tor Ghar and Karak. The

Polio High Risk Districts in KP
Charsadda
Mardan
Nowshera
Peshawar
Source: Polio Eradication Unit, WHO Pakistan

major impediments to polio eradication are poor access of vaccination teams to children due to security issues, and management challenges which result in poor campaign quality. Floods, conflict and insecurity has worsened the problem, and as many as a quarter of a million children in those areas remain unvaccinated.

Nutritional Status of Children in KP

PDHS 2012-13 collected data on the nutritional status of children by measuring the height and weight of children under 5 years of age. According to survey findings in KP, 42 per cent of children under age 5 are stunted, and 25 per cent are severely stunted. Stunting is higher in rural areas than urban centres. Overall, 12 per cent of children less than age 5 are wasted, and 26 per cent of children less than age 5 are underweight.

Infant and Young Child Feeding Practices (IYCF)

Breastfeeding indicators of KP are not showing any progress. PDHS 2012-2013 reveals that 2/3rd of newborns are given something other than breast milk (prelacteal feed) during the first three

Breastfeeding Practices in KP		
KP	PDHS 2006-07	PDHS 20012-13
Children ever breastfed	95.60%	96.50%
Children who started breastfeeding within 1 hour of birth	34.80%	26.40%
Children who received a prelacteal feed	71.10%	74.60%

* Breastfeeding among children born in past five years

days of life. Ninety-seven per cent (97%) of children reported having ever breastfed, 26% of children breastfed within an hour, and 72% were breastfed within one-day of birth. The median duration of any breastfeeding in KP is 21 months, exclusive breastfeeding is only 3.3 months, and predominant breastfeeding is at 4.9 months.

PDHS 2012-13 reveals that 18 per cent of breastfed children and 36% of non-breastfed children of ages 6-23 were fed foods from four or more food groups in the 24 hours preceding the survey. Only 15 per cent of breastfed children were fed in accord with the recommended guidelines, that is, given foods from four or more groups and fed the minimum number of times each day.

Micronutrient Intake among Children

Vitamin A is an essential micronutrient for the immune system that plays an important role in maintaining the epithelial tissue in the body. PDHS 2012-13 reveals that 55 per cent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency (VAD). The vitamin A supplements intake has increased among children in KP. According to the PDHS 2006-07 survey, 57 per cent of children were given vitamin supplements whereas PDHS 2012-13 reported that 81 per cent of children age 6-59 months were given vitamin A supplements in the six months before the survey.

Iron is essential for cognitive development, and low iron intake can contribute to anemia. Iron requirements are greatest at age 6-23 months, when growth is extremely rapid. The results of the PDHS 2012-13 shows that 32 per cent of children age 6-23 months consumed foods rich in iron in the 24 hours prior to the survey. As a means of assessing iron supplementation coverage, mothers were asked if their children under age 5 had received an iron tablet in the seven days prior to the survey. Survey findings reveal that, overall, only 11 per cent of children age 6-59 months received iron supplementation.

Periodic deworming for helminthes can improve children's micronutrient status especially anemia. According to PDHS 2012-13, just 27% of children age 6-59 months received deworming medication in the six months before the survey.

Micronutrient Intake among Mothers

Trends indicate that vitamin A intake among mothers during the postpartum has decreased in KP. Comparing to 21 per cent vitamin A intake according to PDHS 2006-07, the latest PDHS 2012-13 shows that only 17 per cent of women in KP received a vitamin A dose during the postpartum period. Fifty per cent women did not take iron tablets or syrup during pregnancy of last birth. Two per cent took deworming medication only.

Access to safe drinking water and safe sanitation

Access to safe drinking water and safe sanitation are the most effective means of improving public health and saving lives. Similarly, inadequate sanitation is linked to a wide range of illnesses such as typhoid, diarrhoea, intestinal worms and hepatitis. Poor water supply and sanitation is considered a key determinant of IMR and MMR in the province. Figures describing

access to improved water and sanitation in KP depict an alarming picture. Overall, 71 per cent of KP households have access to an improved water supply (32). The coverage varies from district to district, with the lowest coverage observed in Kohistan – at just 11% (33). Access to sanitation is an even larger problem; only 66% of the population has access to sanitation and only 39% of latrines are considered safe (34). Access to sanitation in urban areas is much higher than in rural areas. . The lower literacy rate in the province contributes to the dismal state of sanitation and use of clean drinking water, as illiterate people tend to be unaware of the hygiene implications of both.

Health Infrastructure and Programmes

The Health Department is the second largest department in the province with more than 40,000 employees. An extensive health infrastructure is established ranging from Basic Health Units to tertiary referral centres. On 1 Jan 2013, there were 147 public hospitals (15764 beds), 425 Dispensaries (71 beds), 91 Rural Health Centres (1548 beds), 57 MCH Centre, 785 BHUs and 26 TB Clinics (35). There are 36 private hospitals with availability of 1103 beds according to Department of Health Department.

Under the Standardisation and Rationalisation of Districts Hospitals in 2001, all hospitals in KP come under four categories. The minimum level is secondary care, i.e. Category-D, which includes four basic specialities: Medicine, Surgery, Gynaecology/Obstetrics and Paediatrics.

The health department is carrying out the following programmes; National Programme for Family Planning and Primary Health Care (FP & PHC), Maternal Newborn and Child Health (MNCH) Programme, Tuberculosis (TB) Control, HIV/AIDs Control, Roll Back Malaria, Extended Programme on Immunisation (EPI) Programme, and Hepatitis Control Programme. In addition, there is a programme for upgrading primary care facilities and improving medical education. It also established the Health Regulatory Authority in 2002 and laid down a definition of health standards in 2006 (36). Health care quality standards focus especially on providing quality health care services to children, particularly the newborn. They have also developed a Health Sector Strategy, comprehensive Multiyear work plan for Immunization, while a New Born Survival Strategy is under preparation to respond to reductions in Infant & Neonatal mortalities and improving Routine Immunization.

Budget

The Government of KP allocated Rs. 29.2 billion for the health sector for 2013-14; roughly 8.5 per cent of the total provincial budget (37). According to SPARC, KP allocates most of its health spending at the district level rather than at the provincial level. Though the health sector appears to account for just 5.7 per cent of the total budget; most of the spending takes place at the district level as the government transfers about 28.2 per cent of its total budget to the districts.

Key Challenges

Despite improvements, indicators of child health in KP are not satisfactory. Some factors which are responsible for low health indicators are poor health and sanitation facilities, unsafe drinking

water, the education level of mothers, the availability of basic health facilities, large scale internal population displacement, extremist propaganda against immunisation and militant's attacks on health workers on vaccination campaigns. Damages to health infrastructure by terrorist attacks have also impacted on quality of services.

The available quality and level of provincial health service provision is poor, causing households to either incur significant out-of-pocket expenditures on health or suffer deteriorating health outcomes. Lack of female staff in primary healthcare facilities is also a major hurdle because it reduces women's access to healthcare. Health care centres in rural areas do not have trained personnel, emergency medicines and functional equipment. The ratio of out of pocket expenditure on health in KP, at 76.6%, is the highest in Pakistan. In some cases, people living in far-flung areas of the province do not have access to primary health care services within a distance of 10 km.

Harmful traditional practices also largely contribute to the poor standard of health care and facilities. Harmful practices such as early marriages, early pregnancies, and preventing women from controlling their own fertility, nutritional issues, preference for male children, and traditional birth practices deny secure and proper healthcare to women and children. In addition to this, poor governance and lack of accountability is a common malady in health departments. There is no clear definition of roles and responsibilities of provincial and district government officials. There is no accountability for efficient and appropriate use of funds or internal audit within the departments.

Reforms

Provincial Government of Khyber Pakhtunkhwa has setup a Health Sector Reforms Unit. The focus for Health Sector Reforms is to facilitate implementation of the prioritised reform areas. The Government of Khyber-Pakhtunkhwa has committed as part of its 'Health Vision' to increase public health financing substantially over five years (2014-17). A consensus is however evolving that with merely the expansion of a system which has not practically been delivering and increasing the amount of resources allocated will never be able to deliver the outcomes desired, unless fundamental changes are introduced in the way health care system is organised and financed.

Following strategic dimensions based on 'Health Vision' are prioritized for interventions: i. Organisation and governance; ii. Health care financing; iii. Regulation/quality management iv. Behavior/Persuasion Paradigm shift towards preventive/ promotional healthcare of the clients and service providers (prioritizing PHC with special focus on Mother & Child/ School Health Program).

Key elements of the government's health care strategy are:

1. A focus on maternal and child health care and coverage of critical illnesses.
2. Improving governance through restructuring if required, and upgrading of Basic Health Units and Rural Health Centres and tehsil hospitals
3. Targeting of the districts with the lowest health indicators.

4. Revitalisation of the Health Foundation

Some of the recent government initiatives include:

- Free Emergency Service in government hospitals for which an amount of Rs. 1 billion has been allocated for expenditure across the province.
- Incentives for maternal health services to encourage women to attend health technicians during pregnancy and to improve mother and child health. For this, Rs. 300 has been allocated, and under this facility, Rs. 2700/- is provided to mother on the basis of 04 ante natal visits (Rs.300 per visit), one post natal visit (Rs.500) and incentive for delivery (Rs.1000).
- Incentive for immunisation services to improve coverage by providing incentives for proper immunisation of children. Rs. 1000/- is the rate of unit cost for a child who will complete immunisation against child diseases. This initiative has been launched in 12 districts i.e. Battagram, Buner, Chitral, Nowshera, Lower Dir, Upper Dir, Hangu, Kohistan, Lakki Marwat, Shangla, Tank and Tor Ghar.

5.6 Child Labour

Child labour has assumed epidemic proportions in Khyber Pakhtunkhwa and studies show that no labour market is free from child labour. It is now recognised as a major social problem, incompatible with the overall development of the province.

Child Labour Survey 1996 Survey									
Age Groups/ Provinces	All Areas			Rural			Urban		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Pakistan	3,313,420	2,431,992	881,428	2,945,675	2,110,358	835,317	367,745	321,634	46,111
5-9	573,084	333,656	239,428	536,145	302,694	233,451	36,939	30,962	5,977
10-14	2,740,336	2,098,336	642,000	2,409,530	1,807,664	601,866	330,806	290,672	40,134
Khyber-Pakhtunkhwa	1,058,089	730,471	327,618	1,021,147	696,207	324,940	36,942	34,264	2,678
5-9	323,201	155,915	167,286	319,375	152,502	166,873	3,826	3,413	413
10-14	734,888	574,556	160,332	701,772	543,705	158,067	33,116	30,851	2,265

Federal Bureau of Statistics

The National Child Labour Survey, conducted in 1996 by the Federal Bureau of Statistics, found a little over one million children economically active between the age group of 5-14 years in Khyber Pakhtunkhwa.

In the absence of any recent national survey or data, it is difficult to gauge the real magnitude of child labour in the province. Based on government Labour Force Survey 2012-13, the

participation rates of 10-14 years old children in KP have gone down from 7.48 per cent in 2010-11 to 3.95 per cent in 2012-13. Despite such an encouraging decrease, according to CRLC, it does not necessarily mean that child labour has substantially decreased in the province.

Labour Participation Rates	2010-11 (Per cent)		2012-13 (Per cent)	
	10-14 Years	15-19 Years	10-14 Years	15-19 Years
Province				
Khyber-Pakhtunkhwa	7.48	27.99	3.95	11.98
Punjab	12.58	38.46	4.2	12.33
Sindh	13	36.8	5.16	12.82
Balochistan	9.78	35.41	7.04	12.92

Labour Force Survey 2012-13

There are only a few child labour inspectors in most districts, and they often have little training and insufficient resources. Legislation has been able to control child labour in the formal sector to some degree. As a result, child labour is prevalent in the unmonitored, informal and rural sectors (38).

A report on the implementation of Employment of Children Act (ECA) 1991 from 2008-2011 reveals that inspections have been carried out under the ECA, cases lodged, decided and fines have been imposed. The lowest number of inspections was 393 carried out in 2008, which increased to 816 in 2009. Again in 2010 the number dropped to 566 but went up to 644 in 2011 (39). What is important is that the inspectors are active and that there is some hope that, with time, the situation will improve in terms of decisions and imposition of fines on violators.

Consolidated Report on ECA 1991 from 2008 to August 2011							
Year	Inspection Made	Cases Lodged	Previous Cases	Total Cases	Cases Decided	Fine Imposed	Pending Cases
2008	393	52	92	144	22	NIL	122
2009	816	151	122	273	89	1900	184
2010	566	163	184	347	20	3450	327
2011	644	85	327	412	264	21700	148

Source: Directorate of Labour, Govt. of Khyber Pakhtunkhwa

Labour Directorate of Khyber Pakhtunkhwa shared that they were working on a draft law to ban employment of children, revise the list of hazardous occupations and formulate a social protection policy.

Forms of Child Labour

Child Domestic Labour

Domestic child labour is widespread and as many as 21 per cent households in Peshawar employ child domestic labourers (57 per cent male and 43 per cent female) (40). Many of them are Afghan refugees. This is the hidden labour, working hours are unregulated without any age limit. Wages are nominal and sometimes compensated with food and shelter. Girl child workers are mainly found working in the domestic realm e.g. household chores, playing surrogate mothers to younger siblings, domestic servitude, and on the farm. They remain hidden and unaccounted for, and without any legal protection.

Rag Pickers/ Scavengers

There are approximately 10,000-12,000 children working as rag pickers (41). A significant population of these rag-pickers is Afghan children (20-30 %) (42) who wake up early in the morning and move to different parts of the city, either in groups or alone, and collect saleable rubbish items to earn for the family and themselves. Most of these children live on the outskirts of Peshawar, visit the main market areas and bus stations and return in the evening.

Child Beggars

There has been a substantial increase in the number of child beggars. They are all over the city, begging on main streets, and marketplaces near restaurants, shrines and mosques. These children, especially boys, who are seen begging late in the night, are also easy prey to sexual abuse and exploitation. The main factors, responsible for this growth, are continued migration of people from rural to urban areas in search of employment, poverty, no education and school drop-outs (43).

Brick Kilns

Brick kilns are common sights on the outskirts of Peshawar and other rural areas where little boys and girls are seen making bricks along with their elders. The poorest segment is employed here. In Khyber Pakhtunkhwa, Afghan refugees often find quick work and are willing to work in the worst of conditions. There are approximately 450 brick-kilns in Peshawar district (44). The exact figure of children working in these brick kilns is not available but according to child rights' experts, children are employed in large numbers. Coal is often used to burn the bricks and the heavy smoke contains soot (fine carbonaceous particulates) that penetrates deep inside the lungs causing severe asthma, congestion, chronic lung diseases and even cancer (45). As with other hazards, young children are particularly vulnerable to sickness, disease, and death.

Other Common Employments

Child labour is also common in restaurants, roadside hotels, auto-workshops, transport industry, and smuggling. Truck drivers often employ children as their assistants for long routes. A majority of working children return home at the end of the day and those who have migrated from other parts of the province stay at the employer's place or any other available space.

Rapid Assessment of Worst Forms of Child Labour in Swat, Nowshera, D.I.Khan, Swabi and Haripur

(2013)

The Rapid Assessment study conducted by Directorate of Labour reveals that automobile workshops, steel workshops, textile mills and plastic industries host the worst forms of child labour in Swat. Children working in these occupations are faced with extreme weather conditions, accidental injuries, cuts and burns, fatigue, slips & trips, pollution, noise, chemicals, sharp edged tools and often deal with heavy loads. Children in Swat have also been found in labour on retail shops, hotels, agriculture, cattle rearing, transport, small mines, garbage collection, weaving and domestic work.

The study conducted in Nowshera identifies major child labour sectors and worst forms of child labour in the district. The study reveals that brick kilns, automobile workshops, steels workshops and furniture workshops are most hazardous and fall under worst form of child labour. Besides these, children have also been found working in hotels, agriculture, transport, small mines, garbage collection, carpet weaving and domestic labour. Most children work as full time employees for meagre salary. Working children are socio economically poor and from large families who have either limited or no access to opportunities for their livelihoods.

Similar study reveals that child labour is an increasing phenomenon across district D.I. Khan where child labour is prevalent in different occupations which can be classified into different risk categories. Children are found working as carpentors, welder, mechanic, brick maker and tea boy but most worst and hazardous conditions were found in wood furniture, steel industry, soap/ ghee factory and auto workshops.

In Swabi, children were found to be employed in many different occupations according to Rapid Assessment. These include hotels and restaurants, fruit/ vegetable markets, chips and slices, transport, paint work, factories (cigarettes, ice making, floor mills, marble), agriculture, street beggars, internet cafes, shops, furniture and scrap collection. The study identifies tobacco, auto workshop, brick kiln and textile sector as the most hazardous and worst forms of child labour in Swabi.

Child labour is a common sight in Haripur in automobile workshops, brick kiln, steel and iron work, transport industry, scavengers and also in the Hattar industrial zone. The RA survey identifies brick kiln, auto mobile, wood works and steel work afflicted with worst forms of child labour in Haripur.

Causes

Poverty and economic disparity is the push factor for child labour. Poor households cannot make ends meet with one earner in the house and see their children as helping hands. Poor families have low regard for education, and believe that it is better for a child to work. For them, investing in children's education is not a viable option and, given the poor quality of education being imparted in government schools, it is a liability more than a road map to a better life. To further add to this malady is the fact the more children are born in poor families and the army of child labourers keeps growing.

Children are a necessary part of the work force in the villages, both on the farm and in the home. This can sometimes result in inadvertent placement of a child in a situation of exploitative labour

from which it is then very difficult to escape. There is also very wide social acceptance of using children as domestic workers in the homes of families, both rich and poor.

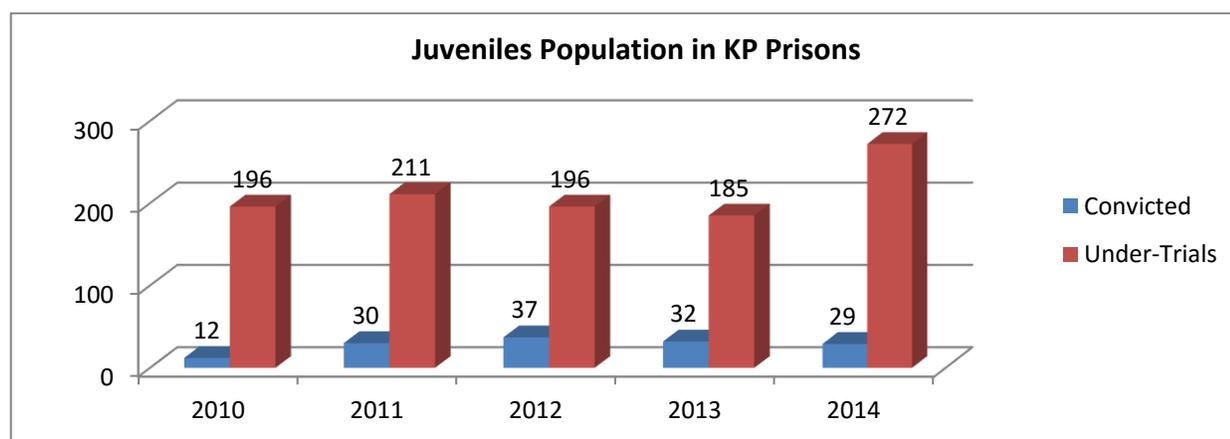
Child labour is also attractive because it provides a cheap and easy to manage labour force. It is a demand-driven phenomenon. It occurs because there is a market for children in urban cities for obvious reasons, and this is matched by an abundant supply of children, most often from poor families, who are easy prey for those who seek to make a profit by exploiting their vulnerability.

It is not that there are no laws in Khyber Pakhtunkhwa to prevent or curb child labour. The problem is of poor implementation of existing laws and international conventions signed and ratified by Pakistan to deal with this evil. The minimum age of employment should be 14 years but children as young as five and seven are seen labouring away in the most hostile and harsh environments.

5.7 Juvenile Justice

At the end of 2014, 301 juvenile offenders were detained in detention centres which include jails, sub-jails and judicial lock-ups, 272 were under-trials and only 29 were convicted (46). The number of juvenile population in KP jails was 527 in 2002, 318 in 2006, 208 in 2010, 217 in 2013 with some increase noticeable in 2014 i.e. 301 juveniles (47).

Juvenile justice in Khyber Pakhtunkhwa is governed by the JJSO 2000 and its implementation rules were laid down in 2002. Some of the provisions of the JJSO have been incorporated in the Child Protection and Welfare Act, 2010. Certain areas of Khyber Pakhtunkhwa are governed by Shariah law, under the Nizam-e-Adl Regulation 2009, which overrides all other laws. Other laws that relate to child offenders are the Pakistan Penal Code 1860, the Criminal Procedure Code 1898, Abolition of the Punishment of Whipping Act 1996, the Anti-Terrorism Act 1997, the Control of Narcotic Substances Act 1997, and the Hudood Ordinances 1979.



The JJSO defines a child as a person under 18 at the time of committing an offence, and the minimum age of criminal responsibility is seven years, one of the lowest in the world. Child

offenders may be tried in special courts under the Anti-Terrorism Act and Control of Narcotic Substances Act, both of which provide for the death penalty. The JJSO prohibits the death penalty for offenders below 18 years of age.

The JJSO defines a borstal as “a place where child offender may be detained and given education and training for their mental, moral and psychological development.” The Ordinance empowers the juvenile court to either release a juvenile offender or send him/her to a borstal after he/she is found guilty of an offence.

According to a home department official, there are 22 jails in Khyber Pakhtunkhwa that include sub-jails and judicial lock-ups. The juveniles in the province are kept in the juvenile barracks of adult prisons. Within the old structures, the juveniles are kept in juvenile cells. The only borstal institute is located in Bannu which was sanctioned and built in 2003-04 but remains vacant (48).

In 2012, KP government passed the KP Borstal Institution Act but it is not enforced because rules are not notified by the Provincial government. A consultant has been hired by the Child Protection and Welfare Commission in 2014 to draft rules.

Children are arrested for offences and illegally detained for days and even months (49). They are tried in regular courts and sent to jails, and for the most part remain under trial for long periods of time, which is evident from population figures of juveniles in prisons. They are kept in inadequate facilities, remain exposed to adult and hardened criminals, including militants, giving the young mind every opportunity to come out of the prison as a potential hardened criminal (50)

Generally, living conditions and the environment in which juvenile offenders are kept are far from satisfactory. Overcrowding is the worst problem, which is also a cause for many other problems, such as infections, diseases, conflict for space, hygiene and sanitation problems etc (51). Central Jail Haripur is one of the better jails. It is well kept and clean. Comparing to others, there is more space for children, a large playground, non-formal education and a computer laboratory and a library. As opposed to that, Central Jail Peshawar is one of the worst. The jail, which was built during British rule, is in a dilapidated condition and is overcrowded. Despite the authorized capacity of the jail being 1,500 prisoners, the jail administration houses some 2500 to 2800 prisoners at a time. Also juvenile offenders face issues with regard to safe drinking water, adequate sanitation, nutrition, health and dental service (52).

Although there is no literature proving that child offenders are subjected to corporal punishment—disallowed by the JJSO—or tortured when in detention, children who have been detained narrate stories of violence by police and prison staff. Offenders are also vulnerable to sexual abuse by adult prisoners, prison staff and fellow juvenile offenders (53).

Despite the JJSO and the Khyber Pakhtunkhwa Child Protection & Welfare Act, 2010 which provide for exclusive juvenile courts, children are tried alongside adults without appropriate protection.

Under the JJSO, an accused offender has the right to be represented at the state's expense by a lawyer with at least five years' experience in the relevant provincial bar. As yet, no province has passed a budgetary allocation for such legal aid, although Khyber Pakhtunkhwa has notified several panels of lawyers for the purpose (54). The CPWC has provided legal aid to some juveniles offenders. Free legal aid is mostly provided by CSOs.

The Probation of Offenders Ordinance, Pakistan 1960 provides the first time offenders (probationers) with an opportunity to be placed on probation, rather than imprisonment, for social rehabilitation/reformation under the friendly guidance and supervision of probation officers under certain conditions. Fifty six children (all males) were released on probation in Khyber Pakhtunkhwa in 2014 (55) whereas the number of children released on probation in 2013 was 71 (67 males, 4 females) and 59 (55 males, 4 females) in 2012. According to available information, the sanctioned posts in the Reclamation and Probation Department are 21 for males and 7 for females, however in 2014, 17 male officers and six female officers were performing their duties and remaining posts were vacant (56). The release of children on probation has been severely hampered by the absence of an adequate number of probation officers, in particular separate probation officers for juveniles.

There has been a considerable reduction in the number of prisoners after the enforcement of the National Judicial Policy on June 1, 2009. According to a report presented before the National (Judicial-Policy) Making Committee (NJPMC) by the provincial inspector general (Prisons), the load on the jails has decreased. The children have also benefited from the policy.

Life for children who come into conflict with the law is not just a denial of liberty, but includes many other deprivations. In Pakistan, child offenders are not innocent until proven guilty but vice versa. This attitude results in denial of their very basic human and child rights such as education, health care, kindness, compassion and care, rehabilitation and reformation. They are excluded and isolated, and this is made worse because a large majority of the children in jails come from the poor/poorest segment of the society, who has no chance of better opportunities in life to begin with. These children are also at high risk of sexual exploitation, and becoming involved in substance abuse and the drug trade through peer influence or the influence of adult criminals.

5.8 Violence against Children

Children in Khyber Pakhtunkhwa suffer from all types of violence, ranging from physical, emotional, psychological to sexual abuse. There is no comprehensive or consolidated data of the province to measure the real magnitude of the malaise taking place with impunity at times. Child Protection Commission gives some insight of the problem in KP. A total of 920 cases of violence against children were reported to Child Protection Units in 12 districts from 01 May 2011 to 8 Sep 2014 (57). Lawyers for Human Rights and Legal Aid (LHRLA) reported that 5161 cases of reported violence and abuse against children were committed in Khyber Pakhtunkhwa between Jan 2000 to Dec 2013.

Street Children

Street children are the largest and most ostracised social group in Khyber Pakhtunkhwa. There is no consolidated data available of the number of street children but large numbers of children are visible on streets in almost every city. These include “runaways” who live or work on the street, and the minority that return to their families, at the end of the day, with their meagre earnings. These children are seen selling newspapers, flowers, cleaning windshields, begging, etc. They are from different categories such as those escaping from corporal punishment, both in the homes and schools, poverty, supplementing family income, orphans or those attracted by the glamour and glitz of cities. These children are bereft of protection, security, supervision and direction.

Majority of street children find themselves taking different types of drugs, heroin, *charas*, glue sniffing, which is both cheap and easily accessible. Seventy-five cases of child drug addiction cases were reported to the Child Protection Units from 01 May 2011 to 8 Sep 2014 (58). Some of these children also indulge in male child prostitution. Regional Directorate of Human Rights in Peshawar conducted a survey in 2012 on child beggary in Peshawar. The survey revealed that about 1000 children were engaged in beggary business in Peshawar alone.

According to the study conducted on street children by SPARC in Peshawar in 2012 (59), majority of the children working on the streets in Peshawar were either Afghans or Pashtun, belonging to poor and illiterate families. Children were mostly dropouts from school due to poverty, corporal punishment or militancy in the nearby tribal belt. Many children were forced into begging by their parents to earn income for their families. Majority of children were suffering from health issues and problems. Most of the street children in the city are addicted to sniffing glue, smoking hashish and using other drugs.

Authorities in Peshawar are trying to get children off the streets and send them to their families or government shelters where they will be safe from drug abuse, sexual exploitation and various health issues. Given a large number of children on streets, it is not an easy task for authorities to accomplish.

Corporal Punishment

A total of 104 cases of corporal punishment were reported to Child Protection Units in KP from 1 May 2011 to 8 Sep 2014 (60). Corporal punishment has been identified as one of the leading causes for the massive drop-out rate in Pakistan. The government had banned corporal punishment in schools in 1999 and issued directives to all teachers against corporal punishment with the warning that violation would be followed with disciplinary action. The enforcement of this directive failed, with no effective monitoring mechanism in place. Corporal punishment is not only limited to schools alone, it is highly prevalent in homes and workplaces also.

Corporal punishment is prohibited in government schools under Section 34 of the “Child Protection & Welfare Act 2010”. A violator of the Act may be imprisoned for a period of six months with a fine of up to Rs 50,000. But the same law allows parents, guardians and teachers

to use corporal punishment for disciplining purposes, which is contradictory and this ambiguity in the law must be corrected.

Baseline Survey on Corporal Punishment

The baseline survey conducted by the SPARC in 2010 in five districts of Khyber Pakhtunkhwa; Charsadda, Peshawar, Swabi, Mardan, and Nowshera reveals that corporal punishment was recorded as being high in 83 per cent of them. The study further revealed that 76 per cent parents and 87 per cent teachers considered moderate corporal punishment as an appropriate means of discipline. About 82 per cent executive functionaries were against corporal punishment in schools but 76 per cent teachers who were aware of the notification and directives banning corporal punishment still preferred it as a disciplinary tool. It also came to light in the study that overcrowded classes and shortage or absence of leisure activities in 70 per cent schools are cause for provoking teachers to corporal punishment. There was no effective monitoring system at the district or school level. A standard practice of carrying out a government inquiry in such cases is being followed. The teachers believe that parental poverty (90%), lack of parental interest (85%) and corporal punishment (79%) are the main reasons for the high drop-out rate.

Source: SPARC

Child Sexual Abuse and Exploitation

In June 2012, two deaf and dumb girls were raped by a group of five men in Haripur, who also filmed the scene. The two sisters communicated the incident to mother, and the police registered a case against all of the accused. Sadly, cases of child sexual abuse take place all over Pakistan including KP. It includes a wide range of behaviour from fondling a child's genitals, intercourse, rape, sodomy, exhibitionism and commercial exploitation through prostitution or the production of pornographic materials.

A total of 69 cases of child sexual abuse have been reported to the Child Protection Units from 1 May 2011 to 8 Sep 2014. Limited research by NGOs shows that sexual abuse is prevalent in the province. According to the Cruel Numbers collected by NGO Sahil, 139 cases of child sexual abuse were reported in 2013 and 152 cases in 2014. These figures appear low mainly due to none or poor reporting of such incidents to save family honour, as opined by child rights' experts working in Khyber-Pakhtunkhwa.

CSA is a hidden violation and children who suffer this veiled crime remain unaccounted for. Most culprits are known to the child, trusted by parents and expected to protect the child, including family members, relatives, friends, teachers, and acquaintances. The commercial sexual exploitation of children is prevalent in Khyber Pakhtunkhwa, but it is difficult to give any numbers

since the crime is covered in secrecy and never discussed due to social perceptions of “shame” and “honour” (61).

Children in Armed Conflict

On 16 December 2014, 9 gunmen attacked the Army Public School in Peshawar, and killed 134 schoolchildren ranging between eight and eighteen years of age. An estimated total of 1,099 students and teaching staff were present on the school premises, of whom armed forces were successful in rescuing approximately 960, though 131 were injured. In another incident, Aitzaz Hasan, 14 years old, sacrificed his life on 6 January 2014, tackling a suicide bomber, and in an attempt to save the lives of over 2000 schoolmates in Hangu. On February 10, 2011, a boy in a school uniform blew himself up at a Pakistani army recruitment centre in Mardan, killing himself and 20 cadets. Similarly, the Peshawar Police arrested a 13 year old suicide bomber and his operator in the provincial capital of Peshawar. The Bomb Disposal Squad was successful in defusing the suicide vest that the child was wearing.

In Khyber Pakhtunkhwa, children are the primary victims of armed conflict in Khyber Pakhtunkhwa. They are both its targets and have been used as instruments. Since 2007, Pakistan continued to experience attacks by armed groups associated with Taliban or Al-Qaeda, including Tehreek-i- Taliban (62). Children and young men have been used by these armed groups to carry out suicide attacks, and this has also been acknowledged by the government agencies.

The Pakistan Armed Forces has provided rehabilitation and reintegration support to children who were fighting against the army in Swat (63). These children were recruited by the Taliban and other non-state armed groups in Swat Valley.

Missing Children

On June 2, 2011 the police, in an increasingly rare display of efficiency, arrested Fatima, an Afghanistan-qualified lady doctor working for a private hospital in Peshawar, after she attempted to sell a five-month-old baby boy to an undercover policewoman. What was perhaps even more shocking was the fact that, according to the police, not only had Fatima sold several other infants, both legitimate and illegitimate, but she was unrepentant, indeed defiant, because she believed she was “saving the future of the babies” (64).

There are various types of missing children in KP. Some are those who run away from home and never return. Some are kidnapped, and parents and families have no clue about their whereabouts. Majority of kidnapping of children takes place for ransom. Child Protection Commission has received 24 cases of kidnapping and 130 cases of missing children from 1 May 2011 to 8 Sep 2014.

Child Marriage

Child marriage is one of the most prevalent forms of sexual exploitation of girls that robs girls of critical educational and economic empowerment opportunities. *In April 2012, the Peshawar Police made a timely intervention to stop a marriage between a five year old girl and 18 year old*

boy. Estimates show that 25-30 per cent marriages are child marriages in Pakistan (65). Sixty seven (67) cases of child marriages have been reported to 12 child protection units in KP from 1 May 2011 to 8 Sep 2014. According to Sahil, 31 per cent cases of child marriages, out of the total 92 cases in 2013, were from KP. This figure dropped in 2014 where out of 103 cases, only 16.5 per cent were reported from KP. A draft bill to this effect had been prepared by the Child Protection Commission. This Bill is currently under-review by stakeholders.

Swara/Vani

Swara/Vani is a traditional practice in which a girl of any age is sold or married to the rival party to settle disputes. In 2010, a six month old baby was married to a 25-year-old man (66). Although the Peshawar High Court took notice of the issue of giving two sisters in swara to a rival family in 2011, such incidents continue to surface from time to time. For instance, a Jirga in Malakand range in PATA ordered the marriage of a 13 year old girl to a son of an influential man. Another case was reported from Mingora Swat in September 2012 where a 13 year girl was ordered to marry a grown-up man to settle a dispute between the two families. Khyber Pakhtunkhwa has passed a provincial law to discourage such criminal traditional practices. The Khyber Pakhtunkhwa Elimination of the Custom of Ghaiz Act 2013 criminalizes the practice of forced marriages in the province.

Birth Registration

The figures for birth registration in Khyber-Pakhtunkhwa are extremely low. According to PDHS 2012-13, only 10 per cent of children under 5 years of age were registered. The Department of Local Government is working with UNICEF and NADRA to take measures for improved birth registration through computerisation of local union data system (67). According to available data from NADRA (October 2014), a total of 1,584,830 Child Registration Certificates have been issued in KP.

Conclusion & Recommendations

The government of Khyber-Pakhtunkhwa has taken number of positive steps for child welfare. However, the scale and coverage of such interventions are limited to few districts. Integrated Development Strategy (IDS) 2014-2018 takes note of the importance of education and health of children and links it with provincial development. As such, it has increased budget allocations and prepared plans and programmes with the aim of advancing enrollment at primary levels, reducing drop-out rates, improving the education and health infrastructure, and encouraging female education etc.

Despite some progress on policy and legislative front, KP is still a region in which a large number of children die of preventable causes. Many children are deprived of access to their basic needs. Violence against children is also widely prevalent in KP, and protection for out of schools, street and vulnerable children is largely non-existent for majority of child population. Much work remains to be done, and the current momentum, as such, must be maintained.

Recommendations

Provincial and District Plans of Action on Children

1: It is recommended that Khyber Pakhtunkhwa should develop Provincial and District Plans of Action on children and set tangible targets on education, health, and child protection.

Enhance Financial Support for Child Protection Welfare Commission

2: Governments must allocate higher budgets and funding to support Child Protection and Welfare Commission work. Much of the Commission ongoing work is carried with the support of international donors, which is often short-term. There is a need to increase the number of Child Protection Units beyond 12 districts.

Enactment & Enforcement of Compulsory Education Law

3: The GoKP should make efforts for enactment and enforcement of the Compulsory Education Bill. Article 25-A of the Constitution makes education a fundamental right of every citizen. The state is responsible for providing free and compulsory education to children between 5 to 16 years. This requires massive investment and efficient use of resources in the education sector and the provincial government should make it a priority.

Introduce law for Prohibition of Child Labour in KP

4: It is recommended that in view of the growing numbers of child labourers, the government should introduce a law aiming to prohibit child labour in KP, which should clearly state 14 years as the minimum age of admission to employment in any occupation, including child domestic labour. The government should also prohibit children's employment in hazardous occupations (under 18 years), and extend the law's purview to family businesses as well.

Introduce Child Marriage Prohibition Law

5: The GoKP should make efforts to pass the law to strictly prohibit child marriages in KP. The marriage age of girls should be increased from 16 years to 18 years and penalties should be enhanced.

Give Top Political Priority to Education

6: Although some progress has been made in KP, the GoKP should respond to the multi-faceted challenges in the education sector. Some immediate steps that need attention are: (i) Increase budget allocations and timely release of the educational grants (ii) Rural-urban level education must be brought at par (iii) Improve structural facilities for schools, standardise the curriculum for all different types of schools (iv) Madaris education must be reformed to include all types of curricula and set of courses (v) Useful and meaningful incentives and the removal of hurdles such as security issues and implementation of girl specific facilities in schools should be given top priority to tackle the gender disparity (vi) link safety nets with schools (viii) Introduce a high quality selection procedure for teachers and offer incentives to insure highly qualified and dedicated teachers. (ix) Sports and other extracurricular activities must be made part of the schools' functions (x) Corporal punishment must be banned under any and every circumstance and alternate disciplinary methods must be introduced and advocated in government schools.

(xi) All strategies required to halt the drop-out rate must be formulated to help children complete their education.

Strengthen the Department of Health and Local Delivery Mechanisms

7: A number of programmes have been instituted at the federal level to offer a holistic and uniform solution to address the gaps in the health sector in Pakistan, all of which have been implemented in Khyber Pakhtunkhwa. The problem with using vertical programmes to address problems in health care is that most of these are not coordinated at the lowest and most basic level of service delivery, leaving a number of gaps. There are no large-scale initiatives, dealing with child health, specific to Khyber Pakhtunkhwa. It is important to strengthen the department of health, and local service delivery mechanisms. These programmes are either partially or fully funded by the federal government, with the province participating only in implementation and not in the policy designing.

Initiate Nutritional Programmes for Children

8: The design and implementation of past nutrition initiatives have been fraught with weaknesses, including a lack of ownership and responsibility, weak managerial and technical support to provinces. New initiatives and programmes that are in place for children also need to focus heavily on the provision of nutrition.

Improvements in the Child Health Care System

9: Improvement in the child health care system is imperative for universal access to basic health care, possibly through rehabilitation of basic health units; extension of community health worker training; and provision of water and sanitation facilities, including training of community based plumbers. Awareness campaigns on maintenance of a healthy lifestyle and sanitary surroundings are also recommended.

Recognition, Reporting and Helpline

10: A child can only be protected if reporting the abuse is easy and simple. A centralised helpline service should be started, in all the districts rather than a few as at present, under the Child Protection & Welfare Commission which will receive cases relating to children, refer it to relevant agencies, and provide guidance and free counselling services.

Activating and Strengthening Role of the Courts

11: Going to court can be a difficult and frightening experience for children whether they are victims, witnesses or offenders. It is important that separate courts are notified at the district level which should deal only with children's issues. Exclusive Juvenile Courts can be notified under the JJSO throughout Pakistan, or under the Khyber Pakhtunkhwa Child Protection & Welfare Act 2010. High Courts can entrust additional powers to Juvenile Courts to deal with all types of cases involving children.

Set up Pre-Trial Diversion Schemes

12: The government should set up pre-trial diversion schemes/projects at district Child Protection Units. Diversion programmes can be of different types, based on restorative justice principles, welfare approach, community service or other activity programmes to address offending

behaviour. The planning and execution of these schemes should involve police, prison, probation and parole, judiciary, social welfare, District Bar and civil society organisations. Protocols can be signed among different institutions committing to act and respond in a prescribed manner.

Establish Remand Home and Borstal Institutes

13: The JJSO clearly states that an offending child should not be kept in prison or at a police station during trial. Rules for recently passed law on Borstal Institutes should be notified and Borstal institutes should be setup immediately. Beside Borstal institutes, the government needs to set up Remand Homes for children in need of care and protection when awaiting inquiry, and subsequently for care, treatment, education, training, development and rehabilitation.

Minimum Care Standards for Children's Homes

14: The Child Protection Welfare Commission should notify minimum standards for children's homes/child care institutions. Standards should address the following issues: quality of care, environment, staff, complaints and protection, management and administration, etc.

Set up Exclusive Desks dealing with Children's Cases

15: The police need to institutionalise a system to set up Child Rights Desks in all police stations. The desks will deal exclusively with children's cases (offenders or victims) reported directly to the police station. Trained police staff should handle these cases, and preferably officers should sit in separate rooms without police uniforms.

Hospital Child Protection Committees

16: Hospital Child Protection Committees should be established in all hospitals. It must be made mandatory for paediatricians and other doctors working at government hospitals to report cases of child abuse, if any, to the Committee. The focal person/ in-charge of the Committee should be linked with CPU, and file the case with the Unit immediately.

Appointment of Counsellors in Schools

17: Qualified counsellors should be appointed in schools to deal with children's problems. This is a very successful model being used in developed countries, and it provides children with an opportunity to resolve their problems and grievances with the help and guidance of a trained counsellor.

Life Skills and Vocational Education for Children

18: Children in difficult circumstances, especially those in institutions and streets, should be provided life skills and vocational education to enable them to deal purposefully with the demands and challenges of everyday life and promote their physical, mental and emotional well-being.

Child Rights Monitoring System

19: Different government departments are collecting statistics on children, however no single body at the provincial level is compiling the statistics. CPWC is collecting data from CPUs and CPCs only. It is important that support should be extended to any government or private agency

that can collect and compile statistics from different agencies, analyse them and this will assist in policy planning purposes.

Data on street children and child labour is of urgent importance. Rather than waiting for external funding, the government should utilise the expertise of the statistical department and infrastructure of Union Councils to collect information.

Raising of Awareness among Stakeholders

20: It is recommended that awareness raising on child rights is carried out, through media and other means, by the Commission, on regular basis, and special courses may be included in the syllabi of schools, police training, teacher training, jail staff, judicial academy and military academy.

Literate Province in South Asia

By 1981, the general literacy rate in Kerala was 70 per cent--twice the all-India rate of 36 per cent. In 1991, Kerala became the first state in India to be recognised as a completely literate state. As of 2007, the net enrollment in elementary education was almost 100 per cent and was almost balanced among different sexes, social groups and regions, unlike other states of India

The pilot project began in the Ernakulam region, an area of 3 million people that includes the city of Cochin. In late 1988, 50,000 volunteers fanned out around the district, tracking down 175,000 illiterates between the ages of 5 and 60, two-thirds of them were women. The leftist People's Science Movement recruited 20,000 volunteer tutors and sent them out to teach. Within a year, it was hoped, the illiterates would read Malayalam at 30 words a minute, copy a text at 7 words a minute, count and write from 1 to 100, and add and subtract three-digit numbers. Classes were held in cowsheds, in the open air, in courtyards. For fishermen, volunteers went to the seashore, and Leprosy patients were taught to hold a pencil in stumps of hands with rubber bands. For those with poor eyesight, volunteers collected 50,000 donated pairs of old eyeglasses and learned from doctors how to match them with recipients. No one was left out.

On February 4, 1990, 13 months after the initial canvass, Indian Prime Minister V.P. Singh marked the start of World Literacy Year with a trip to Ernakulam, declaring it the country's first totally literate district. Of the 175,000 students, 135,000 scored 80 per cent or better on the final test, putting the region's official literacy rate above 96 per cent; many of the others stayed in follow-up classes and probably had learned enough to read bus signs. The total cost of the 150 hours of education was about \$26 per person. Organisers knew the campaign was working when letters from the newly literate began arriving in government offices, demanding paved roads and hospitals.

Today, commitment to education pervades society. About 37 per cent of the state's annual budget goes to education in Kerala State.

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- (35) Inputs received from the Health Department, Government of Khyber Pakhtunkhwa
- (36) Ibid
- (37) Ibid
- (38) Inputs received from the Directorate of labour, Khyber Pakhtunkhwa
- (39) Ibid
- (40) SPARC (2010), "State of Pakistan's Children"

- (41)SDPI (2004), “Rapid Assessment Of Scavengers (Rag-pickers)in Lahore, Karachi, Quetta, Peshawar and Islamabad”
- (42)Ibid
- (43)Notes from the meeting with CPWC and Department of Social Welfare, Government of Khyber-Pakhtunkhwa
- (44)Notes from the meeting with representative of Muttahida Labour Federation, Peshawar (Oct 20, 2011)
- (45)Ibid
- (46)Jail Population, Prison Department, Government of Balochistan
- (47)SPARC (2014), “State of Pakistan’s Children 2013”
- (48)Notes from the meeting with Director Child Protection – Save the Children (August 2014)
- (49)Ibid
- (50)Ibid
- (51)Ibid
- (52)SPARC (2013), “State of Pakistan’s Children 2012”
- (53)Notes from the meeting with Director Child Protection, Save the Children (August 2014)
- (54)Input received from CPWC for the State of Children in Pakistan report (September 2014)
- (55)Directorate of Reclamation and Probation, Government of KP
- (56)SPARC (2015), “State of Pakistan’s Children 2014”
- (57)Input received from CPWC for the State of Children in Pakistan report (September 2014)
- (58)Ibid
- (59)SPARC (2014), “State of Pakistan’s Children 2013”
- (60)Input received from CPWC for the State of Children in Pakistan report (September 2014)
- (61)Notes from the meeting with Director Child Protection, Save the Children (August 2014)
- (62)Review of the news compiled by Child Rights Desk-Pakistan, Visit <http://pakistan.childrightsdesk.com>
See Child Militancy
- (63)Inputs received from CPWC for the State of Children in Pakistan report (September 2014)
- (64)Child Rights Desk-Pakistan, Visit <http://pakistan.childrightsdesk.com> See Exploitation (Abduction)
- (65)Pakistan Demographic Survey 2006-07
- (66)Child Rights Desk-Pakistan, Visit <http://pakistan.childrightsdesk.com>
- (67)Notes from the meeting with Secretary Local Government, Government of KP

Chapter 6: State of Children in Punjab

Name of Province/ Region	Punjab
Population (1)	102,005,000
Literacy Rate 10yrs+ (2)	62% (71% Males, 54% Females)
Net Enrollment Ratio (Primary level 5-9) (3)	62% (64% Boys, 62% Girls)
Gross Enrollment Ratio (Primary Level 5-9) (4)	98% (102% Boys, 94% Girls)
IMR (5)	63 per 1000 live births
U5MR (6)	75 per 1000 live births
MMR (7)	227 deaths per 100,000 live births
Children in Detention Centre (UT, Convicted) (8)	757 (694 under-trials, 63 convicted)
Number of Children Released on Probation (9)	119
Child Labour Participation Rate (10)	4.2 % (10-14 Years) 12.33 % (15-19 Years)

6.1 Introduction

Punjab is the second largest province of Pakistan and is the most developed, prosperous and populous. The population of Punjab Province is estimated at 10.20 million in 2014 (11). Approximately 54 per cent of the country's total population lives in Punjab (12). Punjab borders Sindh to the south; Balochistan to the west; Khyber Pakhtunkhwa to the northwest; AJK, Indian administered Jammu and Kashmir to the north-east, and Indian Punjab and Rajasthan to the east.

Punjab is home to the Punjabis and various other groups. Lahore is the provincial capital. Punjab has 97.21 per cent Muslim population (13). Christians are the largest minority group, i.e. 2.31 per cent, and other minorities include Ahmedis, Hindus, Sikhs, Parsis and Bahais. The main languages spoken are Punjabi, Seraiki, and Urdu. There are 36 districts in Punjab (14). The province is home to six rivers: the Indus, Beas, Sutlej, Chenab, Jhelum and Ravi.

Extensive irrigation makes it a rich agricultural region. Its canal-irrigation system, established by the British, is the largest in the world. The province is mainly a fertile region along the rivers. It is the most industrialised province and manufactures textiles, sports goods, machinery, electrical appliances, surgical instruments, metals, bicycles and rickshaws, floor coverings, and processed foods. Punjab has more than 68 thousand industrial units. Punjab is also a mineral rich province with extensive mineral deposits of coal, gas, petrol, rock salt, dolomite, gypsum, and silica-sand. Punjab's economy share of Pakistan's GDP was 54.7 per cent in 2000 and 59 per cent as of 2010 (15).

Punjab's literacy rate is 62 per cent, 71 per cent for males and 54 per cent for females (16).

6.2 Policy and Legal Framework

The Punjab Free and Compulsory Education Act, 2014

The Punjab Assembly promulgated the Punjab Free and Compulsory Education Act in 2014 to provide for provision of free and compulsory education to children aged 5 to 16 years. According to the passed legislation, every child has a right to free and compulsory education from Class-I to X, non-formal education, vocational education or a combination of all considering needs, capability and age so as to ensure completion of education. It states that a child or parent will not be liable to pay any fee or charges or expenses for completing education in a school, owned or controlled by the government or local authority. The law binds parents to get their children admitted to schools and help them attend, except in the case of a reasonable cause, until they complete education. If a parent fails to admit and keep the child in a school, he/she would not be entitled to any subsidy or poverty-targeted support of the provincial as well as federal government. The law has also made it binding on the government or local authority to establish a childcare center in a local area or consolidate or merge such schools or centres for providing free pre-school education and early childhood care for children above the age of three years until they join a school for education. The government may permit a school management body to establish Farooq-i-Taleem Fund (Promotion of Education Fund) for schools. All contributions from philanthropists, alumni, students and parents will be credited to the fund and maintained at a scheduled bank. The fund shall be utilized for the welfare of students. It states that the in-charge of a school will ensure that a child is not subjected to corporal punishment or harassment. A person found contravening provisions of admission, expulsion and corporal punishment will be held guilty and liable to disciplinary action. This law has repealed The Punjab Compulsory Primary Education Act, 1994.

Reproductive, Maternal, Neo-natal and Child Health Authority Act, 2014

The Punjab government took a positive step in 2014 towards improving maternal and child health by passing the Punjab Reproductive, Maternal, Neo-natal and Child Health Authority Act. The law calls for establishing a Punjab Reproductive, Maternal, Neo-Natal, and Child Health Authority to be supervised by a Board of Governors, headed by the Provincial Minister of Health. Some of the areas targeted by the authorities are: improving contraceptive prevalence rate; skilled birth attendance; children fully immunised; women receiving post-natal care and institutional deliveries; proper treatment for children suffering from diarrhoea; decreasing prevalence of anemia among pregnant women; and decreasing the prevalence of severe or moderate wasting among children.

Punjab Child Marriage Restraint (Amendment) Act 2015

Punjab Government has amended the Child Marriage Restraint Act 1929. It now carries harsher punishments and fines for the Nikah Khwan who solemnises the marriage and the bride's guardian. In order to avoid any fines and punishment, the Nikah Khwan has to ensure the marriage contract is properly filled and no clauses have been left blank – failure in this regard will result in a Rs. 25,000 fine and one month imprisonment. According to the law, the minimum age for a girl to be married remains at 16, and for the groom it is 18, which should have been 18 for

both without any discrimination. The fine and punishment for violating the law has been increased from Rs. 1000 and one month imprisonment to Rs. 50,000 and six months imprisonment.

Punjab Destitute and Neglected Children's Act (PDNCA) 2004

The Act consolidates the law for rescue, protective custody, care and rehabilitation of destitute and neglected children. The PDNCA provides protection to children below the age of 15 years, which is the same age as given in the Punjab Children Ordinance of 1983. The category of children included in the definition of “destitute and neglected children” is also more or less the same. In this respect, the scope of the new law has not been broadened. Nevertheless, the law has made advances with regard to procedures and mechanisms for implementation. The Child Protection & Welfare Bureau is an autonomous body established in accordance with the PDNCA. The Act, after ten years, still suffers from weak enforcement.

Punjab Borstal Act, 1926

Punjab Borstal Act, 1926 make provision for the establishment and regulation of Borstal Institutions in the Punjab and for the detention and training of adolescent offenders. Under the Punjab Borstal Act 1926, male convicts under the age of 21 who have exhausted their appeals may be detained in a Borstal for periods ranging from two to seven years. The management and administration of Borsstals are provided in the Punjab Borstal Rules of 1932.

6.3 Institutional Arrangements for Child Protection in Punjab

The Department of Social Welfare and Women Development, and Pakistan Baitul-Maal

Department of Social Welfare and Women Development has a mandate for policy reforms, monitoring and research, coordination on matters related to social welfare, including child rights and children’s welfare, service delivery, capacity building and community development. Provision of educational and recreational facilities for institutionalised children, and welfare and protection of children in need of care and protection are priorities areas of Department of Social Welfare (17).

Name of Institutions	Total Number in Punjab	Purpose of the Institutions
Nigebhan Centres	8	Reintegration of lost, kidnapped and runaway children
Chaman	1	Trains and rehabilitates (education) mentally impaired children
Children Homes	11	Provides shelter and education services and rehabilitation
Dar-ul-falah	6	Provides skill development training to children of widowed and divorced women
Kashana	3	Provides residential, educational, vocational and rehabilitation services to destitute girls
Day care Centre	3	Provides day care facilities to children of working women
Gehwara	10	Provides shelter, care, support and adoption services for abandoned and neglected infants
Child Protection Unit	1	Provides protection and referral services

Child Protection and Welfare Bureau (CPWB)

The Child Protection and Welfare Bureau were inaugurated in 2005. The Bureau provides rescue, protection, rehabilitation and reintegration to destitute and neglected children such as beggars, street children, and handicapped. It is an autonomous body established in accordance with the PDNCA (18).

The Child Protection Unit (CPU), set up by the Child Protection Bureau, helps in rescue, recovery, custody, rehabilitation and reintegration and follow-up of destitute and neglected children. Children are also provided psychological and medical services in the institute. The CPU is the main functional arm of the Bureau.

There are seven Child Protection Institutions functioning under the supervision of the CPWB. These institutions provide temporary and long term institutional care to rescued children. Children are provided quality residential, educational, vocational and recreational facilities. The CPWB has established a helpline 1121. The helpline provides information on CPWB and rescued children, and timely assistance, guidance, awareness and support to the abused and children at risk.

Since its establishment in 2005 to Sep 2014, the Bureau has provided assistance to 42,313 children. Types of services offered to children were reunification with their parents, children living in CPIs, children facilitation through open reception centres and mobile reception centres, psycho-social counseling, help-line services, children whose families were traced and FIRs registered under PDNCA.

Children's Court

The only children's court has been constituted in Punjab under the PDNCA, however this court is currently dealing with a limited number of cases, registered under the Act, related mostly to custody, or penalising parents/guardians for neglecting children and/or forcing children into

begging (19). Every child rescued by the Bureau is produced before the court by Child Protection Officers within 24 hours of taking such child into protective custody. Where the court is satisfied that the child brought before it is a destitute and neglected child entitled to special protection by the state, it orders the admission of such child to a CPI managed by the Child Protection Bureau.

Punjab Child Labour Unit

Punjab has established a Provincial Child Labour Unit (PCLU) in the Labour and Human Resource Department to deal with issues relating to child labour (20). The PCLU concentrates on: (i) Enhancing government's capacity to tackle child labour, particularly its worst forms; (ii) Coordinating and providing support in implementation of laws; (iii) Formulating policies and programmes pertaining to child labour, and (iv) Building knowledge base and facilitating research and networking among stakeholders to address child labour.

Child Protection Committee

Pakistan Paediatrics Association (PPA) has established Child Protection Committees (CPC) in children's hospitals in Lahore to detect, and provide support to, children who are victims of abuse in the home, school, workplace, etc (21). The Committee trains doctors and other medical staff to identify cases of child abuse, referral management, legal aid, psycho-social counselling, rehabilitation and placement of children in a family or in an institution. There are 14 committees functioning nationwide. On identification of a child abuse case, the doctor reports case to the committee, who will then take care of the legal and other aspects of the case. The Committee handles about 300 cases a year.

Office of Provincial Commissioner for Children Punjab (OPCC)

The Office of Provincial Commissioner for Children (OPCC) is an upgraded establishment of Children Complaint Office that was set up in May 2009, under the aegis of Ombudsman Punjab. The scope and mandate of OPCC has been enhanced in line with the provisions of the United Nations Convention for Rights of the Children (UNCRC) and is not only providing a dedicated mechanism for redressal of child grievances and resolving complaints made by and on behalf of the children but also safeguarding the rights and promoting welfare of the children and young persons. A key achievement of OPCC in 2013 was that Birth registration fine was waived with the coordination of Local Government (22).

During the year 2013, OPCC Ombudsman Punjab received 315 complaints by or on behalf of the children. Against this number more than 200 complaints pertained to issues of the children in the education sector. Against 221 complaints in the education sector, 50 complaints were related to corporal punishment. Besides these, OPCC also took up matters, related to child domestic labour, child sexual abuse and child rights governance, with relevant authorities (23).

National Centre(s) for Rehabilitation of Child Labour (NCRCL)

There are 73 Centres setup in Punjab by Pakistan Bait-ul-Maal to rehabilitate and mainstream working children of 5-14 year age, in regular schools. Child labourers, once enrolled in the

centres, are given free education, clothing, a stipend as well as a subsistence allowance for their parents.

Pakistan Sweet Homes

PBM has set up nine Sweet Homes for children, with parents, either one or both, being deceased. These are orphanages providing residential facilities and helping children through education, health, and recreational facilities. Orphans with the following criteria are enrolled in each centre, i.e. orphans without a father, the poorest of the poor, and aged between 4 to 6 years.

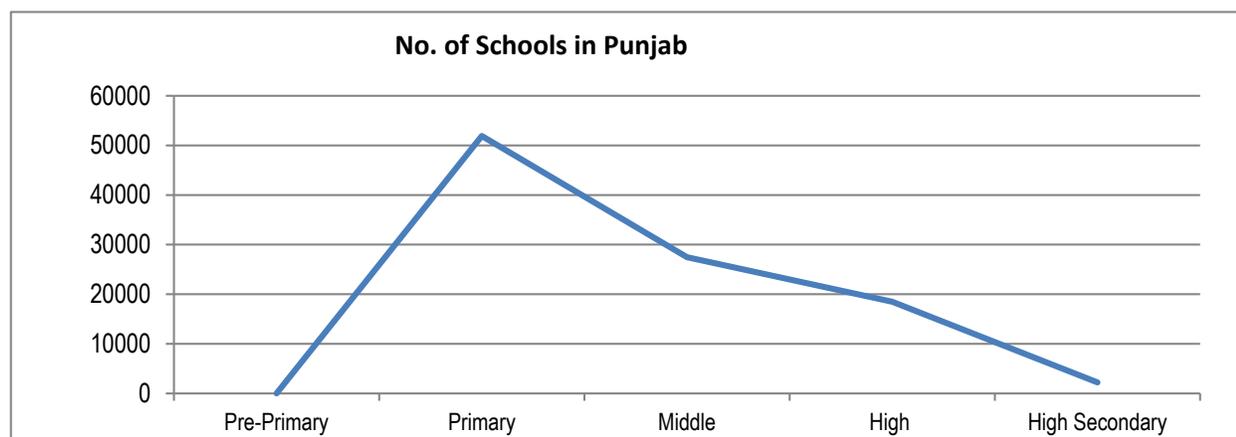
6.4 Education

According to NEMIS 2013-14, a total of 19.68 million children (53% males, 47% females) are enrolled in public and private institutes of Punjab, from pre-primary to degree college level. Of the total enrollment, 37% (7,184,350) students are studying in urban areas whereas the enrollment in rural areas is 63% (12,335,545). In two years from 2011-12 to 2013-14, the enrollment in Punjab has increased under 1 per cent only, from 19.56 million to 19.68 million.

Enrollment in Formal Schools in Punjab			
	Boys	Girls	Total
Pre- Primary	2511957	2209175	4721132
Primary	4996714	4379460	9376174
Middle	1947606	1671110	3618716
High	512361	501495	1013856
High Secondary	321536	344387	665923
Degree	126660	159780	286440
Total	10416834	9265407	19682241

Source: NEMIS 2013-14

Percentage of female enrollment shows degree of female participation in different education levels. After ICT, Punjab has the highest percentage of female enrollment. According to NEMIS



2013-14, the percentage of female enrollment in Punjab are 47% at pre-primary level, 47% in primary level, 46% in middle level and 47% at upper secondary level.

UNICEF Study on Out of School Children in Pakistan (2013) reveals that many children aged 6–9 are enrolled in pre-primary, suggesting high levels of late enrollment or repetition. Some 16 per cent of six-year-olds, 9 per cent of seven-year-olds, 4 per cent of eight year- olds and 2.0 per cent of nine-year-olds are enrolled in pre-primary. Moreover, 38 per cent of 11-year-olds and 21 per cent of 12-year-olds are enrolled in primary school, again showing the accumulation of overage children.

Educational Institutions

According to NEMIS 2013-14, there are 100,992 institutions imparting education to 19.68 million students in Punjab. There are 30,281 educational institutes for boys, 31599 for girls and 39112 institutes are co-educational. The number of schools running in rural areas is much higher than that in the urban areas; however, the trend is reverse at the college level. Of the total of 100,992 institutes in Punjab, 75658 are in rural areas and the rest 25,334 are in urban locations. It is worth noting that number of girls’ schools surpasses boys’ schools but males’ enrollment is higher than females’ enrollment in Punjab.

Educational Institutions in Punjab						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre-Primary	12				12	
Primary	7405	44504	20484	20681	10744	51909
Middle	8155	19309	4103	5652	17709	27464
High	8140	10339	4824	4184	9471	18479
High Secondary	951	1294	586	700	959	2245
Inter College	326	209	144	178	213	535
Degree College	345	3	140	204	4	348
Total	25334	75658	30281	31599	39112	100992

Source: NEMIS 2013-14

In addition to formal schools, there are 92,027 children (43,949 boys, 48,078 girls) enrolled in 1641 NCHD schools, 249,573 children (98,689 boys, 150,884 girls) are enrolled in 5,614 Basic Education Community Schools and 800,243 children (484,936 males, 315,307 females) are enrolled in 5888 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the province. The comparison of two years data (NEMIS 2011-12 and NEMIS 2013-14) show 4% increase in the enrollment of Deeni Madaris and marginal increase in BECS enrollment.

Non-Formal Educational Institutions in Punjab				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	5614	98689	150884	249573
NCHD	1641	43,949	48078	92027
Deeni Madaris	5888	484,936	315307	800243

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

According to NEMIS 2013-14, the Pupil Teacher Ratio in Punjab is: 56 at pre-primary level, 33 at primary level, 23 at middle level and 24 at upper secondary level. PTR is an indicator of education quality. In crowded classrooms, with a high number of pupils per teacher, the quality of education suffers. For pupils, it is difficult to follow the course and teachers can dedicate less time to the needs of each individual student.

Gross and Net Enrollment Ratios of Punjab

According to Pakistan Social and Living Standards Measurement Survey 2012-13, gross enrollments for Punjab remains same for 2011-12 and 2012-13 at 98% with slight variation among males and females. Net Enrollment Ratios of Punjab is 63%, and has fallen by two per cent in 2012-13 comparing to 2011-12.

Provincial NER/GER at Primary Level	2011-12 (per cent)			2012-13 (per cent)		
	Male	Female	Total	Male	Female	Total
Punjab						
Gross Enrollment Rates	103	93	98	102	94	98
Net Enrollment Rates	65	62	64	64	60	62

Pakistan Social and Living Standards Measurement Survey 2012-13

Drop-outs in Punjab

In Punjab, the overall dropout rates in primary education are high with almost 30 per cent students dropping out before completing primary education (31% boys, 28% girls). Dropout rates are higher among boys: 31% of boys dropout before completing primary education. Dropout rates have gradually decreased since 2005. According to NEMIS 2012-13, drop-outs in Punjab are 9% at grade-1, 9% at grade-2, 8% at grade-3, 8% at grade-4 and 0% at grade-5.

Dropout Rates in Primary Education from 2001-02 to 2012-13				
Province	2001-02	2005-06	2009-10	2012-13
Punjab	39.7%	48.3%	43.0%	29.8%
- Male	43.7%	49.6%	40.5%	31.4%
- Female	33.7%	46.7%	45.6%	27.8%

NEMIS 2001-13

Survival Rates

In Punjab, only two-third of children enrolled in schools survive up to grade 5. The survival rate has improved by 13% in 2012-13 comparing to 2009-10, and fares better than other provinces.

Survival Rates to Grade 5 from 2001-02 to 2012-13				
Province	2001-02	2005-06	2009-10	2012-13
Punjab	60.30%	51.70%	57.00%	70.20%
- Male	56.3%	50.4%	59.5%	68.6%
- Female	66.3%	53.3%	54.4%	72.2%

NEMIS 2001-13

Gender Parity Index

According to the Pakistan Education Atlas 2013, the Gender Parity Index for primary school of girls to boys has been reported at 0.90 (public schools). GPI ratio in secondary schools is reported at 0.78 (public schools) and at youth literacy aged 15 years and above, it is 0.70. In Punjab where indicators are more positive than other parts of Pakistan, there are significant variations between districts, with girls, in southern districts much more likely to suffer educational deprivation than elsewhere in the province. Girls' participation lags persistently behind that of boys in rural areas and from poor households. While enrollments in public schools across boys and girls are comparable, the literacy rate for men is higher although girls' situation has improved partly owing to improved government initiatives.

Budget

As percentage of total expenditures, actual education expenditures in 2011-12 were 27.67% of the total provincial expenditures. It increased to 28.38% in 2012-13.

Punjab Actual Education Expenditures against Total Expenditures (Million)					
2011-12			2012-13		
Education Expense	Total Provincial Expense	% Education/ Total Expense	Education Expense	Total Provincial Expense	% Education/ Total Expense
166830	602856	27.67%	196086	690882	28.38%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Of the total education expenses of Rs.196086 million, 95% of education expenditures comprise current expenses and only 5% comprises development expenditures leaving a very small portion for development expenditures.

Punjab				
Distribution of Education Expenditures (actual) by Current and Development Heads				
Current	Development	Total Expenditures	% Current	% Development
186763	9323	196086	95%	5%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Key Challenges

Out of School Children

Inequalities in access, quality, and educational outcomes have stubbornly persisted in Punjab’s educational system, across gender and income, across urban and rural settings. Too many children are still out of school because they never enrolled or because they dropped out early from schools. An estimated 6.7 million children belonging to the relevant age group are out of school in Pakistan, and half of these children are in Punjab. NEMIS reports that of the total out of school children in Pakistan, 47% children are from Punjab. There are 3,168,766 children (48% boys, 52 girls) are out of *primary school* age in Punjab. Girls and children from the southern districts make up a higher proportion of out-of-school children. UNICEF study on OOSC estimates that in Punjab 47 per cent of five year- olds, 36 per cent of six-year-olds, 24 per cent of seven-year-olds, 19 per cent of eight year- old, 23 per cent of nine-year-olds, 19 per cent of 10-year-olds, 28 per cent of 11-year olds and 28 per cent of 12-year-olds are out of school. . The gender difference is fairly stark, with 48 per cent of girls not attending compared to 36 per cent of boys. The urban–rural disparity is fairly large, with 48 per cent of rural children not attending compared to 24 per cent of children in urban areas. Wealth is also a significant variable in determining attendance at school. The non-attendance rate is more than three times greater for the poorest wealth quintile than for the richest wealth quintile (61.6 per cent compared to 18.6 per cent). Only a minor fraction of households with OOSC received social protection of any form. However, 27.1 per cent were able to secure a loan.

Missing facilities

Quality of education also depends on the physical environment and availability of facilities such as water and sanitation in educational institutions. Punjab has done well comparing to other provinces on most accounts, and most of the schools have now drinking water facility available for children in schools. In Punjab, there are schools without electricity and buildings, and children are forced to study in the open. There are schools without boundary walls, which becomes a security issue, especially for girls.

Availability of Physical Facilities in Schools of Punjab (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	20640	22201	42841	25165	25815	50980	24348	25439	49787	21789	25995	47784
Not Available	5746	4757	10503	1221	1143	2364	2038	1519	3557	4597	963	5560
Not Reported			0			0			0			0
	26386	26958	53344	26386	26958	53344	26386	26958	53344	26386	26958	53344

Source: NEMIS 2013-14

Missing Facilities in Schools

Missing facilities in the schools of Punjab is one aspect that needs to be attended to with great attention. Provision of clean water, furnishing and refurbishing of old primary and secondary level schools, provision of additional class rooms and play grounds are required. New school buildings should be constructed to meet the rising demand of enrollments. Punjab government had allocated a hefty budget for provision of missing facilities but OPCC is of the view that funds allocated for the purpose are not being adequately utilised and due priority is not given to this aspect of the development schemes. Besides it has also been noticed that student teacher ratio is not being maintained as a result of which the quality of education is compromised.

OPCC Punjab Annual Report 2013

Inadequate Learning Levels & Quality of Education

The gauge of a good education system is the availability of high-quality education for every child. Results based on examinations in grade 4 introduced by the Punjab Examination Commission (PEC) show that most students in public and private schools have basic proficiency in mathematics, language, and social studies. ASER also carries out assessments of learning, and its 2014 report shows that learning levels of children have worsened in rural areas of Punjab: 37% class 5 children cannot read a class 2 story in Urdu compared to 34% in 2013, 43% class 5 children cannot read English sentences (class 2 level) compared to 38% in 2013, and 49% class 5 children cannot do two digit division of arithmetic as compared to 44% in 2013. Children enrolled in private schools are performing better compared to their government counterparts according to ASER 2014.

In government schools there is no evaluation of outcomes of education for school students and no formal assessment of the relevance of educational content and skills being offered. This is because of unregulated pre-service teacher education and poor quality of teachers with lack of observation of standards for recruitment, evaluation of performance and teaching practices are affecting teaching standards in schools. Earlier there was no linkage of teacher training with students' outputs and results to assess impact of training, but now the Department of Staff Development (DSD) has initiated a process of linking training impact to learning outcomes of students.

Governance

Absence of a standards regime and effective monitoring mechanism has resulted in poor management and accountability. There are no cross-linkages between school education, college education, technical and vocational and literacy and non-formal education. This hampers sustainability and cumulative impact of reforms. The current reform process has some excellent initiatives; however, its impact will not be cumulative with the absence of linkages between departments and sectors. Student enrollment in schools are increasing, hence increasing the workload of the School Education Department. The traditional structures at the provincial and district levels need to be revised in lieu of new reforms and responsibilities.

Natural Disasters

Since 2010, devastating floods rendered huge losses to human life and property all across the Province every year. Many schools were destroyed while others served as temporary shelters for the internally displaced populations. Academic year was disrupted and it was several months before students of affected areas could return to their homes and schools.

Educational Reforms in Punjab

Chief Minister's Roadmap Reform Programme

This programme of Punjab focuses on three aspects: access to schools, quality of education and governance. It started as the Punjab education sector reform programme and has been continued as the chief minister's roadmap reform programme from 2011. The programme has aims from the smallest to the biggest – provision of working facilities, hundred per cent enrollment and retention rates, merit-based hiring and a detailed ranking and targeting system devised by the Punjab Monitoring and Implementation Unit (PMIU). Governance is the most stressed factor right now and the programme uses districts and division ranking systems relying on indicators like whether textbooks have been provided or not, if facilities are in working orders, how often teachers and students are present and so on. The government official explained that the idea is to rank districts on these indicators and create competition among them to improve performance.

Strategic Framework of Punjab School Education Sector Plan 2013-17 (PESP)

The Education Sector Plan is a five year plan. The strategic framework of the PESP approaches the challenges of the sector with a three-pronged multi-faceted approach. The first perspective centres on achieving Article 25 A i.e. free and compulsory education for children between 5 and 16 years. The second approach is to develop strategies to bring improvement in cross-cutting areas of quality (inputs, processes and outputs), relevance, access, equity and governance. The third strategic standpoint is to explore the potential roles and capacity of the public sector, private sector and public-private partnerships and to develop minimum uniform standards applicable to all sectors.

The PESP provides a comprehensive overview of challenges within the education sector, strategic objectives and strategies with rationale based on sector analysis, implementation and result frameworks, performance assessment framework with monitoring indicators, and budget of activities.

6.5 Health and Nutrition

Mortality Rates

According to the Pakistan Demographic and Health survey 2012-2013, child mortality rates in Punjab are as follows:

- Infant mortality rate is 88 per 1000 live births (67 Urban, 96 Rural)
- Neonatal mortality rate is 63 per 1000 live births (50 Urban, 68 Rural)
- Under-five mortality rate is 105 per 1000 live births (78 Urban, 115 Rural)

Large disparity has been found in mortality rates of urban and rural areas. Despite the most prosperous province of Pakistan, trends indicate that childhood mortality rates have increased in Punjab. Maternal mortality rates are estimated at 227 deaths per 100,000 live births in Punjab (24).

Trends in early childhood mortality rates of Punjab					
Survey	Approximate Calendar	Neonatal Mortality	Infant Mortality	Child Mortality	Under-five Mortality
2012-13 PDHS	2003-2012	63	88	18	105
2006-07 PDHS	1997-2006	58	81	18	97
1990-91 PDHS	1981-1990	58	104	32	133

PDHS 2012-13

Immunisation

Immunisation rates of Punjab are better than the rest of other provinces. According to findings of Pakistan Demographics and Health Survey 2012-13, 66 per cent of children age 12-23 months had been fully immunised by the time of the survey. With regard to specific vaccines, 92 per cent of children had received the BCG immunisation and 70 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines were 87 per cent and 97 per cent respectively, and 76 per cent and 92 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a large drop out of 11 per cent and 5 per cent respectively, between the first and third dose of DPT and polio vaccines. Twenty one per cent of children did not receive any vaccine at all, which is very high.

Coverage of Immunisation in Punjab										
Percentage of children age 12-23 months who received specific vaccination at any time before the survey										
Vaccination		DPT			Polio					All Basic Vaccinations
Punjab	BCG	1	2	3	0	1	2	3	Measles	
Total	91.6	87.2	81	76.3	72	97.4	95.2	92.4	70	65.6
Urban	94.4	90.5	88.9	86.5	86.4	95.3	94.7	91	78.1	74.4
Rural	90.3	85.6	77.2	71.4	65.2	98.3	95.5	93.1	66.2	61.5

Pakistan Demographics and Health Survey 2012-13

The comparison of PDHS 2006-07 and PDHS 2012-13 surveys reveals that there has been an upward trend in the proportion of children who are fully immunised in Punjab. Trends also suggest that number of children who did not receive any vaccination have decreased.

Trends of Immunisation in Punjab												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
Punjab	BCG	1	2	3	0	1	2	3	Measles			
PDHS 2012-13	91.6	87.2	81	76.3	72	97.4	95.2	92.4	70	65.6	1.5	40.7
PDHS 2006-07	85.5	80.9	72.3	64.5	58.6	95.5	93.4	84.6	65.1	52.6	3.8	23.8
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

Diarrhoea and Oral Re-hydration treatment

Trends indicate that there is slight increase of diarrhoea cases in Punjab but comparatively more children are now accessing health provider services and treatments. PDHS 2012-13 reveals that 22 per cent aged less than five years, had diarrhoea in two weeks prior to the survey, registering an increase from 21 per cent in 2006-07. Only 2.5 per cent children had diarrhoea with blood. Eighty six per cent children who had diarrhoea received ORS or Government recommended home-made fluids, while 11 per cent received no treatment at all.

Acute Respiratory Infections

Trends also suggest that more children in Punjab have infected by ARI. According to PDHS 2012-13, 16 per cent children, less than five years of age, were reported to have had symptoms of pneumonia during the two weeks preceding the survey, registering an increase from 13 per cent in 2006-07. Of these, 72 per cent were taken to an appropriate health provider and treatment was sought. Forty four per cent children with suspected pneumonia received antibiotics. Trends indicate that treatment of ARIs by doctors have increased in Punjab. According to Department of Health, majority of ARI cases are reported from South of Punjab particularly Muzaffargarh and Bahawalnagar. Health experts suggest including pneumococcal vaccine in the Expanded Programme on Immunisation (EPI) to save children because pneumonia is curable and, yet it is one of the leading child killer disease.

Malaria

Trends indicate that more children are infected by malaria in Punjab. PDHS survey 2012-13 reveals that 38 per cent children less than 5 years of age suffered from fever in two weeks before the survey, registering an increase from 30 per cent in 2006-07. Comparing to 66 per cent in 2006-07, 72 per cent took advice or treatment from Health Facility or provider. Malaria is prevalent among the lower socio-economic classes in Punjab. The unhygienic conditions and stagnant water in the rural areas and city slums provide excellent breeding grounds for mosquitoes. Use of nets and mosquito repellents is, however, steadily growing.

Dengue

Dengue is mosquito-borne viral disease and spreads rapidly. The disease suddenly saw an upsurge in 2011 with a total of 21685 cases of dengue reported in the province, including 17610 in Lahore alone (25). A total of 350 deaths in the province were reported by 31st Dec 2011. To counter dengue challenge, the Department of Health developed and executed a Plan “Prevention and Control Program of Epidemics in Punjab”. According to the Health Department, it is the result of effective and efficient implementation of dengue prevention and control activities that in year 2012, only few hundred cases were reported while one death occurred, and in 2013 there have been around 3000 confirmed cases but no death reported due to dengue (26).

Polio

Four cases of Polio have been reported in 2014 in Punjab comparing to 7 cases in 2013 (27). One case each was reported from Bhakkar, Sheikupura, Dera Ghazi Khan and Chakwal.

Nutritional Status of Children in Punjab

According to the PDHS 2012-13 survey, 40 per cent of children in Punjab under age 5 are stunted, and 18 per cent are severely stunted. Stunting is higher in rural areas than urban centres. Overall, 9.5 per cent of children less than age 5 are wasted, and 26 per cent of children less than age 5 are underweight. This shows marginalized nutritional status among children under five.

Polio High Risk Districts in Punjab
Multan
Dera Ghazi Khan
Rajanpur
Muzaffargarh
Rahim Yar Khan

Source: Polio Eradication Unit, WHO Pakistan

Infant and Young Child Feeding Practices (IYCF)

Punjab has the worst breastfeeding indicators among all provinces, and rates of breastfeeding are going down in Punjab. PDHS survey 2012-13 shows that 86 per cent of newborns were given something other than breast milk (prelacteal feed) during the first three days of life, 93% of children were reported to have been breastfed at some time, 13% of children were reported to have been breastfed within one hour of time and 46% were breastfed within one day of birth. The median duration of any breastfeeding in Punjab is 17.5 months, exclusive breastfeeding is only 0.7 months and predominant breastfeeding is at 1.5 months.

Breastfeeding Practices in Punjab		
Punjab	PDHS 2006-07	PDHS 20012-13
Children ever breastfed	94.0%	92.80%
Children who started breastfeeding within 1 hour of birth	30.4%	12.70%
Children who received a prelacteal feed	69.3%	86.30%

* Breastfeeding among children born in past five years

PDHS 2012-13 indicates that only 15 per cent of breastfed children were fed in accord with the recommended guidelines and only 19% of breastfed children and 29% of non-breastfed children of ages 6-23 were fed foods from four or more food groups in the 24 hours preceding the survey.

Micronutrient Intake among Children

PDHS 2012-13 reveals that 41 per cent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. The vitamin A supplements intake among children 6-59 months registered an increase from 57.5 per cent in 2006-07 to 78 per cent in 2012-13. The results of the PDHS 2012-13 show that 36 per cent of children age 6-23 months consumed foods rich in iron in the 24 hours prior to the survey, and 37 per cent of children age 6-59 months in Punjab received deworming medication in the six months before the survey.

Micronutrient Intake among Mothers

Trends indicate that vitamin A intake among mothers during the postpartum has decreased in Punjab. Comparing to 16 per cent vitamin A intake according to PDHS 2006-07, the latest PDHS 2012-13 indicates that only 12 per cent of women in Punjab received a vitamin A dose during the postpartum period. Fifty six per cent women did not take iron tablets or syrup during pregnancy of last birth.

Health Infrastructure & Programmes

Punjab has the biggest health infrastructure in Pakistan, with 340 hospitals, 1,201 dispensaries, 337 RHCs, 42 TB Clinics, 2,606 BHUs, 388 Sub-Health Centres and 282 MNCH Centres (28).

Budget

The Punjab government budget for the year 2013-14 is estimated around 871 billion with health expenditure set at roughly around Rs. 82 billion (29).

Challenges

Punjab recognises the need to improve health outcomes as an important part of the government's poverty alleviation plan. According to Health Department of Punjab, maternal and child health services have been underemphasized within the health system, resulting in a high rate of maternal and child deaths. Communicable diseases account for a large proportion of deaths and disability in the province. Among children, burden of disease is largely associated with diarrhoea, pneumonia and vaccine preventable diseases. Nutritional status of the population is generally poor especially for the children in rural and under-developed districts.

Despite the massive network of public primary and secondary health facilities, coverage of basic health services remains low. Reasons include limited availability and low quality of services, mainly affecting the population residing in rural areas due to persistent urban-rural bias exists in physical accessibility to health services. Serious gaps exist in the availability of emergency services at all levels due to lack of availability of skilled staff, equipment, emergency drugs and consumables, and ambulance services. While in the rural communities, there is lack of patient transport services to the health facilities.

Public primary health care has been largely under-utilised mainly because of the absence of doctors, unavailability of drugs, and unreliable and poor quality service. The day-to-day management of health services has suffered from inadequate capacity, challenges in recruiting and posting motivated doctors and other professionals in rural and remote areas, rigid administrative procedures, inefficient and lengthy procurement processes for drugs and medical supplies, and lack of performance monitoring to identify problems and solutions periodically.

Regulation of healthcare delivery remains weak in Punjab and currently there is no registration and licensing system for private health facilities. The public health service has been severely underfinanced, and the limited resources available have not been effectively allocated or used.

Reforms

Punjab Government has developed a holistic, results-focused Punjab Health Sector Strategy 2012-2020, involving governance and accountability reforms and strengthening health systems to improve sector management performance and health outcomes in the province (30). Anticipated outputs of the health strategy are: (i) reduction in IMR and U5MR to achieve target of 30 and 40 deaths per 1,000 live births, respectively (ii) reduction in MMR to achieve target of 120 per 100,000 live births; (iii) reduction in the prevalence of TB to 0.1 per cent, Hepatitis B and C to 0.4 per cent, and HIV/AIDS to 0.01% among vulnerable groups (iv) control and reverse the prevalence of NCDs by 40 per cent and (v) reduction in prevalence of underweight from 30.1 per cent to 10 per cent, stunting from 17.6 per cent to 6 per cent, wasting from 14 per cent to 5 per cent among children, and iron deficiency anaemia among women from 27 per cent to 10 per cent (31).

The Children's Hospital and the Institute of Child Health

The Children's Hospital and the Institute of Child Health provide free health care, medicines and state-of-the-art diagnostic facilities to children below 18 years. Thirty-eight specialties related to medical, surgical and diagnostic fields are available under one roof. Different community based programmes, such as MCH and Health and Immunisation programme, are undertaken to help improve infant and under-5 year mortality rate (32).

Maternal, Newborn and Child Health (MNCH)

Punjab is implementing the MNCH programme that focuses on providing pre-and-post-natal services to expecting and lactating mothers and infants that includes immunisation for mother and child, and nutritional supplements (33).

The programme was launched in 2006, aiming to reduce mother, newborn and child morbidity and mortality by meeting the MDGs 4 and 5. Highlights of the programme are;

- Provide Basic and Comprehensive EmONC services;
- Recruit and train community midwives (CMWs) to strengthen MNCH services at the community level;
- Strengthen family planning services at the facility as well as at the community level;
- Advocacy and communication for demand generation for MNCH and family planning services.

A new cadre of community midwives (CMW) was introduced who, after 18 months of training, started practicing and providing MNCH services to the community. They provide ante natal care, conduction of normal deliveries, postnatal care to mothers, newborn care, health education and services regarding FP, immunisation, breastfeeding, and food and nutrition (34).

EPI Programme

The EPI programme in Punjab provides vaccination to pregnant mothers against Tetanus, and to newborn and children of less than one year of age against 8 diseases namely, Tuberculosis, Polio, Diphtheria, Pertussis (whooping cough), Tetanus, Whooping Cough, Hepatitis B and Meningitis (35).

Teams of vaccinators have been working at the grassroots level for immunisation of pregnant mothers, newborn and children. They are being monitored by Inspector Vaccination (IV) and Assistant Superintendent Vaccination (ASV) at the Tehsil level. District level supervisors are District Superintendent Vaccination (DSV), District Officer Health (DOH) and Executive District Officer Health (EDO) (36).

Punjab Millennium Development Goal Programme (PMDGP)

Punjab had developed a health sector reform framework to help attain two health MDGs (37). At a broader level, it initiated service delivery reforms, as part of the ADB-supported Public Resource Management Programme and the Punjab Devolved Social Services Programme. The former aims to improve the operational efficiency of the provincial government to create fiscal space for social service delivery, while the latter aims to strengthen district systems and develop necessary service delivery standards for devolved social services, including health, education, water supply, and sanitation.

Under this programme, budgetary support is provided to districts for essential equipment to improve emergency obstetric care services and for health education and advocacy regarding the MNCH programme (38).

Health Care Commission Constituted

The Punjab Government has constituted a Health Care Commission under the Health Care Commission Act, 2010 to introduce a regime of clinical governance through regulating public, private and non-governmental healthcare establishments at tertiary, secondary and primary

levels. The Commission’s objective is to improve the quality of health service delivery and health outcomes by introducing “health standards” for all the healthcare establishments (39).

6.6 Child Labour in Punjab

According to the National Child Labour Survey conducted in 1996, Punjab reported the highest number of child labourers i.e. 1.94 million. NEMIS 2013 reveals that 3.1 million children of school going age are not attending school in Punjab. Children who are out of school are either child labourers or potential child labourers.

National Child Labour Survey 1996									
Age Groups/	All Areas			Rural			Urban		
Provinces	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Pakistan	3,313,420	2,431,992	881,428	2,945,675	2,110,358	835,317	367,745	321,634	46,111
5-9	573,084	333,656	239,428	536,145	302,694	233,451	36,939	30,962	5,977
10-14	2,740,336	2,098,336	642,000	2,409,530	1,807,664	601,866	330,806	290,672	40,134
Punjab	1,943,305	1,414,787	528,518	1,704,577	1,212,330	492,247	238,728	202,457	36,271
5-9	217,817	147,836	69,981	192,973	127,710	65,263	24,844	20,126	4,718
10-14	1,725,488	1,266,951	458,537	1,511,604	1,084,620	426,984	213,884	182,331	31,553

Federal Bureau of Statistics

Labour Force survey 2012-13 indicates that participation rates of 10-14 years old children in Punjab have gone down from 12.58 per cent in 2010-11 to 4.2 per cent in 2012-13. Despite encouraging decrease, CRLC views that labour participation rates needs to be analysed carefully and it does not necessarily mean that number of child labourers has decreased in the province. It warrants further investigation.

Labour Participation Rates	2010-11 (Per cent)		2012-13 (Per cent)	
	10-14 Years	15-19 Years	10-14 Years	15-19 Years
Punjab	12.58	38.46	4.2	12.33
Sindh	13	36.8	5.16	12.82
Khyber-Pakhtunkhwa	7.48	27.99	3.95	11.98
Balochistan	9.78	35.41	7.04	12.92

Labour Force Survey 2012-13

Forms of Child Labour

Child labour is visible in all types of economic activity in Punjab. Children are employed in carpet weaving, tanneries, rag picking, roadside hotels, auto workshops, prostitution, masseurs, etc.

Surgical Industry

There are some very specific industries where children are found working, such as surgical instruments in Sialkot, because the work requires nimble fingers and fast work, better done by children (40). Most of the working children spent 6 days a week in workshops that typically have poor ventilation and lighting, some for up to 12 hours a day. The children mainly ground and polished instruments, and very few of them use personal protective equipment.

Domestic Child Labour

SPARC claims that though child domestic labour is practiced in all the provinces of Pakistan, most cases of violence towards child domestic labour occur in Punjab. The Child Rights Movement (CRM) Punjab chapter has been demanding from Punjab Government to include domestic child labour in the schedule of the banned hazardous occupations under child labour law.

Brick Kiln

A large number of children are found working in the brick kilns with their families in harsh and deprived circumstances. Many are bonded by familial debts and cannot leave unless the debt is paid. According to Punjab Labour Department, they have provided Rs.75 million worth of interest free micro-credit to brick kiln workers in Lahore and Kasur in its efforts to eliminate bonded and child labour, and 200 non-formal schools are providing education to 7,000 students at the brick kilns (41). A special project has been launched in the province to strengthen law enforcement against internal trafficking and bonded labour (42).

Child Labour in Tanneries

During the preparatory phase of the Time Bound Programme, ILO-IPEC commissioned a Baseline Study in Kasur to determine the extent of child labour in the tanneries sector and to assess options for possible interventions in 2003. The survey identified a total of 717 children, all boys, working in the tanneries in Kasur District. Out of these, 333 were in the 5-14 years age bracket, and 384 in the 15-17 year age group. No girl child was found working in the tanneries in Kasur. Although the figures are old and number of child labour appears low, child labour is very much prevalent today in tanneries according to civil society organisations.

Combating Child Labour

The Punjab Child Labour Unit has been comparatively active, and has prosecuted a number of cases under the Employment of Children Act, 1991 and Shops and Establishment Ordinance, 1969. In 2013, the Labour Directorate Punjab conducted 167,041 inspections and 1,517 prosecutions were carried out and Rs. 318,250 fine were imposed. By 30 September 2014, 158,344 inspections of factories and workshops were conducted, 1,057 employers were prosecuted, and Rs. 263,000 fine was imposed (43).

Status of Labour Inspections in Punjab under child labour laws			
Year	Inspections	Prosecutions	Fines Imposed
2012	119983	1158	268750
2013	167041	1517	318250
2014 (Sep 2014)	158344	1057	263000

Directorate of Labour- Govt. of Punjab

The Government of Punjab under the administrative control of Labour and Human Resource Department is implementing a five (5) years project (Nov 2011- to June 2016) of Rs. 180,832 million with government's own funding in 4 Districts namely Chakwal, Jehlum, Jhang and Layyah as a pilot project potentially replicable throughout the province. The project intends a set of interventions that are necessary to address the root causes of hazardous and worst forms of child labour. It includes strategies to improve the access to social services such as education, health and skill training for the children engaged in hazardous child labour and provision of some form of financial protection such as micro credit to the families of these children.

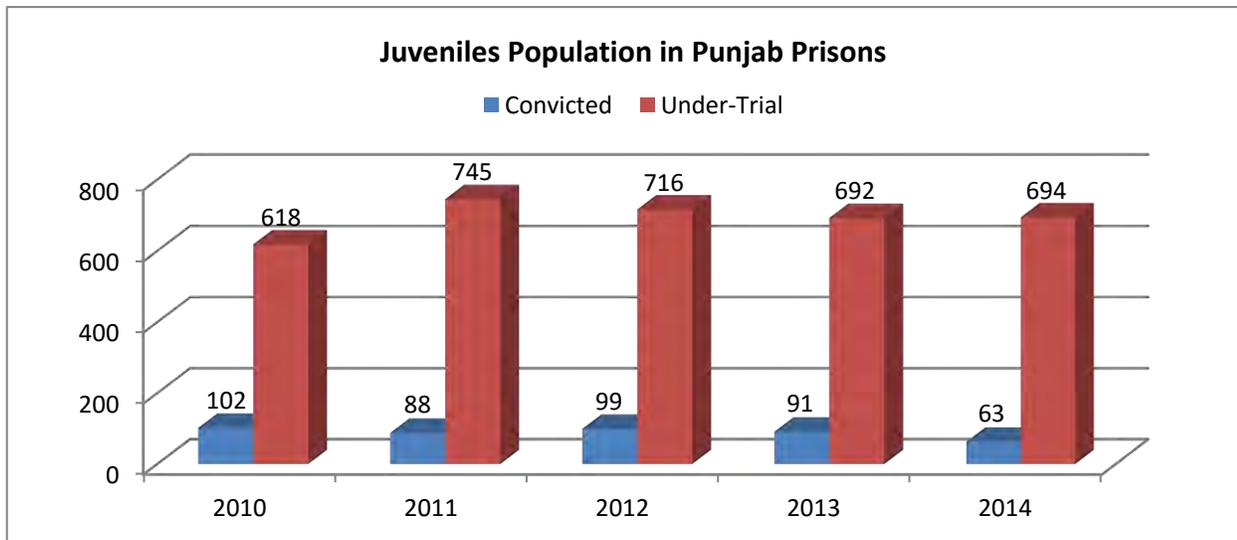
Sixty three (63) schools are being run under the Punjab Workers Welfare Board and 45,000 students are enrolled therein. These schools provide education facilities to the children to labourers and help them break the poverty cycle. A health initiative under the name of "School Wellness Program" is being run to provide medical facilities to the children enrolled.

According to the Department of Labour Punjab, the Punjab Labour Policy has been drafted and child labour issues are a prominent constituent of it.

6.7 Juvenile Justice

Punjab has the highest number of juvenile offenders. At the end of 2014, there were 757 children (694 under-trials, 63 convicted) in Punjab jails (44). There are 32 jails in Punjab which include two Borstal Jails in Faisalabad and Bahawalpur. The numbers of juvenile offenders have decreased over years, which is a positive development. The numbers of juveniles in different detention centres were 1873 in 2003, 1164 in 2006, 833 in 2011 and 757 in 2014 (45).

According to data received from Prison Department (30 Sep 2014), juvenile inmates were charged under different offences including, murder (31%), robbery/ dacoity (11%), un-natural act (10%), theft (9%), rape (9%), etc. Central Jail Mianwali were housing the maximum children (127 children) followed by Centrail Jail Gujranwala (78 children) and Central Jail Rawalpindi (72 children).



Borstal Institutions

Punjab has two borstal institutes; Borstal Institute and Juvenile Jail Faisalabad, and Borstal Institute and Juvenile Jail Bahawalpur. The institutes operate under the Punjab Borstal Act, 1926. The Punjab Borstal Rules, 1932 specify living conditions for young offenders, such as separate sleeping accommodation, proper water supply, clothing, food and sanitary arrangements, suitable education and industrial training.

The Borstal Jail in Bahawalpur is the largest children's jail in the country. On 30 September 2014, it housed 44 children, out of which 16 were convicted (46). The Borstal Jail in Faisalabad was constructed in 2002 which were housing 48 juveniles on 30 September 2014 (all under-trials) (47). The remaining juvenile offenders are kept in the juvenile cells of adult district and central jails of Punjab.

Who should supervise Borstal institutions has been a topic of debate between the government and civil society organisations. The prison department wants to keep the borstals under its control, while activists believe that they should have staff especially trained in handling juvenile offenders with care, understanding and kindness, and not like other criminals. According to SPARC, both Borstal institutes are managed by prison authorities who are not qualified to deal with juveniles in detention.

Living Conditions

Overcrowding in jails is common all over Pakistan and it is the same in Punjab. Although, over the years living conditions of juvenile offenders have improved, problems still exist. Besides overcrowding, malnutrition, physical, mental, and sexual abuse, and lack of medical care, no legal aid is a common problem.

SPARC reports in 2013 report that hygiene is an issue in the juvenile barracks of borstal facilities. Toilets lack proper ventilation. The general living conditions in the borstal institutions are

substandard, especially the Bahawalpur Borstal Institute and Juvenile Jail. Buildings are old. There are no proper health and education facilities in Bahawalpur Borstal Institute. According to SPARC, the Faisalabad Borstal Institute and Juvenile Jail is in a comparatively better condition but cleanliness is an issue for the juvenile detainees held there. Other jails in Punjab, where children are kept, provisions for sanitation, ventilation, temperature, lighting, and access to potable water were inadequate in many facilities.

Exclusive Courts

There are no exclusive courts for juvenile offenders. The chief justice of the LHC notified courts of sessions and all judicial magistrates of the first class as juvenile courts. These courts are functioning jointly as juvenile courts and are taking up other criminal cases also.

Legal Aid

The JJSO also contains detailed provisions for the appointment of lawyers to represent children in court free of charge and of probation officers to ensure that children are not unnecessarily imprisoned. In both areas, considerable shortages have been reported, resulting in children remaining in prison for long periods, pending trial for lack of legal support. Section 3 of the JJSO clearly states that a child accused has a right to legal aid at the expenses of state. Several panels of lawyers were constituted in Punjab under JJSO but remained inactive due to lack of funding.

Probation

In 2014, 119 juvenile offenders (all males) were released on probation in Punjab (48). Comparatively the numbers of children released on probation has decreased in 2014. In 2012, 161 children were released and in 2013, 156 children were released on probation.

Under the JJSO, an SHO is bound to inform the probation officer about any child's arrest within 24 hours. There were 52 male probation officers and 5 female officers working in the Reclamation and Probation Department of Punjab. The department remains understaffed and lacked resources and facilities, and Probation officers of Model Town courts had no offices. They were asked to hold their meetings in court lawn or chamber of lawyers (49).

6.8 Violence against children

Lawyers for Human Rights and Legal Aid (LHRLA) reported that of the total 69,604 cases of child abuse, 39,142 cases (56%) were reported from Punjab between Jan 2000 to Dec 2013.

Corporal Punishment

Corporal Punishment is widely practiced in schools, homes, work places, jails, etc. In schools, it is one of the major impediments to children's healthy growth and contributes to massive dropout rate.

The Punjab Government has officially banned corporal punishment or physical torture in schools since 2010. The new law, The Punjab Free and Compulsory Education Act 2014 also prohibits

corporal punishment from schools. Its Section 16 (4) states that a teacher or the incharge of a school shall ensure that a child studying in the school is not subjected to corporal punishment or harassment. So far the Punjab has failed to develop subsequent administrative mechanisms to stop it or train teachers on alternative disciplinary methods and create awareness about it among students.

Plan Pakistan carried out a study in 2009 in Chakwal, Vehar and Islamabad districts to measure the extent of corporal punishment being applied among 8-18 year old students in government schools. Overall prevalence was found to be 89 per cent; 91 per cent in government schools, and 86 per cent in private schools. Surprisingly, it was 83 per cent in madaris. The study revealed that children 8-12 years received the most punishment mainly for rowdiness and fights among classmates. Punishments include physical violence (targeted organ torture, caning), psychological violence (insults, name-calling), emotional violence (indifference by gender, ethnic discrimination), use of humiliating and obscene words, forced to pose in an uncomfortable position, name calling or verbal abuse due to differences in caste, religion, etc. to humiliate students. Girls are given different types of punishments.

Child Sexual Abuse

Child sexual abuse and exploitation is a sensitive and serious violation of child rights and highly prevalent in the province. . Child sexual abuse takes place in all types of settings and by near and dear ones and strangers, to both girls and boys. Children are abused in homes, educational institutions, work places, on the streets, in jails, etc. According to Sahil Cruel Numbers, 2003 cases of child sexual abuse were reported in 2013 and 2054 cases in 2014 in Punjab. Of the total 3508 cases in Pakistan, 58% cases were reported from the Punjab. This could be related to media having greater access and channels of communication in the Punjab in comparison to remote areas of the provinces with the least number of cases.

In major cities such as Lahore, Rawalpindi, Multan, etc., children are seen clinking massage bottles as they work as masseurs. These children are recruited by adults to perform massage and by others to fulfill their sexual needs or both. Child prostitution is also prevalent, and is highly visible near bus stands and train stations (50).

Sexually active children run a high risk of health problems such as sexually transmitted diseases, HIV and AIDs, drug addiction etc. There is no data or survey to gauge the situation nor are there strategies to reach child victims and protect them from abuse and consequential deadly and fatal diseases.

Street Children

Street Children are a common and growing occurrence in Punjab. There are an estimated 1.2 million children living on the streets of Pakistan (51) with majority of them are in Punjab. While there are no official statistics, it is estimated by CSOs that there are 130,000 street children in Punjab, surviving in the major cities and urban centres, making them one of the largest and most neglected social groups in the country (52). The number of street children has grown in Punjab in recent decades because of growing urbanisation, increasing work opportunities in big cities,

widespread recessions, unemployment in rural areas, poverty, conflict, civil unrest, family disintegration, large family size, and corporal punishment in homes and schools, and many of street children are either orphans, abandoned or from broken homes.

They are most vulnerable to sexual abuse, drug addiction, and self-abuse (many cut themselves with blades and knives or burn themselves). These children are most in need of protection, support and help from the government and civil society. The policies and interventions in place to deal with street children in Pakistan are both qualitatively and quantitatively inadequate and the current political climate in Pakistan makes it difficult to imagine prioritisation of street children in the foreseeable future.

Child Beggar

A large number of women, children (boys and girls) and women with infants are seen begging on the streets of Lahore, Multan, Rawalpindi, Faisalabad, etc. Child beggars, aged between 7 and 15, are visible at public places, especially traffic signals, operating in sight of the CPWB inspectors who patrol the city in order to curb child begging. Other child beggars pretend to be vendors selling dusters, flowers, etc. (53). The Chairman Social and Works Department, Punjab University, said that the CPWB had failed in curbing the number of child beggars in Lahore and other cities of Punjab because the mafia is active in recruiting beggars in high numbers.

Child Trafficking

During the 1980s, children, as young as four and five, were being trafficked, mostly from Rahim Yar Khan in Southern Punjab, to the UAE to become camel jockeys. Efforts were made to combat trafficking. In May 2005, the UAE Government and UNICEF signed an agreement to return children, formerly employed as camel jockeys, to their countries of origin and reintegrate them into their communities. The NGO, Caritas Pakistan, in its research on human trafficking, interviewed 59 children who were trafficked to the UAE from two Punjab districts. Among them 32.2 per cent had suffered minor injuries, 11.86 per cent had broken arms and 5.08 per cent had leg injuries. Some children had been trampled under the camel's feet, while many had been sexually abused. Children received "reward money" of up to 150 dirhams (US\$ 41) for winning the race.

Child trafficking of children as camel jockeys have been stopped but there are other forms that cases of different forms are reported from time to time. *In October 2010, 11 youths from Punjab had drowned in the Arabian Sea while going to Muscat through Gwadar (54). In another incident, Punjab Police recovered 16 year old girl in October 2012 from a detention place in Rawalpindi. She was kidnapped when she was going to school. Her kidnapper got her addicted to narcotics and raped her repeatedly. She was then given to another buyer who sold her to trafficker in Rawalpindi. Her ordeal ended when she managed to get access to a phone and call Rescue 15. The culprits revealed that they had recently shifted to Rawalpindi from Peshawar with plans to expand their trafficking business. They further revealed that they bought kidnapped girls from multiple sources and sold them to prostitution rings in different countries, mostly Afghanistan.*

Child Marriages

Of the total reported cases of child marriages in Pakistan, 26% cases took place in Punjab according to Sahil in 2014. Child or forced marriages are common in southern rural Punjab. Civil society actors in Punjab have been pressing the provincial assembly to make marriage between individuals less than 18-years-old a cognizable offence, with strict punishments for those violating the law.

Amendments have been made in the Child Marriage Restraint Act, 1929, but besides enhancing harsher punishments in the Punjab Marriage Restraint (Amendment) Act 2015, the new law is hardly a positive development. The minimum age of a girl for marriage has not been increased to 18 years. The definition that has been given in Section 2(a) of the Act, regarding who exactly is a child, is inconsistent. According to it, a female person is a child if she is less than 16 years old and a male is a child if he is less than 18 years old which is discriminatory and is against the Constitution. Under new law, Nikah Khwan has to ensure the marriage contract is properly filled and no clauses have been left blank – failure in this regard will result in a Rs. 25,000 fine and one month imprisonment. This new law in Punjab does not make the offence cognisable, non-compoundable or non-bailable, and the complaint process through the union council is still the same – lengthy and inept. This law is unable to effectively serve its purpose and put an end to child marriages, due to the legal complications it poses. These complications often make it hard for the victim to file their complaints or for the police to work efficiently.

Vani/Swara

Despite the placing on Pakistan's statute books of tougher laws against the practice of 'vani/swara' or the "giving away" of a woman to a rival party to settle a dispute, the tradition continues. In 2012, an eight year old girl was handed over as reconciliation in a kidnapping and rape case in which her father was accused. In another case, a nine year old girl was given in vani in a village near Lahore to settle a long dispute between a farm worker and landlord. The farm worker was accused of abducting and raping the landlord's daughter. The village Panchayat ordered that a nine year old daughter should be married to land owner's 22 year old son. In Rahim Yar Khan, a local Jirga in Rahim Yar Khan ordered the hanging of 18 year old Amina after she was found talking to a boy from her village.

A 'vani/swara' exchange can be used to settle murder, adultery (a crime under the law), kidnapping or like offences. In 2004, parliament passed the Criminal Law (Amendment) Act under which amendments were made to the Code of Criminal Procedure (CrPC) and the Pakistan Penal Code making 'swara' and similar practices a crime. Section 310A, which covers the matter, was inserted in the PPC and reads: "Whoever gives a female in marriage or otherwise 'badal-e-sulah' [in exchange for peace] shall be punished with rigorous imprisonment, which may extend to 10 years but shall not be less than three years."

Children in Institutional Care

There is no data to determine the overall number of orphans or abandoned children in Punjab. Thousands of children are growing up without one or both parents. Given our cultural background, a large number of them are taken care of by their extended families unless

financially constrained. There are different types of institutions, orphanages, shelter homes, child protection institutes and Deeni Madaris that look after children in the absence of a parental care.

According to experts, the quality of services in the majority of child care institutions other than CPWB and SOS villages are poor and insufficient. That includes centres funded by the Department of Social Welfare (55). The government shelters lack resources/facilities, and have untrained and inadequate staff. There are no psycho-social services available to help children grow to their full potential. Children in these institutions are at high risk of discrimination, experience abuse and exploitation, and there is inefficient monitoring (56). The CPWB has started issuing licenses to new institutions. Minimum care standards for institutions have been prepared by CPWB to be enforced in child care institutions.

Birth Registration

The figures for birth registration in Punjab are low but better than other provinces. According to PDHS 2012-13, 46 per cent of children under-5 years of age are registered in Punjab. In addition, NADRA has issued child registration certificates to 1,621,898 persons by October 2014.

Conclusion & Recommendations

Punjab is the biggest and the most affluent province of Pakistan. It has introduced new plans, activities, strategies, and laws to improve the situation of children in the province. The government has taken measures to advance the literacy rate and the education standard. It has legislated to provide protection to street children and child beggars. However, the ground realities are not inspiring. Child related indicators in Punjab are no better than the rest of the provinces. The factors that contribute to this sad state of affairs are growing population and rising poverty. Both complement and supplement each other. The health indicators for IMR, MMR, neonatal mortality, under-5 mortality rate and malnutrition are way above acceptable levels. Child labour was highest in 1996 in Punjab, and it continues to grow at a rapid pace. Strangely enough, the maximum number of children trafficked externally are both from the affluent as well as the most deprived districts. At the same time, despite all the plans and projects to improve the literacy rate, a huge chunk of children remain out of school. Punjab also has the highest numbers of juvenile offenders and growing population of street children.

Among all the provinces, Punjab is most endowed to take the lead in taking effective and valuable measures to improve the state of children in the province.

Recommendations

Provincial and District Plans of Action on Children

1: It is recommended that the Punjab Government, as a matter of urgency and on a war footing, tackles children's education, health situation and child protection issues in the province. It is recommended that the Punjab Government develop Provincial and District Plans of Action on children and set tangible targets on education, health and child protection.

Streamline the Role of Department of Social Welfare

2: The Department of Social Welfare's role has been overlooked while drafting PDNCA law and setting up new institutions. There is a dire need that operational functions are separated from supervisory functions. The running and managing of Child Protection Institutions should be under the Department of Social Welfare while the CPWB could be converted into a Provincial Commission on the Rights of Children, with monitoring and supervising powers for all children and not just limited to street children. Licensing powers for children's homes should go to the Provincial Commission which should ensure that minimum standards are being implemented in all settings where children are kept, including children's homes, educational institutions, madaris, borstal institutions and jails, etc.

Reduce Child Mortality in Punjab

3: Trends indicate that childhood mortality rates have increased in Punjab. It is recommended that the government should focus to improve access to and quality of health facilities in rural areas, especially to post-natal care; care for newborns and their mothers; infant and young child feeding; enhance vaccines; prevention and case management of childhood illnesses for all children under five years old; increased coverage of micronutrient supplementation with special attention to current deficiencies in the province; raise awareness and education among mothers on health, hygiene, and maternal feeding practices in order to combat malnutrition; and improve access to safe drinking water. The institution of lady health workers must be strengthened to improve health care facilities at rural level and train midwives to cut down the high child and maternal mortality rate. Special measures must be taken to reduce malnourishment among children and to further improve child and mother health.

Increase the Budget and Improve Efficiency for Quality Health Care in Punjab

4: Progress cannot happen without committing sufficient resources and its proper utilisation. The current level of investment in children's health falls far short of requirements in Punjab. However budget allocation is not the only important element in ensuring achievement of child health outcomes. Efficiency is another. There are a number of governance, resource, accountability and systemic factors that affect the effective utilisation of health budgets. Building the capacity of implementing agencies, releasing funds in time, enhancing health service delivery systems, and improving governance and community participation are all necessary if proper utilisation of health budgets is to be ensured.

Enforcement of Compulsory Education Law

5: It is positive development that the Punjab Government has enacted a law on compulsory and free education in 2014. Now the major challenge is its enforcement. This requires massive investment and efficient use of resources and the provincial government should not cite financial constraints for non-implementation of this law.

Recognition, Reporting and Helpline

6: To protect a child from abuse and exploitation, it is important that help is accessible to him/her, easily and quickly, by those who are concerned enough to help the child victim. A helpline service should be started where children or any other person can call and complain and the service can put them through to relevant agencies and provide guidance and free counselling to children.

Alternative arrangements should be made for this purpose in those districts of Punjab where the Child Protection Bureau is not present to reach out to all children.

Improve Education Standards in Public Schools

7: It is recommended that the government, on a priority basis, improve the quality and standard of education in government schools. Good quality education, with competent staff and administration, will help in reducing the drop-out rate. It is also recommended that the government should introduce and increase financial incentives for underprivileged children, provide safety nets, scholarships and stipends to encourage parents to send their children to school. It is recommended that the government promote special and informal education to raise the literacy rate in the province. Education of girls should be prioritised through various schemes such as cash /food for education. Shortage of buildings could also be tackled with holding two school- shifts, one in the morning and second in the afternoon; a practice that is common in many private schools. Banning corporal punishment is also vital for promoting enrollment and retention of children. The Punjab Government should legally ban corporal punishment in all educational institutions in the province on an emergency basis.

Review Punjab Destitute and Neglected Children's Act

8: It is recommended that the Punjab Destitute and Neglected Children's Act must be reviewed and improved. For instance, it must include all categories of children at risk, which is missing in the present law. The law should clarify the role and responsibility of the Child Protection Bureau and Social Welfare Department to avoid conflict of interest.

Activating and Strengthening Courts' Role

9: Going to court can be a difficult and frightening experience for children whether they are victims, witnesses or offenders. It is recommended that separate courts dealing with children's issues exclusively be notified in Punjab. Exclusive Juvenile Courts can be notified under the JJSO by the Lahore High Court. It is also recommended that such courts should not be located near the adult courts and, if necessary for time being, court hearings for juvenile offenders be held in the second half of the day.

Set up Exclusive Desks dealing with Children's Cases

10: It is recommended that child rights desk be introduced in all the police stations of Punjab. These desks will deal exclusively with children's cases with compassion (offenders and victims) directly reported to the police station. Preferably, the desks should be set up separately; police officers dealing with children should not wear police uniform, and should be trained in child rights.

Child Protection Committees in Hospitals

11: It is recommended that Child Protection Committees be instituted in all hospitals by the government in both the urban and rural Punjab. It should be made mandatory for all doctors, especially pediatricians, to inform the committee if a case of child abuse has been identified. Doctors and paramedics must be trained on child rights, and should have knowledge to recognise signs of child abuse and exploitation.

Appointment of Counsellors in Schools

12: Qualified counsellors should be appointed in schools to deal with children's problems in and outside of school. It can provide an avenue for children to share their problems and grievances.

Introduce Child Rights in Police and Judicial Academies Curricula

13: It is recommended that existing legislation on child rights, especially ECA, JJSO and other child related legislation is incorporated in the curricula of police and judicial academies, from junior to senior level. This will help to sensitise officers on child rights and help in discharging their duties well.

Improve Birth Registration

14: To promote timely and efficient birth registration, it is recommended that a simple procedure be developed and more avenues opened for registration, both in urban and rural areas. For instance, the report sharing system may be introduced in maternity homes, hospitals, and clinics, with local government system and NADRA to boost registration and accuracy. Added responsibility can be given to polio vaccinators to register birth registration during their field visits.

Minimum Care Standards for Children's Homes

15: The CPWB should also encourage more institutions by granting licenses but at the same time ensure that minimum care standards are strictly applied. A monitoring and evaluation mechanism should be in place to maintain quality wellbeing of children.

Inter-Agency Network

16: During the preparation of this report, it was found that a number of government departments are duplicating work or have access to various child rights related information or services. It is recommended that all the departments, concerned with child related issues, pool their resources in terms of expertise, information, services, finances, etc., to best serve the purpose of promoting and protecting child rights and in creating an environment where children can enjoy their rights as enshrined in the Constitution, national laws and international commitments and in the religion.

Introduce Child Specific Indicators

17: One of the major impediments to the promotion and protection of children is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. It is recommended, as a matter of urgency, to establish units in the provincial statistics department and appoint child rights experts and introduce child specific indicators in national surveys/researches.

Financial Support for Disadvantaged Families

18: It is recommended that the Punjab Government initiate safety net schemes to provide financial support to shore up disadvantaged families due to the continued price hike in food and oil, in a bid to save children from falling into child labour, moving on to the streets, or into crime.

Life Skills and Vocational Education for Children

19: Children in difficult circumstances, especially those in institutions and those on the streets, should be provided earning skills and vocational education to enable them to deal purposefully with the demands and challenges of everyday life and promote their physical, mental and emotional well-being.

Establish Remand Home

20: The JJSO clearly states that an offending child should not be kept in prison or at a police station during trial. The government needs to set up Remand Homes for children, in need of care and protection when awaiting inquiry and, subsequently for their care, treatment, education, training, development and rehabilitation. Special funds must be set up for providing free legal aid to the inmates.

Set up Pre-Trial Diversion Schemes

21: The government should set up pre-trial diversion schemes/projects at all district Child Protection Units. Diversion programmes can be of different types, based on restorative justice principles, welfare approach, community service or other activity programmes to address offending behaviour. The planning and execution of these schemes should involve police, prison, probation and parole, judiciary, social welfare, District Bar, and civil society organisations. Protocols can be signed among different institutions committing to act and respond in a prescribed manner. The Reclamation and Probation Department must be streamlined to help offenders from spending time behind bars.

Diversion from Courts

The New Zealand system emphasises diversion from courts and custody, and holding young persons accountable. The system aims to facilitate rehabilitation and reintegration of young people, provide support for their families and serve the needs of victims. The New Zealand system pioneered the restorative approach to offending by young people particularly in regard to its use of family group conferences for determining the outcomes of the more serious youth offending.

When a young person offends in New Zealand, the police can respond by:

- > issuing a warning not to reoffend;
- > arranging informal diversionary responses after consultation with victims, families and young people;
- > where intending to charge, making referrals to Child Youth and Family Services for a family group conference; or
- > arresting and laying charges in the Youth Court.

The Youth Court refers matters to a family group conference before making a decision and gives preference to decisions that respond to the needs of victims and keep the young person in the community (public safety permitting). Family Group Conferencing enables those involved in the life of the young person and the victim(s) to be involved in decisions with the aim of ensuring accountability, repairing harm and enhancing wellbeing.

Evaluation has shown that the system is largely successful in reducing. The system of family group conferencing has been largely successful in reducing reoffending and promoting the wellbeing of young offenders.

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Chapter 7: State of Children in Sindh

Name of Province/ Region	Sindh
Population (1)	45,032,000
Literacy Rate 10yrs+ (2)	60% (72% Males, 47% Females)
Net Enrollment Ratio (Primary level 5-9) (3)	52% (56% Boys, 48% Girls)
Gross Enrollment Ratio (Primary Level 5-9) (4)	81% (89% Boys, 71% Girls)
IMR (5)	74 per 1000 lives
U5MR (6)	93 per 1000 lives
MMR (7)	345-350 per 100,000 live births
Children in Detention Centre (UT, Convicted) (8)	291 (284 Under-trials, 7 Convicted)
Number of Children Released on Probation (9)	72 children
Child Labour Participation Rate (10)	5.16 % (10-14 Years) 12.82% (15-19 Years)

7.1 Introduction

Sindh is the third largest province of Pakistan. The Indus River and Balochistan lie to the west, Punjab to the north, the Indian states of Gujarat and Rajasthan to the east, and the Arabian Sea to the South. Sindh is bound by the Thar Desert to the east and the Kirthar Mountains to the west. At the centre of Sindh is a fertile plain around the Indus River. The capital of Sindh is Karachi. There are 24 districts in the province (11).

The population of Sindh in 2014 was estimated at 45.03 million (12). It is predominantly Muslim (91.32%), and is home to nearly 93 per cent Hindus, who are 7.5 per cent of the province's population (13). After partition in 1947, a large number of Muslim immigrants (Muhajirs) settled in Sindh. According to the 1998 Population Census 64 per cent speak Sindhi, 8 per cent speak Urdu, 7 per cent Punjabi, 4 per cent Pashto, 2 per cent Balochi, 1 per cent Seraiki, and 5.0 per cent other languages (14).

Sindh has the second largest economy in Pakistan. Endowed with coastal access, Sindh is the major economic hub and has a highly diversified economy, ranging from heavy industry to a substantial agricultural base along the River Indus. Manufacturing includes machine products, cement, plastics, and various other goods. Sindh is rich in natural resources such as gas, petrol, and coal. In 2010, Sindh's GDP per capita was 50 per cent higher than the rest of the nation or 35 per cent higher than the national average (15).

Sindh's literacy rate is 60 per cent, 72 per cent for males and 47 per cent for females (16). But there is an enormous disparity in the literacy rates of females in urban and rural areas, with 77 per cent for urban areas and 42 per cent for rural areas.

Sindh is home to some of the country's worst inequalities. Karachi is a bustling business hub of more than 16 million people. But in the countryside, feudal traditions are strong, illiteracy is rife and government services are often non-existent.

Due to insufficient rains during monsoon 2014, cultivated crops were dried and the abnormal conditions deteriorated economic and social conditions in Districts Dadu, Thatta and Jamshoro. The Government of Sindh declared these districts as "Calamity Affected Area" due to drought conditions.

7.2 Policy and Legal Framework

Sindh has a respectable legal framework for children when compared to other provinces. Sindh is presently preparing the first Provincial Plan of Action for Children. The plan will cover various aspects of child rights, and will set targets for provincial departments.

Sindh Children Act, 1955

The Sindh Children's Act, 1955 defines a child as any person below 16 years of age. The law deals with children who are victims of violence and those involved in criminal litigation. It addresses some forms of sexual violence such as prostitution, and makes it an offence to use children, aged between four and sixteen, for prostitution. The law allows a special protection to children in conflict with the law. However, the "right" of parents, teachers and other guardians to use "reasonable" corporal punishment to discipline children is recognised in the Act. Under this law, the government can notify Juvenile Courts. Several child care institutes have been established under this law such as Industrial Schools, Certified Schools, Remand Homes, etc., and licenses are provided to organisations to set up such services. However, Rules of Sindh Children's Act, 1955 have yet not been notified. Nonetheless, Remand Home and Youthful Offenders Industrial Schools are notified under this law. Despite being an old piece of legislation with some lacunae, this law is reasonably comprehensive, but needs amendments.

Sindh Borstal School Act, 1955

The Sindh Borstal Schools Act of 1955 allows courts to detain youthful offenders, between the ages of 16 and 21 in borstals, for periods ranging from three to five years. Juveniles may not be held in a borstal beyond the age of twenty-three, or in exceptional cases, twenty five. In contrast to the requirements of the Punjab Borstal Rules, institutions established under the Sindh Borstal Schools Act fall under the purview of the Inspector General of Prisons. The Act covers convictions below the age of 21 years and provisions are provided for separate sleeping accommodation, proper water supply, clothing, food and sanitary arrangements, education and skill training.

Sindh Child Protection Authority Act, 2011

The Sindh Child Protection Authority Act was enacted in June 2011. Under this Act, a Child Protection Authority will be established. This Authority will be legally authorised to take special measures for the protection of children. The law seeks to work for implementation of policies and laws, establishing an institutional mechanism for child protection and setting minimum and care standards for all institutions relating to children, including educational institutions, orphanages, shelter homes, child parks and hospitals.

Sindh Orphanages (Supervision and Control) Act, 1976

This law defines an “orphanage” to mean an institution used for receiving, maintaining and looking after orphans. The Sindh Orphanages Supervision and Control Board are responsible for regulating and supervising orphanages. An orphanage needs to be established and operated in accordance with the SOA. Unfortunately, the law is neither implemented nor any effort has been made in past for its enforcement. The law is very much redundant after passage of Sindh Child Protection Act, 2011 whose one of functions is to set minimum standards for all other institutions relating to children in Sindh.

The Sindh Protection of Breastfeeding and Child Nutrition Act, 2013

The Sindh Protection of Breastfeeding and Child Nutrition Act was passed by Sindh Government in 2013 making propagation of any material or assertion in any manner by a manufacturer or a distributor that encourages bottle-feeding or discourages breastfeeding punishable with imprisonment up to two years and a fine ranging from Rs50,000 to Rs500,000. The law prohibits assertion in any manner, that any designated product is a substitute for mother’s milk or equivalent or superior to mother’s milk, by any person or presentation of a gift or any other benefit to a health worker or medical practitioner and makes it liable to the same penalties. The law also makes it obligatory on manufacturers of a designated product to publish on its container a conspicuous notice in bold characters that “Mother’s milk is best for your baby and helps in preventing diarrhoea and other illnesses.”

Sindh Child Marriage Restraint Act, 2013

The Sindh Child Marriage Restraint Act was passed on 28 April, 2014 by the Sindh provincial assembly and assented by the Governor on 10 June 2014, declaring marriage below the age of 18 punishable by law while also penalising parents and others who facilitate child marriage. The Sindh Assembly is the first assembly in the country to pass a bill of this kind. According to the new law, in cases of underage marriage, the parents, bride and groom can all be sentenced to three years in prison and can be fined. The new Sindh law replaces colonial-era legislation, dating back to 1929, and declares child marriage a cognisable, non-bailable offence, punishable with rigorous imprisonment.

Sindh Right of Children to Free and Compulsory Education Act, 2013

Sindh is the first province, which passed a law, making education free and compulsory for children between 5 and 16 years and binding private schools to reserve 10 per cent admissions for disadvantaged and terrorism-affected children. The law also makes it compulsory for parents or guardians to send their children to school. The government promises through the law to arrange

pre-school or special training for the children who have crossed the given age limit to bring them at par with other students. The government also vows to set up a system of grants-in-aid to support school attendance of poor students. It will also provide incentives to the private sector to establish schools that facilitate free and compulsory education. An Education Advisory Council will be established comprising nine members having expertise in education, child rights and child development to advise the government on the implementation of the new legislation. The council will ensure that every child attends school.

Under the “Sindh Right of Children to Free and Compulsory Education Act, 2013”, children will fall into the disadvantaged criterion if their parents’ monthly income is less than the minimum wage. If the owners of the private schools violate the new law i.e. charge fee from these children or subject them or their parents to their “screening procedures”, they shall be fined between Rs 50,000 and Rs 100,000 and face imprisonment ranging from one month to three months.

The provincial government and metropolitan corporations will provide funds for the implementation of the law.

7.3 Institutional Arrangements for Child Protection

Different institutions are working for the protection of children in Sindh includes:

Sindh Child Protection Authority

The Government of Sindh, with the approval of Chief Minister Sindh, established Sindh Child Protection Authority, on 21 Nov 2014, under Sections 3 & 4 of the Sindh Child Protection Authority Act, 2011. The authority is headed by the minister herself as Chairperson, and includes two member parliamentarians, lawyers, social activists, as well as representatives of other departments involved in children’s issues.

Child Protection Units

The Department Of Social Welfare, in collaboration with UNICEF, has established 11 Child Protection Units (CPU) in Karachi, Hyderabad, Sukkur, Mirpurkhas, Tando Mohammad Khan, Badin, Sanghar, Sukkur, Jacobabad, Kashmore, Ghotki, and Shikarpur. The establishment of the Child Protection Units (CPUs) in different parts of the province is part of the mechanism intended to strengthen the gate-keeping function at the local level by introducing a single point of contact for families and children who need support. Child Protection Units (CPUs) provide a variety of services, directly or through networking partners, to children and their families. These services include: Helpline 1121, protection, guidance, counselling, psychological and psycho-social support, birth registration, referral services including health, education and financial help. Child Protection Units (CPUs) are primarily a crises intervention facility and provides help through the referral partner.

Functions and powers of the Child Protection Authority Sindh

- (a) To coordinate and monitor child protection issues at the provincial and district level;
- (b) To ensure rights for children in need of special protection measures;
- (c) To support and establish institutional mechanisms for child protection issues;
- (d) To make efforts to strengthen existing services of various child welfare institutions;
- (e) To set minimum standards for social, rehabilitation, re-integration and reformatory institutions and services and ensure their implementation;
- (f) To supervise institutions established by the government or private sector to protect children ensuring minimum care standards;
- (g) To set minimum standards for all other institutions relating to children (such as educational institutions, orphanages, shelter homes, remand homes, certified schools, youthful offender work places, child parks and hospitals etc., and ensure their implementation;
- (h) To review laws, propose amendments or new laws, wherever necessary, and harmonise them with relevant international instruments;
- (i) To recommend a Policy and Plan of Action;
- (j) To monitor and report violation of national and provincial laws and international instruments and take suitable remedial measures for protection of children;
- (k) To set up a child protection management information system and prepare annual reports;
- (l) To mobilise financial resources for programmes relating to special protection of children through provincial, national, and international agencies;
- (m) To promote and undertake systematic investigation and research on child protection issues;
- (n) To initiate through relevant authorities, prosecution of offenders when children are victims of offence;
- (o) To establish and manage funds;
- (p) To carry out acts as are ancillary and incidental to the above functions;
- (q) To investigate complaints received relating to children; and
- (r) Any other functions, which may be assigned by the government.

Child Rights Desks

Sindh Police has established twelve Child Rights Desks in the police stations of districts Sukkur, Mirpurkhas, Dadu, Badin, Ghotki, Hyderabad, Mithi, Tando Allahyar, Khairpur, Karachi West and Central, Karachi East and Karachi South. Child Rights Desks act as a focal point for children who come into conflict or contact with the law in each district. The purpose to establish CRD is that children either as victims or offenders will receive proper legal treatment and protection as prescribed under laws and handles cases at the station to circumvent children having to go to the lock-up and court. According to the notification, senior investigation officers should deal with cases involving offences such as rape, trafficking in women, and offences against children. The cases dealt with by the CRDs include child custody, child marriage, rape, trafficking, child domestic labor cases, and problems faced by street children and child beggars (17).

Provincial Commission for Child Welfare and Development Sindh

The Provincial Commission for Child Welfare and Development (PCCWD) is an advisory body, setup by the Social Welfare Department, Government of Sindh. It has been working in

collaboration with government departments, UNICEF and NGOs for the promotion, propagation and awareness of child rights (18). The functions of PCCWD will probably become void after Child Protection Authority is fully operational.

Remand Home

Juvenile offenders' Remand Home in Karachi is the only youthful offenders' school in the entire country. The Remand Home is constituted under the Sindh Children's Act, 1955. It is a place of safety where children are held pending their appearance before a magistrate. The Remand Home essentially serves as a pre-trial and sometimes post-trial home for children under the age of 16 (19).

Arrested children can be kept in the Remand Home for not more than 24 hours and should be presented in court within this time. If the case warrants further investigation, the offender can be placed in remand for another 14 days. Although the Act provides little in the way of guidelines for management of this institution, it clearly distinguishes this from police lock-ups by assigning it a protective and custodial function. Here children are provided education and in-house playing facilities.

The Sindh Government notified Rules of Remand Home in 2011, on the court's directives. Previously the facility was exclusively for male offenders, but now female juvenile offenders are also admitted to the Remand Home. Besides juvenile offenders, the Remand Home also acts as a refuge for children who are victims of abuse and violence (20).

Children's Complaints Office- Ombudsman Secretariat Sindh

Children's Complaint Office was established at the Secretariat of the Provincial Ombudsman Sindh (POS). The objective of this CCO is to investigate and redress any injustice done to a child (up to 18 years) through maladministration of a government agency, such as a school, hospital, or law enforcing agency. Besides this, CCO through Provincial Ombudsman Sindh advises the Provincial Government on systemic issues which impact the rights of children. It also provides a platform for addressing child rights issues through research, advocacy and networking with stakeholders and children.

National Centre(s) for Rehabilitation of Child Labour

Pakistan Bait-ul-Maal has setup 36 centres for rehabilitation of child labour in Sindh for children to prevent them from hazardous labour (21). Children, between the age of 5-14 years, are enrolled in these centres where they are provided free education, clothing, footwear and stipend as well as subsistence allowance to their parents.

Pakistan Sweet Homes

Pakistan Bait-ul-Maal is running five Pakistan Sweet Homes in Sukkur, Larkana, Karachi, Shaheed Benazirabad, and Mirpurkhas for children whose parents, either one or both, are deceased (22). Orphans with the following criteria are enrolled in each centre, i.e. orphans without a father, the poorest of the poor, and aged between 4 to 6 years. The following facilities are provided to

children free of cost in Sweet Homes (i) Furnished accommodation (ii) Food (breakfast/lunch/dinner) (iii) Education (iv) Uniform, books and stationary etc. (v) Summer/Winter clothing along with shoes (vi) Medical care (vii) Skill development (viii) laundry service (ix) Counseling/Legal Aid for victims of violence and abuse.

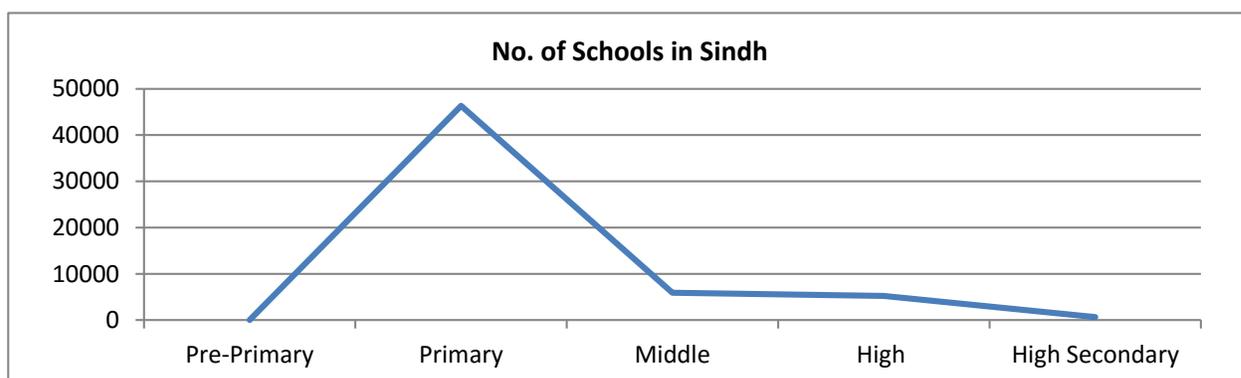
7.4 Education

Enrollment

According to NEMIS 2013-14, a total of 7.39 million children (57% males, 43% females) are enrolled in public and private institutes of Sindh from pre-primary to degree colleges. Of the total enrollment, 58% students are studying in urban areas whereas the enrollment in rural areas is 42%. The enrollment in Sindh has decreased in 2013-14 comparing to two years ago in 2011-12 when the number of enrolled students were 7,495,593 according to NEMIS 2011-12.

Enrollment in Formal Schools in Sindh			
	Boys	Girls	Total
Pre- Primary	824583	668374	1492957
Primary	2195479	1579555	3775034
Middle	598546	470202	1068748
High	351436	258113	609549
High Secondary	97562	57576	155138
Degree	167934	125197	293131
Total	4235540	3159017	7394557

There is a considerable level of overage children in each grade according to UNICEF study on OOSC (2013). The official pre-primary age is four years but children up to nine years are attending this level; 5 per cent of six year- olds, 1 per cent of seven-year-olds, 1 per cent of eight-year-olds and 1 per cent of nine year- olds are enrolled in pre-primary school. Moreover, 26 per cent of 11-year-olds and 16.1 per cent of 12-year-olds are attending primary school. Children aged between nine years and 17 years are attending lower secondary school.



Educational Institutions

According to NEMIS 2013-14, there are 58,851 institutions imparting education to 7.39 million students in Sindh. There are 39315 educational institutes for boys, 9554 for girls and 9982 institutes are mix. The numbers of schools running in rural areas are much higher than urban areas, however the enrollment in urban areas are higher than rural areas. Of the total of 58851 institutes in Sindh, 39315 are in rural areas and the rest 42,689 are in urban locations. There is visible gender disparity in terms of schools. Comparing to 39315 schools for boys, there are only 9554 schools are for girls. Numbers of middle schools are very low in comparison to primary schools, and are unable to cater to local educational needs. The comparison of two years data indicates that number of schools have decreased in Sindh. This is due to closure of many ghost and nonfunctional schools in Sindh by the Government of Sindh.

Educational Institutions in Sindh						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre-Primary	300	44	2	3	339	12
Primary	7132	39203	35892	7767	2676	46335
Middle	3722	2183	1711	842	3352	5905
High	4161	1075	1367	717	3152	5236
High Secondary	463	181	230	97	317	644
Inter College	105	2	27	48	73	148
Degree College	44	1	86	80	73	239
Total	15927	42689	39315	9554	9982	58851

Source: NEMIS 2013-14

In addition to regular and formal schools, there are 168,074 children (92,120 boys, 75,954 girls) enrolled in 3,400 NCHD schools, 81,098 children (38,378 boys, 42,720 girls) are enrolled in 1,674 Basic Education Community Schools and 362,512 children (224,063 males, 138,449 females) are enrolled in 539 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the province. The comparison data (NEMIS 2011-12 and NEMIS 2013-14) show 4% increase in the enrollment of Deeni Madaris and 3% increase in BECS enrollment over two years.

Non-Formal Educational Institutions in Sindh				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	1674	38378	42720	81098
NCHD	3400	92120	75954	168074
Deeni Madaris	539	224063	138449	362512

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

PTR is an indicator of education quality and low number of students per teacher indicate that students have a better chance to contact with the teachers and hence a better teaching learning process. According to NEMIS 2013-14, the Pupil Teacher Ratio in Sindh is: 19 at pre-primary level, 29 at primary level, 23 at middle level and 24 at upper secondary level.

Gross and Net Enrollment Ratios of Sindh

According to Pakistan Social and Living Standards Measurement Survey 2012-13, there were improvements in gross enrollment rates of Sindh in 2012-13 comparing to gross enrollment rates in 2011-12. It increased from 79 per cent to 81 per cent. Net Enrollment Rates of Sindh were 52 per cent in 2012-13, a jump of 2% from 2011-12.

Provincial NER/GER at Primary Level	2011-12 (per cent)			2012-13 (per cent)		
	Male	Female	Total	Male	Female	Total
Sindh						
Gross Enrollment Rates	87	71	79	89	71	81
Net Enrollment Rates	53	47	50	56	48	52

Pakistan Social and Living Standards Measurement Survey 2012-13

Survival Rates

It illustrates the situation regarding retention of pupils from their admissions up to grade 5 in *schools*. Survival Rates presents a dismal picture of educational progress in Sindh because retention rates have gone down in 2012-13 in comparison to 2009-10 from 52% to 51%.

Survival Rates to Grade 5 from 2001-12 to 2012-13				
Province	2001-02	2005-06	2009-10	2012-13
Sindh	44.50%	31.50%	52.30%	51.10%
- Male	43.1%	32.2%	51.0%	51.1%
- Female	46.9%	30.5%	54.1%	51.1%

Source: NEMIS 2012-13

Drop-outs in Sindh

The situation of Sindh is very alarming. The overall dropout rates in primary education are very high in Sindh, with almost 50% of primary students dropping out before completing primary education (49% boys, 49% girls). This can be partly due to poverty where boys are required to work, and cultural factors, especially in rural areas, preventing girls from continuing at school. Comparing to 2009-10 data, rates of dropout have increased in Sindh. According to NEMIS 2012-13, drop-outs in Sindh are 22% at grade-1, 13.5% at grade-2, 14% at grade-3, 12% at grade-4 and 0% at grade-5.

Dropout Rates in Primary Education from 2001-02 to 2012-13

Province	2001-02	2005-06	2009-10	2012-13
Sindh	55.5%	68.5%	47.7%	48.9%
- Male	56.9%	67.8%	49.0%	48.9%
- Female	53.1%	69.5%	45.9%	48.9%

Budget

As percentage of total expenditures, actual education expenditures in 2011-12 were 11.45% of the total provincial expenditures. It increased to 24.35% in 2012-13, indicating improved investment on education sector by the government of Sindh.

Sindh Actual Education Expenditures against Total Expenditures (Million)

2011-12			2012-13		
Education Expense	Total Provincial Expense	% Education/ Total Expense	Education Expense	Total Provincial Expense	% Education/ Total Expense
47213	412283	11.45%	98425	404253	24.35%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Of the total education expenses of Rs.98425 million, 94% of education expenditures comprise current expenses and 6% comprises development expenditures.

Sindh

Distribution of Education Expenditures (actual) by Current and Development Heads

Current	Development	Total Expenditures	% Current	% Development
92697	5728	98425	94%	6%

Source: Office of the Controller General, Accounts (CGA), 2013, Govt. of Pakistan

Key Challenges

Despite educational reforms, Sindh's education indicators are low. Some significant initiatives have been made, but, what is more required, is holistic framework of development that not only caters to the needs of the more disadvantaged areas, but also makes an alignment within the overall education system and scenario in the province. Some other areas that need attention are:

Efficiency Issues

The transition rate from primary to middle grade (i.e. how many children in Class 5 actually get enrolled in Class 6) is about 60 per cent (23). This means that more than one-third of the children

do not continue their education after primary level. The situation is more critical if the retention rate of children from Grade 1 to 5 and Grade 1 to 8 is considered. Only 50 per cent of the students actually survive from Class 1 to 5, which imply that the dropout of the children at the primary level is quite alarming. The situation becomes graver in higher classes, as the available data depicts that out of every 100 children, the system is able to retain only 27 children in the school. In addition, repetition rates in primary school are higher than those in lower secondary school in both urban and rural areas. The Grade 1 repetition rate for urban areas is 11 per cent and for rural areas is 30 per cent. However, repetition rates are generally lower in rural areas than in urban areas, except in Grade 1 and Grade 8. There is no clear pattern by wealth quintile. After reviewing these simple statistics, it is quite evident that the elementary education system needs to be completely reformed.

Out of School Children

According to NEMIS 2012-13, there are 1,977,272 children who are out of *schools* in Sindh. This means that 29 per cent children of the total out of school children population are from Sindh. These children either never enrolled or they dropped out early from schools. Girls and children from the interior make up a higher proportion of out-of-school children.

According to UNICEF study findings on OOSC published in 2013(24), it is estimated that in Sindh 60 per cent of four year-olds, 61 per cent of five year-olds, 40 per cent of six-year-olds, 34 per cent of seven-year-olds, 28 per cent of eight year-olds and 34 per cent of nine-year-olds and 29 per cent of 10-year-old are out of school. Lower secondary- school-age children in rural areas are much more out of school than those in urban areas (52.8 per cent compared to 19.6 per cent). The dropout rate increases with grade level, at 1.0 per cent for Grade 1 and 27per cent for Grade 8. The highest dropout is in Grade 5 in both urban and rural areas and for all wealth quintiles. Wealth is also a factor in determining attendance rates. There is strong evidence of early enrollment in primary education, particularly of four-years-olds from the richest households (25.9 per cent) compared with those from the poorest households (14.0 per cent). The non-attendance rate decreases from the poorest wealth quintile to the richest wealth quintile (69.0 per cent compared to 47.3 per cent). Over 99 per cent of households with OOSC had no access to Zakat from either the public or private sector. However, 14.6 per cent were able to secure a loan.

Gender Parity Index and Gender Disparity

Although enrollment rates have improved overtime, there is persistent evidence of regional disparity on enrollment patterns. According to the Pakistan Education Atlas 2013, the Gender Parity Index for primary school of girls to boys has been reported at 0.70 (public schools). GPI ratio in secondary schools is reported at 0.72 (public schools) and at youth literacy aged 15 years and above, it is 0.61. Female enrollment percentage is 44% at pre-primary, 42% at primary level, 44% at middle level and 41% at upper secondary level. With the exception of a few high performing districts, gender parity across most of the province is quite poor. There are only 9554 schools for girls in Sindh comparing to 39,315 for boys. The prevalence of cultural and traditional norms in rural areas also discourages participation of girls in education. As girls grow older, the barriers associated with gender become stronger: once they reach sexual maturity, they face

harsher social restrictions on mobility. Traditional customs in villages such as early child marriages are still persistent which affect participation in education. The data shows that gender disparity in education is a considerable and complex challenge for the Government of Sindh.

Dysfunctional Schools and Ghost Teachers

Sindh has a significant number of non-functional schools in the province, of which a majority are related with the primary schools. Primary girl’s schools constitute about 30 per cent of the total number of non-functional schools in Sindh (25). According to Department of Sindh, there are over 5000 schools lying closed throughout the province. Non-functionality of public schools has been a big issue in the education sector, as different stakeholders maintain that a number of public schools exist only on paper. With the help of Annual School Census exercise, the Government of Sindh has attempted to identify the number of nonfunctional schools, which have reduced overtime. Additionally there are about 40,000 teachers are working in schools which are closed. The Education Secretary revealed during a news conference (20 Oct 2014) that many ghost teachers have left for Saudi Arabia and Dubai but they were drawing monthly salaries regularly.

Missing facilities in School

Thousands of children are being denied or have very limited access to clean and healthy sanitation facilities in their schools. Majority of schools lack basic facilities in Sindh, and is a major constraint, especially in the rural areas. Half of the schools in Sindh do not have electricity, half of the schools do not have water, forty three per cent schools do not have latrine and forty per cent schools are without boundary wall. On 23 Feb 2015, the Provincial Minister of Education shared on Sindh Assembly floor that over 43,000 schools and 269 colleges lacked basic facilities, and the facilities were already not so adequate when the educational buildings were required to open their doors to victims of the 2010 heavy rains who took shelter in schools and colleges, and that resulted in widespread damage of buildings and furniture.

Availability of Physical Facilities in Schools of Sindh (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	18923	4560	23483	19635	4042	23677	21548	4964	26512	21820	5966	27786
Not Available	19620	3612	23232	18903	4131	23034	16992	3207	20199	16710	2207	18917
Not Reported	3	6	9	8	5	13	6	7	13	16	5	21
	38546	8178	46724	38546	8178	46724	38546	8178	46724	38546	8178	46724

Source: NEMIS 2013-14

Poor Quality of Education and Learning Outcomes

The performance of Sindh, in terms of the quality of education in Sindh, is perhaps lower than any other indicators. The recent ASER survey indicates that even the basic literacy and numeracy competencies are not imparted to the students and their test results are not more than 20 per cent. According to ASER report 2014 conducted in rural districts of Sindh, learning levels of children still remain poor. In Sindh, 59 per cent children of class 5 cannot read a class 2 story in

Urdu/Sindhi, 76 per cent children of class 5 children cannot read English sentences of class 2 level, and 70 per cent children of class 5 children cannot do a simple two digit arithmetic division.

Lack of Qualified Teachers

Shortage of qualified and specialised teaching force, especially, for the females (and at the middle and higher levels, and in rural areas) is an important issue. Further, the quality of teaching is more important because incompetent teachers may account more for the wastage in the system. According to the Education Management Review (EMR), the Education Department has had serious problems with the management of primary schools. There is no permanent position of head teacher; distribution of teachers is skewed; and an abundance of no-room and single/two-teacher/room schools. Consequently, teacher absenteeism is rampant; periodic supervision is not carried out; and, school management committees are not performing their duties. The situation is made worse with low calibre education managers at all levels (26). There is no training or capacity building process for education managers. It is important to introduce education leadership cadre to help improve governance and accountability. According to Aser Survey 2014, children enrolled in private schools are performing better compared to their government counterparts.

Governance

Limited capacity for effective school governance and education management at all levels; especially, the supervisory and accountability system is quite weak. Basic student profiling data is not part of the province's education management information system due to which important indicators of student retention and drop-out cannot be obtained reliably.

Educational Reforms in Sindh

Sindh Education Reforms Programme (SERP)

The Government of Sindh is implementing Sindh Education Reforms Programme. The reforms include introduction of a district education development planning/ medium-term budgetary framework, in partner districts under the direct supervision of the Economic Reform Unit, and introduction of a quality assurance framework to improve quality of education by providing district quality assurance teams (school advisors/evaluators), with or without third party assistance. Similarly, specific positions have been introduced for improving education management such as a district officer education (quality assurance), a district officer education (development planning), a school evaluator, a school advisor and a head teacher (preferably with a deputy head teacher and advisory teacher) (27).

Primary schools would be consolidated through a cluster-based school management system, with a guide teacher, working as the head teacher of each cluster formed (maximum 6 schools), preferably with a deputy head, guide or an advisory teacher, assisting with the work and management of the cluster (28).

The Financial Management Information System (FMIS) has been established for the Sindh Education Sector Project in the RSU for fulfilling the financial requirements of the project (29).

Sindh Education Sector Project

The development objective of the Sindh education sector project (SERP) was to support the Government of Sindh's Medium-Term Education Sector Reform Program (SERP), which aims to increase school participation, reduce gender and rural-urban disparities, increase progression, and improve the measurement of student learning. Total project cost was calculated at \$2222 Million, the development partner/ donors shares were 350 Million and 38 Million by World Bank and EU respectively, remaining \$1,834 Million was contributed by the Government of Sindh (30).

Sindh Education Foundation

The Sindh Education Foundation (SEF) has been working since 1992 to empower disadvantaged communities of Sindh by creating and facilitating new approaches to learning and education. The Foundation works on a diverse portfolio of programmes through promotion of Public, Private, and Community Partnerships and seeks to address not only the goals of Education For-All and quality education targets, but also create greater ownership and sustainability of the educational interventions. These objectives are achieved through employment, entrepreneurship and institutional development opportunities at the grassroots level. With financial support from the Department of Education and Literacy, Government of Sindh, the Foundation's portfolio is continuously expanding to reach out to over 500,000 beneficiaries through a network of more than 3,000 schools in underserved areas of Sindh (31).

The SEF provides a regular school support fund, teacher training and salaries, resource material for curriculum and capacity building of local community bodies, the school establishment and management. Continued support to these educational institutions is a reflection of the Foundation's persistent advocacy and efforts for effective and replicable quality education models, and represents collective efforts of all our partners in advancing educational excellence and equity in the province (32).

Stipend for Girls

Under the Education Reform Programme, all the girls studying in class 6-10 in government schools are given an annual stipend to encourage parents' to send their daughters to school for studying (30). There are two types of stipends:

- Standard Stipends Policy (SSP)
- Differential Stipends Policy (DSP)

The Reform Support Unit (RSU), under the SSP, gave a stipend of Rs1, 000 per annum to each girl till 2008-09. However, from 2009-10, the amount was increased to 2,400/- per annum throughout Sindh. In DSP, the beneficiaries received Rs. 2,400 till 2008-09, and from 2009-10, the stipend was raised to Rs. 3,600/- per student in talukas where the transition rate from class 5 to 6 is low. The rationale behind this scheme is to increase the enrollment of girl students in secondary classes in remote and unprivileged areas of Sindh.

School Management Committees

One of the major components of the SERP Reform Agenda is promoting strong community participation through School Management Committees (SMC) (31). The SMC is endeavouring to mobilise the community by activating more such committees. All the primary schools in Sindh have by now these committees comprising of five members, including Chairperson (Parent), General Secretary (Head Teacher), and three other members (elected parent, notables).

SAT (Standardized Achievement Test)

The Government of Sindh has introduced the Standardized Achievement Test (SAT) in Class 5 and Class 8, across all districts of Sindh, in an effort to support implementation of quality education within the province. SAT results provide an understanding of how students are performing and thereby guide and support education reform efforts of the Government of Sindh.

7.6 Health and Nutrition

Mortality Rates

According to the Pakistan Demographic and Health survey 2012-2013, child mortality rates in Sindh are as follows:

- Infant mortality rate is 74 per 1000 live births (56 Urban, 86 Rural)
- Neonatal mortality rate is 54 per 1000 live births (50 Urban, 68 Rural)
- Under-five mortality rate is 93 per 1000 live births (68 Urban, 109 Rural)

Significant disparity has been found in the mortality rates of urban and rural areas. Girls and women in rural Sindh are among the most disadvantaged. Trends indicate that neonatal mortality rates have increased in Sindh over years. The maternal mortality rates are estimated at 345-350 deaths per 100,000 live births in Sindh (33).

Trends in early childhood mortality rates of Sindh					
Survey	Approximate Calendar	Neonatal Mortality	Infant Mortality	Child Mortality	Under-five Mortality
2012-13 PDHS	2003-2012	54	74	20	93
2006-07 PDHS	1997-2006	53	81	22	101
1990-91 PDHS	1981-1990	44	81	27	106

PDHS 2012-13

Immunisation

According to findings of Pakistan Demographics and Health Survey 2012-13, only 29 per cent of children age 12-23 months in Sindh had been fully immunised by the time of the survey. With regard to specific vaccines, 79 per cent of children had received the BCG immunisation and 45 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines were 65 per cent and 87 per cent respectively, and only 39 per cent and 78 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a drop out of 26 per cent and 9 per cent respectively, between the first and third dose of DPT and polio vaccines. Nine per cent of children did not receive any vaccine at all.

Coverage of Immunisation in Sindh										
Percentage of children age 12-23 months who received specific vaccination at any time before the survey										
Vaccination		DPT1			Polio2					All Basic Vaccinations 3
Sindh	BCG	1	2	3	0	1	2	3	Measles	
Total	78.5	65.1	56.8	38.6	68.9	87.2	82.2	77.5	44.6	29.1
Urban	92.8	86.3	83.5	66.5	83.9	92.5	85.4	80.1	71.1	51.5
Rural	68.6	50.3	38.5	19.5	58.6	83.6	80	75.8	26.4	13.7

Pakistan Demographics and Health Survey 2012-13

The comparison of PDHS 2006-07 and PDHS 2012-13 surveys reveal alarming situation in Sindh that proportion of children who are fully immunised in Sindh has decreased, and the number of children who did not receive any vaccination has increased.

Trends of Immunisation in Sindh												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
Sindh	BCG	1	2	3	0	1	2	3	Measles			
PDHS 2012-13	78.5	65.1	56.8	38.6	68.9	87.2	82.2	77.5	44.6	29.1	8.5	25.9
PDHS 2006-07	76.7	67.3	56.4	47.6	51.2	92.2	89.9	84.1	50.7	37.0	6.3	19.7
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

Diarrhoea and Oral Re-hydration treatment

According to Sindh Health Department, the most common cause of death among children under-five, aside from newborns, is diarrhoea. Diarrhoea causes a rapid loss of body fluids and it leaves children continually at risk of dehydration. PDHS 2012-13 reveals that the proportion of children aged less than five years who got diarrhoea maintained at 23 per cent in Sindh, which is the same level of prevalence reported by PDHS 2006-07 also. Only 3 per cent children got diarrhoea with blood. This condition is normally treated with oral rehydration therapy (ORT). Advice was sought out for 73 per cent children who had diarrhoea from a health facility or provider.

Acute Respiratory Infections

Trends suggest that less number of children have been infected by acute respiratory infections in Sindh. According to PDHS 2012-13, 13 per cent children, less than five years of age, were reported to have had symptoms of pneumonia during the two weeks preceding the survey, registering a decrease from 13 per cent in 2006-07. Of these, 82 per cent went to an appropriate health provider and treatment was sought. Thirty-two per cent children with suspected pneumonia received antibiotics.

Polio

There has been a sharp jump in the number of registered polio cases in Sindh in 2014 while comparing it to 2012 and 2013 (33). In 2014, a total of 30 cases of polio were reported in Sindh whereas the reported cases in 2013 were 10, and only 4 cases were reported in 2012. Of the total 30 cases, 23 cases were registered from Karachi, 2 from Sanghar and 1 each from Badin, Larkana, Dadu, Khiliaqat and Noshero Feroze.

Polio High Risk Districts in Sindh
Ghotki
Larkana
Kashmore
Shikarpur
Jacobabad
Kambar
Sukkur
Khairpur
Baldia
Gaddap
Gulshane Iqbal
Hyderabad
Source: Polio Eradication Unit, WHO Pakistan

Malaria

Trends indicate that there is slight increase of malaria/fever cases in Sindh but comparatively more children are now accessing health provider services and treatments. PDHS survey 2012-13 reveals that 36 per cent children less than 5 years of age suffered from fever in two weeks before the survey, registering an increase of 1 per cent from 2006-07. Seventy eight per cent took advice or treatment from Health Facility or provider. Thirty two per cent took anti biotic drug for treatment of fever. The growing number of malaria cases among children is due to the abysmal sanitation environment, especially in the poor and slum areas of the province.

Hepatitis

According to the Chief Minister's Hepatitis Prevention and Control Programme, about 2.5 per cent of Sindh's population is suffering from hepatitis-B and 5 per cent from hepatitis-C. The government has established PCR molecular laboratories in Mirpurkhas Civil Hospital, Chandka Medical College Hospital, Larkana and Sukkur Civil Hospital, and has set up 43 sentinel sites and five cold chain units for storing medicines and vaccines. To control Hepatitis, vaccination and treatment must be provided at taluka and RHC level, all school-going children should be vaccinated and more PCR laboratories should be set-up in all big cities in future.

Nutritional Status of Children in Sindh

According to the PDHS 2012-2013 survey findings in Sindh, 57 per cent of children under age 5 are stunted, and 35 per cent are severely stunted. Stunting is higher in rural areas than urban centres. Overall, 13.6 per cent of children less than age 5 are wasted, and 43 per cent of children less than age 5 are underweight.

Tharparkar is spread over 22,000 square kilometers, with a population of about 1.5 million people. The region faced a famine like condition in 2014 where more than 100 deaths had taken place including majority of infants due to malnutrition. The dry spell in Tharparkar district which remained for three years (2012-2014) deprived local growers of their main crops: cluster beans and millet. The prolonged drought conditions have forced different community groups, especially those who maintain small landholdings and family livestock, to migrate to neighbouring areas in search of livelihood. The Sindh government faced flak over its slackness, negligence and incompetence in meeting the challenge of the Tharparkar drought. However government believed that there was little substance in reports of deaths of children in the district due to drought. The Provincial government has allocated Rs900 million for Tharparkar development in 2014-15 budget (34).

Infant and Young Child Feeding Practices (IYCF)

Breastfeeding remains at inadequate level in Sindh indicating poor IYCF practices. PDHS survey 2012-13 shows that 54 per cent of newborns in Sindh were given something other than breast milk (prelacteal feed) during the first three days of life, registering only 1 per cent decrease in comparison to 2006-07 survey. In addition, 97% of children were reported to have been breastfed at some time in Sindh, 20% of children were reported to have been breastfed within one hour of time and 74% were breastfed within one day of birth. The median duration of any breastfeeding in Sindh is 21 months, exclusive breastfeeding is only 1.3 months and predominant breastfeeding is at 3.9 months.

Breastfeeding Practices in Sindh		
Sindh	PDHS 2006-07	PDHS 20012-13
Children ever breastfed	94.1%	96.6%
Children who started breastfeeding within 1 hour of birth	19.3%	19.7%
Children who received a prelacteal feed	55.3%	54.3%

* Breastfeeding among children born in past five years

Appropriate nutrition includes feeding children, age 6-23 months, a variety of foods a desired number of times, to ensure that their nutrient and caloric requirements are met. PDHS 2012-13 reveals that only 21 per cent of breastfed children were fed in accord with the recommended guidelines, that is, given foods from four or more groups and fed the minimum number of times each day. Twenty per cent of breastfed children and 29 per cent of non-breastfed children of ages 6-23 were fed foods from four or more food groups in the 24 hours preceding the survey.

Micronutrient Intake among Children

PDHS 2012-13 reveals that 48 per cent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. The vitamin A supplements (usually every six months) intake decreased among children of 6-59 months from 70 per cent in 2006-07 to 60 per

cent in 2012-13. The results of the PDHS 2012-13 indicate that 36 per cent of children, age 6-23 months, consumed foods rich in iron in the 24 hours prior to the survey, and only 4 per cent of children, age 6-59 months, received iron supplementation. Twelve per cent of children, age 6-59 months, received deworming medication in the six months before the survey. Percentage of deworming among children is very low and contributing into high level of anemia among children of Sindh.

Micronutrient Intake among Mothers

Trends indicate that vitamin A intake among mothers during the postpartum has decreased in Sindh. Comparing to 31 per cent vitamin A intake according to PDHS 2006-07, the latest PDHS 2012-13 shows only 17 per cent of women in Sindh received a vitamin A dose during the postpartum period. Fifty-four per cent women did not take iron tablets or syrup during pregnancy of last birth.

Health Infrastructure

As on 1 Jan 2013, health facilities that are available for people of Sindh include 485 hospitals (358 private hospitals), 124 RHCs, 789 BHUs, 2589 dispensaries, 168 MCH Centres and 201 TB Clinics at an average of 2986 persons per 1 doctor. The number of facilities and beds has doubled in the last two decades. While access to public services has improved in Sindh, this has yet to translate into improved development outcomes (35).

Budget

For the year 2013-14, the Sindh government has kept a total of Rs. 67.4 billion for its health department, while the allocation for the 2013-14 health sector ADP is significantly higher (54.54%) than the allocation of Rs 11 billion in the financial year 2012-13 (36).

Challenges

Social indicators are poor in rural areas with wide disparities across and even within districts, particularly poor in rural population of Sindh falling below the average for rural Pakistan. There are also wide disparities within districts with Thatta, Tharparkar, Jacobabad, Badin, Mirpurkhas, Kambar-Shahdadkot and Kashmore being the least developed districts in terms of socio economic and health indicators.

The burden of under-nutrition is borne by the rural poor. Under-nutrition risk of infections, complications and fatality are due to poverty, unsafe water, poor sanitation, female illiteracy, low health awareness and lack of community based services, despite having a high burden of communicable and preventive diseases. Coverage of maternal and child health services, contraception, vaccination and communicable disease control is irregular due to poorly functional basic and emergency services. Rural health centres provide specialist care in the morning hours in addition to minor emergency services, and have indoor facilities that are seldom utilised, while the BHUs and dispensaries provide outdoor medication and preventive care. Rural facilities are usually ill equipped, under-staffed, and under-utilised. There is a marked urban bias for both the health facilities and hospitals of the public and private sectors, with little

linkages between the two. There is acute shortage of female doctors, nurses and female paramedic staff across rural areas in Sindh.

There is also weak oversight of service delivery and absence of a clear monitoring and evaluation framework. District health officers are untrained in formal district management and often appointed on political bases. In recent years, Sindh has become very prone to natural disasters but lacks disaster preparedness for health. The calamities also damaged the government health care infrastructure in affected district and estimated economic loss of Rs454billion by Department of Health Sindh.

The provincial government has been making some progress to counter challenges but the situation demands much greater commitment and resources to deliver. To focus on neonatal, infant and child health they have developed the New Born Survival Strategy and the comprehensive Multi-year work plan for immunization. It is hoped that provincial government will do its best to successfully implement these actions plan.

Health Sector Strategic Framework (2012-2020)

The approved Health Sector Strategic Framework (2012-2020) of Sindh is as an over-arching umbrella for guiding operational plans of medium and long-term Programmes and Projects to strengthen health system in Sindh. The Sindh Health Sector Strategy 2012-2020 proposes seven strategic outcomes. Each strategic outcome is organised into sub-sections comprising of i) strategy; ii) strategic areas; iii) key issues; iv) strategic actions; and key performance indicators.

Strategic outcomes of Health Sector Strategy

1. Strengthen district health systems with special emphasis on under developed districts and urban Primary Health Care (PHC);
a: Strengthen district health systems starting with most under-developed districts of Sindh;
b: Implement an urban PHC system built on public private partnerships and addressing contextual needs of low income urban population;
2. Streamline human resource production, retention and capacity to support priority health needs;
3. Special areas of focus; Polio, under nutrition HIV/ AIDS, non-communicable disease etc;
4. Enhance sector-wide access to essential drugs through improvement in quality assurance, afford ability, supply management and rational prescriptions;
5. Regulate the health sector, in particular the extensive private sector towards licensed practice, standardisation of care, minimal reporting requirements and address medical negligence;
6. To respond to stewardship and governance needs of health sector in the post devolution context, and also improve efficiency and transparency of existing functions; and
7. Increase investment in health sector and shift towards innovative financing systems to reduce Out Of Pocket (OOP) expenditure in the poor

7.7 Child Labour

Child labour is widespread in Sindh, and children are found working in every economic sector. They are highly visible especially in major cities such as Karachi, Hyderabad, and Sukkur. Children in interior Sindh, children abound in agriculture, carpet weaving, bonded labour, bangle making and almost all types of occupations including hazardous work with impunity. There is also a high level of migration of children from rural to urban cities in search of employment (37).

According to the national survey in 1996, 298,303 children were found in child labour in Sindh. It is clear that the 1996 survey figures cannot be applied today because of the unbridled population growth, increasing poverty and high drop-out rates over the years. NEMIS 2012-13 reveals that 1.97 million children of school going age are not attending school in Sindh. Children who are out of school are either child labourers or potential child labourers.

National Child Labour Survey 1996									
Age Groups/	All Areas			Rural			Urban		
Provinces	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Pakistan	3,313,420	2,431,992	881,428	2,945,675	2,110,358	835,317	367,745	321,634	46,111
5-9	573,084	333,656	239,428	536,145	302,694	233,451	36,939	30,962	5,977
10-14	2,740,336	2,098,336	642,000	2,409,530	1,807,664	601,866	330,806	290,672	40,134
Sindh	298,303	273,350	24,953	208,783	190,798	17,985	89,520	82,552	6,968
5-9	30,099	27,938	2,161	21,995	20,680	1,315	8,104	7,258	846
10-14	268,204	245,412	22,792	186,788	170,118	16,670	81,416	75,294	6,122

Federal Bureau of Statistics

In the absence of any recent survey or data, it is difficult to gauge the real magnitude of child labour in the province. Based on government Labour Force Survey 2012-13, the labour participation rates of 10-14 years old children in Sindh have gone down from 13 per cent in 2010-11 to 5.16 per cent in 2012-13. According to CRLC, in spite of encouraging decrease, it does not necessarily mean that child labour has decreased in the province, and these participation rates needs to be analysed with caution, and warrant further investigation.

Labour Participation Rates	2010-11 (Per cent)		2012-13 (Per cent)	
	10-14 Years	15-19 Years	10-14 Years	15-19 Years
Sindh	13	36.8	5.16	12.82
Khyber-Pakhtunkhwa	7.48	27.99	3.95	11.98
Balochistan	9.78	35.41	7.04	12.92
Punjab	12.58	38.46	4.2	12.33

Labour Force Survey 2012-13

Child Labour in Dadul, Thatta, Tando Alla Yar, Badin and Kamber-Sahdadkot

The Provincial Child Labour Unit Sindh in collaboration with ILO undertook rapid assessment surveys on child labour in different cities of Sindh in 2013. In Dadu, the survey findings reveal that child labour has increased manifold in the aftermath of the 2010 and 2011 floods. The floods led to the loss of livelihood for many, leaving vulnerable communities with no choice but to engage their children in hard labour in sectors such as auto workshops, agriculture, transport, rope making, waste collecting, services, etc. This survey revealed that children identified agriculture (farm work and rope making), automobile services, food services and transport as four prominent sectors with worst conditions of labour. According to findings, girls are primarily engaged in agriculture while boys are largely engaged in the other three sectors.

The findings of survey conducted in District Thatta reveals that a substantial number of children are found employed in different sectors including transport, agriculture, fisheries, waste collection, automobile services, food stalls, cotton, sugar mills and gutka factories. The four occupations where children were found in hazardous labour were automobile services, fishing, agriculture and Ghutka factories.

The survey findings of Tando Allahyar district reveals that in urban centres, a large number of children are working in autoworkshops, wood workshops, iron workshops, tailoring shops, grocery shops, food stalls and hotels, waste pickers and vendors of food stuff, fruit and vegetables. In rural areas, children were found labouring in fields, farms and fruit orchards. The findings identified agriculture, auto-workshops, chingchi driving and wood work as four prominent sectors afflicted with the worst conditions of labour.

In Badin, large numbers of children were found working in agriculture, fisheries, garbage picking, auto-workshops, Chingchi driving, food services and protection (tea shops, *dhaabas*, bakeries). In coastal areas, children, mostly boys are engaged in fishing, cleaning of boats, mending of nets, sorting and cleaning of shrimps, etc. The findings identified agriculture, fisheries, waste collection and child labour in transport (chingchi driving) as four prominent sectors afflicted with worst working conditions for child workers.

Like other cities, child labour is a common sight in Kamber-Sahdadkot also. Research identifies auto workshops, transport, services and agriculture main sectors with worst conditions of child labour. Services include children working at hotels, bakeries, iron work and selling eatables at bus stops and on streets.

TRDP Survey

A survey carried out by TRDP in 2007, in Tharkarpar, Dadu, Umerkot, and Jamshoro, revealed that 55 per cent children were working; 68 per cent boys and 32 per cent girls. In Thar, 27 per cent boys were employed in livestock, cattle grazing, rearing, etc., while 56 per cent girls were employed as child domestic labourers in all districts, with the highest number in Jamshoro. Almost 14.5 per cent, predominantly boys (68%) were involved in agricultural activities. Children,

who work on the land, are exposed to dangerous and deadly pesticides, fertilisers, insects, poisonous snakes etc., which are hazardous to health and at times deadly too.

Glass Bangle Industry

District Hyderabad in Sindh is known for producing beautiful, colourful and quality glass bangles. It is one of the major economic activities and supports close to 30,000 families (38). Bangle production is concentrated in the urban and semi-urban areas of Hyderabad City. This is a home-based industry where labour laws cannot be applied, and there is no supervision, monitoring or inspection by the Sindh Labour Department to check violation of labour laws. Payment for work is made against production and not by the hours of work. Children are poorly paid.

The Baseline Survey conducted by the ILO, during the preparatory phase of the Time Bound Programme in 2003, reported deplorable and hazardous working conditions for children working in the glass bangle industry in Hyderabad. Wages were very low, about 1300 per month, with long working hours, high risk of injury, lack of access to medical facilities, inaccessibility to financial resources and alternate employment opportunities. The survey recorded that 9,584 boys and girls were found working in this sector and only 55 per cent were attending school. A study by Save the Children, UK and Sweden, revealed that of the 509 houses surveyed, 255 had two or more children involved in bangle making.

Debt Bondage

Debt bondage is one of the worst forms of child labour. Children, particularly female, are virtually slaves of the landowner and exposed to all types of sexual, physical, and emotional abuse.

Debt bondage is when parents take loans against their work in various industries such as carpet weaving, brick making, etc., and children along with other family members are bonded to work to pay off the loan. The children are paid half the wage and are not allowed to leave the premises until the debt is paid. Research conducted in Thatta reveals that prevalence of debt strengthens the phenomenon of child labour in agriculture, where parents take loans from landowners and get entrenched in bondage along with the whole families including children. The bondage can, and usually does, go on for generations. TRDP research shows that 80 per cent households in Tharparkar and 53 per cent in Dadu are indebted. Tharparkar is a very poor district and implications of debt on children can be huge.

Inspection and Vigilance

Existing child labour conditions in Sindh is a proof enough that the Employment of Children's Act 1991 is negligibly implemented. The existing labour inspection system has done little to save children from the harshness of child labour. According to Provincial Child Labour Unit, 1238 inspections were carried out in 2010 and 1,038 inspections in 2011 and prosecutions were lodged, but not a single case has been decided since 2007, whereas 152 cases were pending hearing in the court in 2011.

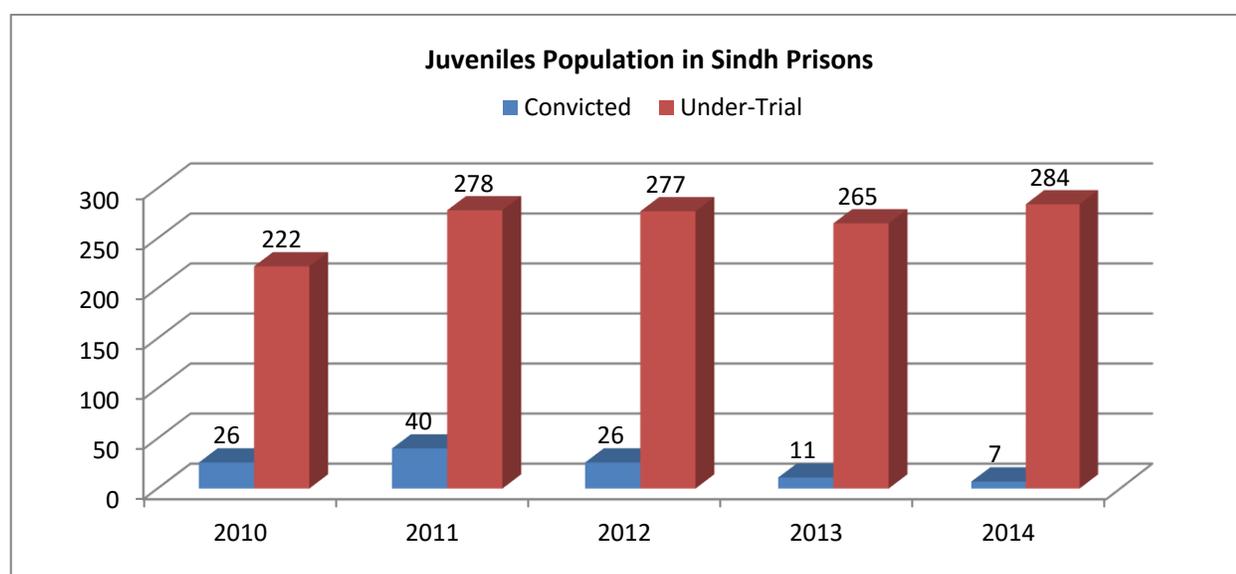
The department also decried the limitations of the law which is not applicable on establishments where such work is carried on by the occupant with the help of his or her family. This means that

if an owner and his under-aged children are working in brick kiln then he can take the plea that they are helping him in the family business.

The Sindh Prohibition of Employment of Children Bill has been pending since 2012 (39). The proposed Bill maintains the minimum age of admission to employment at 14 years and also prohibits the employment of adolescents (14-18 years) in hazardous occupations.

7.7 Juvenile Justice System

At the end of December 2014, there were 291 juvenile offenders in Sindh jails; 7 convicted and 284 under-trials (40). The number of juvenile offenders has increased in 2014 comparing to 2013 when the total number of juvenile offenders in prisons were 276 (11 convicted, 265 under-trials).



There are four juvenile jails in Sindh. Juvenile offenders are kept in Youthful Offenders Industrial Schools (YOISs) in Karachi, Hyderabad, Sukkur and Larkana or in the Remand Home in Karachi (41). The Remand Home in the Karachi is the only one of its kind in the province constituted under Sindh Children Act 1955 for juveniles who comes in conflict with law and destitute children. In 2011, the Remand Home Rules were also notified by the Government of Sindh. In 2010 and 2011, the Inspectorate General Prisons Sindh notified Larkana and Sukkur Youthful Offenders Industrial Schools (YOIS).

These detention prisons of children are not managed in accordance with the provisions of the Reformatory Schools Act, 1897, the Sindh Borstal Schools Act, 1955, and the Sindh Children's Act, 1955. The facilities are far from reformatory. Living conditions of YOIS Karachi is better than other Youthful Offenders Industrial Schools in the province. The worst conditions according to SPARC were observed in YOIS Larkana where juvenile detainees were kept in small dirty cells which lacked proper ventilation system and functional toilets. Education facilities were not available to

children in Sukkur and Larkna YOISs. A Legal Aid Office survey in 2014 of 228 under-trial offenders in Juvenile Prison Facilities across Sindh reveals only 33% of them were school educated and 17.5% were madrassas educated. However, only 0.9% were able to continue studying inside prisons.

In 2014, 72 juvenile offenders (all males) were released on probation in Sindh by the efforts of Probation officers (42). The number of children released on probation increased in 2014 comparing to previous years. In 2013, 51 children were released on probation and in 2012, 44 children were released on probation (43). The advantage of releasing children on probation is to reform these offenders through parole and probation schemes and rehabilitate them so that they do not commit crimes in future. But there are no reformation and rehabilitation services available to help the released children who mostly come from poverty stricken and abused backgrounds. In 2014, 17 males and six females were working as Probation officers in Sindh whereas the sanctioned posts for male probation officers were 21 and for female probation officers were 7 in the Department of Reclamation and Probation (44).

The Juvenile Justice System is not being implemented in letter and spirit. There is no functional panel of lawyers, no exclusive juvenile courts, and no allocations for these provisions given in the JJSO. Most of the legal support for juveniles comes through civil society support.

Honest efforts are required to reform the legal system in the best interests of children. It is important to make budgetary allocations for the juvenile justice system; strengthen the system of probation; form a panel of lawyers in every district; establish exclusive juvenile courts, and adopt rules for the Sindh Children's Act, 1955.

7.8 Violence against Children in Sindh

Violence against children, in both urban and rural Sindh, is rampant. This is mainly due to the size of Karachi as the biggest city and being the hub of migration for children from rural areas, as runaways, street children, beggars, etc. who are alone, young, and therefore easy prey to abuse and sexual exploitation while looking for work. Lawyers for Human Rights and Legal Aid (LHRLA) reported that of the total 69,604 reported case of child abuse between Jan 2000 to Dec 2013, 23,166 cases were from Sindh.

Meetings with stakeholders, and reviews literature, have identified the following issues of violence against children in Sindh.

Child Beggars

Begging is, perhaps, one of the easiest and most lucrative businesses, especially in big cities such as Karachi, Hyderabad and Sukkur. As a matter of fact, it is a thriving business and many beggar mafias are operating in these cities. Children are brought into begging through parents, or through abductions while street and runaway children are either lured by the mafia or turn to begging themselves to make quick money.

Research reveals that child begging is not only a consequence of poverty but, being an easy way of getting money, parents persuade children by force or by tricks to adopt begging. In urban areas, children are trained by their parents and mafias to earn money at places outside mosques, at traffic intersections, in parks and beaches, places of entertainment, shrines and markets. Kids are taught how to talk in a pitiful tone and, also at times, to grab hold of body parts of people in order to create sympathy.

Corporal Punishment

Corporal punishment is widespread in schools, homes, detention centres, and at work places. Children in *madaris* often undergo cruel punishment; they are tortured, shackled, or denied food for minor mistakes. *In December 2011, 45 persons aged between 12 and 50 were found chained in a basement of a seminary in Karachi, that also offered treatment for drug addicts. An eight-year-old student of the seminary told that they were regularly beaten up with chains, hooks and kept confined in the basement*

A survey, conducted in Karachi, found that 87 per cent children in private schools, and 91 per cent in government schools, were verbally or physically abused (45). Corporal punishment is prohibited under the Sindh Education Code and a separate directive prohibiting the practice was also issued in 2006 by Secretary Education. However, neither the code nor the directive is being properly implemented.

Child Sexual Abuse and Exploitation

According to Sahil's Cruel Numbers, 583 cases (19%) of child sexual abuse were reported from Sindh in 2013 and 875 cases (25%) in 2014, with the highest number of cases from Khairpur. According to a child rights expert, poor enforcement of laws in Sindh encourage abusers to repeat the crime. Child sexual abuse takes place in all types of settings and by near and dear ones and strangers, to both girls and boys. It is further aggravated by Police and criminal justice system, which discourage victims to register complaints or encourage victims or their families to seek a settlement. Convictions are rare and cases can languish in the country's criminal and judicial process for years (46).

Abduction/ Missing Children

Five year old Ammar was kidnapped for ransom in Larkana when he was playing in a ground near his house in March 2012. The boy died of a tranquilizer overdose and his body was recovered from a house in a nearby colony. Abduction of children stood out as one of the new trends in child rights violations in Pakistan. According to Roshni Helpline, 2317 children reportedly were missing in year 2012 from the jurisdiction of 106 police stations in 20 towns of Karachi. Children are kidnapped for ransom or for sexual exploitation and, some children were killed after being kidnapped. According to the CRLC, the average age of abducted children ranges from 3 to 14 years.

Street Children

No survey has yet been made to gauge the exact number of street children in Sindh, but rough estimates quote as much as 10,000 in Karachi (47). The Minister of Social Welfare admitted to the figure of 7,000 in her interview with the media. A study conducted on street children in Hyderabad reveals that a large number of street children were involved in shoe polishing, begging and picking up garbage. Majority of children migrated from different parts of Sindh and were living on the streets for years, while others were forced on the street in the aftermath of floods in 2010 (48).

A large majority of these children work on the streets and return home at the end of the day while thousands others sleep in filthy sewage pipes, open parks or bus/train stations. Extortion, verbal and physical abuse from the general public and the police, in particular, are daily threats for street children, damaging their self-esteem, confidence, respect and dignity. They are treated like scum and excluded and ostracised (49). Hours spent in garbage dumps or selling sex leave the children feeling both physically and emotionally dirty.

In 2007, Azad Foundation and City District Government of Karachi (CDGK) collaborated and established Dehleez a shelter for street children in Karachi. The land was provided by the government, and construction was borne by Azad Foundation. Dehleez has the capacity to accommodate 50 children at a time. It provides street children, in transition phase, rehabilitation and social reintegration with services such as formal education, life skills, medical care, clothes, psychosocial Counseling, shelter/ residence.

Child Marriages

An alarmingly high number of child marriages in Pakistan take place in Sindh because girls are rarely wed outside the clan. Unfortunately, reliable statistics on the phenomenon are unavailable. Sahil identified 103 cases of child marriages throughout Pakistan reported in media in 2014. Of the total cases, 53 per cent cases of child marriages were reported from Sindh alone. The phenomenon is also more prevalent in interior Sindh.

Sujag Sansar Organisation, an NGO working in Dadu, carried out a survey in five villages of Dadu to study the causes of child marriages in Sindh. The NGO spoke to 5,202 people from 668 families. The main reason cited was exchange marriages (*Watta Satta*), within the family, compulsion to marry/sell under-age girls to older men due to poverty or monetary considerations. Another reason cited was to keep the young boys tied down with family responsibilities and deter them from a life of drugs and crime.

Honour Killings

Honour killing, also known as *karo-kari*, is a part of Sindh's tradition. Once a girl is labelled a *Kari*, male family members feel justified in killing her as well as the co-accused, *Karo*, to restore family "honour". In most cases the victim is a female, and the murderer a male. According to a report, 'VAW in Pakistan- a qualitative review of statistics 2011' 266 cases of honour killings were reported in Sindh in year 2011.

Honour killings may be perpetrated on victims due to alleged marital infidelity, refusal to submit to an arranged marriage, demanding a divorce, perceived flirtatious behaviour, and rape. Often suspicion and accusations alone are considered enough to defile a family's honour and, therefore, enough to warrant the killing of the girl child/woman. Despite legislative measures by the government, it has so far failed to stop incidents of honour killings, which are routinely reported in daily newspapers.

The Sindh Police undertook some measures to improve police officials' efficiency for handling cases of honour killings. The Police established special karokari (honour killing) cells in Sukkar, Naushero Feroz, Khairpur and Ghotki districts, and set up victim support helpline (111-123-588).

Birth Registration

Birth registration is low in Sindh, particularly in rural areas. According to PDHS 2012-13, 25 per cent of children less than 5 years are registered. According to NADRA, 2,547,431 children have been issued child registration certificates in different districts of Sindh (October 2014). In the absence of any recent census, it is difficult to estimate the exact number of children registered by NADRA or local union councils. Reasons for low-birth registration are complex and varied, including a lack of awareness of the importance of registration, expense and distance. There are many villages where adults do not have National Identity Cards in Sindh.

Conclusion & Recommendations

The situation of children in Sindh is no way better than what is found in the rest of the country. The disparity in social indicators, between urban and rural Sindh, is immense and the literacy rate, although higher as compared to other provinces, is in no way a reflection that Sindh is faring better. It is mainly due to Karachi that figures look slightly better.

The situation in interior Sindh is very poor and distressing, whether it is education or health. Added to the many problems afflicting the province, the floods in 2010 and 2011 which caused colossal destruction, displacement, deaths, and the spread of diseases, have sharply focused on the sorry state of people in Sindh. With contaminated wells and other sources of drinking water due to flood water, the poor sanitation and hygiene conditions have contributed to the spread of waterborne diseases such as diarrhoea and other related health problems. The floods created new vulnerabilities while exacerbating the existing ones.

Sindh has to redefine its priorities in order to improve its health sector by averting the dual epidemic of communicable and non-communicable diseases, augmenting mother and child health facilities, improving routine immunisation coverage, adopting a holistic approach to combat poverty, and developing protocols for meeting mass emergencies.

The situation in Sindh does not bode well for children who are the worst off in any eventuality. All their rights are compromised, as manifested in both urban and rural areas, in regard to their education, health care, recreation, safety and security, and they are pushed into child labour, anti-social activities, misdeeds and crime. If children are to be saved, the government must take

serious note of the existing situation and take measures and actions to alleviate deprivation and want, and create a safe and secure environment for them.

Recommendations

Strengthen Sindh Child Protection Authority

1: Child Protection Authority Act is an important piece of legislation, which should be implemented in letter and spirit. The Authority should be strengthened with human and financial resources to build a child protection system in Sindh otherwise by simply passing a law will not bring change in the lives of children.

Inter-Agency Network on Child Protection

2: There should be an inter-agency network on child rights/protection that would include focal persons designated by the agencies, departments and organisations. Inter-agency reporting, referral procedures and resource sharing should clearly identify roles and responsibilities of individual organisations within the system which must be agreed upon by all the stakeholders. There should also be an approved process by which the effectiveness of the inter-agency system can be monitored and evaluated.

Approve and Implement Provincial Plan of Action on Children

3: It is positive that Government of Sindh is drafting the Provincial Plan of Action on Children. Sindh Child Protection Authority should ensure that there is engagement and ownership of different department and agencies. Efforts should be made for approval of Action Plan and mobilizing resources on priority basis.

Child Labour Survey

4: It is recommended that the government of Sindh should conduct a full scale survey on the prevalence of child labour in the province. The last national survey was conducted in 1996, which is no longer valid. Post 18th Constitutional amendment, labour affairs were delegated to provinces and it is important for the department to initiate the survey without looking at the federal government or other provinces.

Improve the Health Care System for Children

5: The government needs to increase allocations to the health sector, reduce significantly infant, neonatal, under-5 and maternal mortality rates through adequate antenatal and postnatal care. It should take, as a matter of urgency, necessary measures to address preventable health problems among children, including malnutrition, TB, malaria, diarrhoea, acute respiratory diseases, measles, etc. Interventions to reduce micro-nutrient deficiencies must be put in place to reduce the burden of malnutrition. Medical staff must be improved and upgraded with incentives to work in remote areas of the region.

Law for Compulsory Immunisation

6: It is recommended that the government of Sindh must enact a law to make immunisation compulsory in order to save maximum number of children from preventable diseases. The

government can also introduce incentive schemes, such as free counselling on child care, free check-up for mothers, etc.

Upgrade Rural Health Services

7: The Health sector in Sindh requires special attention and resources, particularly in rural areas. To provide health facilities, the government should, as a matter of urgency, develop comprehensive schemes to increase medical personnel, infrastructure, vaccination centres and clinics, and mobile vaccination teams to maximize EPI coverage, establish laboratories, and introduce strict monitoring mechanisms to help women and children and reduce considerably the MMR and IMR.

Public Awareness Campaigns to Prevent Harmful Traditional Practices

8: Public awareness campaigns must be launched to bring about behavioural change against harmful traditional practices, including discrimination against the girl child, lack of adequate nutrition, and access to health services and education.

Promote Birth Registration

9: The Government of Sindh should remove structural obstacles to birth registration and simplify the procedures of birth registration in order to cover all persons in the country. Birth registration systems need to be flexible in recognition of the difficulties and differences in people's lives, and must do more to make the process accessible. In remote rural communities, decentralised birth registration systems and mobile registration can help improve accessibility. Free registration and birth certification make birth registration possible for poorer people. The cost of registration is mentioned time and time again as a barrier to registering children. Integration of birth registration into existing public services such as primary health care, immunisation and school enrollment is a cost-effective, efficient and sustainable way of ensuring birth registration and complete. Furthermore, timely and accurate registrations of births and deaths are crucial for understanding population dynamics and planning effective development programmes.

Vocational Training for Children

10: It is recommended that the government set up vocational training centres for children to engage out-of-school children in work and develop skill-based resource. Vocational training can also be provided for children along with education. At the same time, the government needs to create opportunities for employment for skilled youth. This could be one way to discourage and combat child labour.

School Health Services

11: The Department of Health, in collaboration with the Education Department, should develop "healthy schools" in conformity with the recommendations of WHO that include effective health and environment education, policies and practices that promote and protect health, parental and teacher involvement, child participation in school management, promotion of physical education, recreation and sport, and school medical services that emphasise prevention.

Improve the Standard of Education

12: To improve the standard of education, which is essential, it is recommended that teachers' morale be enhanced involving the community at various levels and improving head teachers' capacity to perform, establish a province-based examination regulatory authority for primary and elementary schools to ensure standardised exams and periodic testing, focusing on quality across schools and districts.

Enforcement of Compulsory Education Law

13: Sindh government has done really well by passing the law on compulsory and free education. Now the government needs to take steps to implement and enforce the law, and needs to find ways and means to ensure free and compulsory education for all children aged 5 to 16 years. In order to promote education, the government should provide additional financial support to students coming from economically disadvantaged families.

Child Protection Committees in Hospitals

14: It is recommended that Child Protection Committees be instituted in all hospitals. It should be made mandatory for all doctors, and especially pediatricians, to inform the committee if a case of child abuse has been identified. Doctors and paramedics must be trained on child rights, and should have knowledge to recognise signs of child abuse and exploitation.

Setting-Up Child Care Institutions

15: The government should establish child care institutions on its own or in collaboration with civil society organisations. The government should notify minimum care standards for children's homes/child-care institutions and set up monitoring systems to ensure that minimum standards are being followed. In case of failure, strict action should be taken to ensure that children's rights are not compromised. The government should encourage civil society organisations to establish care centres and make it easy to acquire license for these centres.

Develop a Child Friendly Justice System

16: In order to develop a child friendly justice system, the police should be trained to treat child offenders in a humane manner, reporting the crime with compassion, and ensuring that the child's security and safety is secured during investigations. The probation system should also be strengthened to offset an offender's entry in jail through a quick release there from.

Diversion Schemes

17: The majority of child offenders come from poor and abused backgrounds. To help save these children from further abuse and exploitation, it is recommended that diversion schemes are introduced and promoted such as pre-trial release where the child is released without a trial, but with a warning and limitations, release on probation, work in the community for a certain number of hours, etc.

Activating and Strengthening Courts' Role

18: Going to court can be a difficult and frightening experience for children whether they are victims, witnesses or offenders. It is recommended that separate courts be notified that deal only

with children's issues. Exclusive Juvenile Courts can be notified under the JJSO by the Sindh High Court.

Improve Remand Home, YOIS

19: It is recommended that the government improve Remand Home and Youthful Offenders Industrial Schools and ensure children's rights to education, healthcare, development, reformation and reintegration. The institutions must be closely and strictly monitored to check violations and exploitation.

Set up Exclusive Desks dealing with Children's Cases

20: It is recommended that a child rights desk should be set up in all the police stations of Sindh. The desk should deal exclusively with children's cases (offenders and victims) directly reported to the police station. Preferably, the desks should be set up separately; police officers should not be in uniform when dealing with children and they should be trained in child rights and to deal with offenders/victims with compassion.

Social Mobilisation on Child Rights

21: It is recommended that massive social mobilisation and awareness campaigns need to be carried out while respecting the social norms and traditions of the area, and bring about change in the mindset for the welfare of men, women, and specifically of children in rural Sindh which is still in the clutches of feudal lords, jirgas and medieval traditions and customs.

Appointment of Counsellors in Schools

22: Qualified counsellors should be appointed in schools to deal with children's problems in and outside of school. They can provide an avenue for children to share their problems and grievances, and can be one way to control high drop-outs from schools.

Introduce Child Rights in Police and Judicial Academies Curricula

23: It is recommended that existing legislations on Child Rights, especially ECA, JJSO and other child related legislation, is incorporated in the curricula of police and judicial academies, from junior to senior level. Some efforts have been made by CSOs in Sindh which needs to be institutionalised. This will help to sensitise officers on child rights and help in discharging their duties.

Improve Labour Inspection System

24: It is recommended that vigilance committees and a labour inspection system must be promoted and made effective in Sindh for the wellbeing of child labourers. Cases should be filed, investigated and a decision taken, and violators be penalised if found guilty of child rights violations. Child Labour issue should not remain under DLO/ Labour Department, rather Chief secretary should give powers to the Assistant Commissioner to implement the policy at the Tehsil level.

Build a Knowledge-base on Children's Issues

25: One of the major impediments in the promotion and protection of children is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. A comprehensive monitoring mechanism should be established to collect data, disaggregated by sex, age, and rural and urban areas. The unit should be self-sufficient in human and financial resources. In addition, all policies, initiatives and services should be monitored and impact assessed. A Research/Statistical Department should be established to carry out authentic and updated surveys and data collection on children's issues.

Child Helplines

Child helplines not only provide children with their fundamental right to be heard, but they also play an instrumental role in shaping, strengthening and filling the gaps of existing child protection systems. In many countries, child helplines are often a young person's first point of contact with child protection services and the most trusted and accessible gateway for them to find help. Child helplines can be an important avenue for children to report incidents of violence and abuse directly. In situations where family members and close relatives also perpetrate violence against children, direct and secure access to law enforcement bodies and child protection systems that allow reporting of such violence become indispensable.

Helplines are in the unique position of being privy to children's true voices without being censored and filtered in any way. These systems are not limited to telephone lines: they allow a variety of communication methods, including telephone services; mobile phone text messaging; online communication via email, chat and forums; drop boxes in schools; post; and radio. In some countries, child helpline counsellors give counselling services and also link children to resources and emergency assistance when needed.

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Chapter 8: State of Children in Islamabad Capital Territory

Name of Province/ Region	Islamabad Capital Territory
Population (1)	1,441,000
Literacy Rate 10 yrs + (2)	82% (89% Male, 74% Female)
Net Enrollment Ratio (Primary level 5-9) (3)	71% (67% Boys, 76% Girls)
Gross Enrollment Ratio (Primary Level 5-9) (4)	89% (84% Boys, 95% Girls)
IMR (5)	35%
U5MR (6)	43%
MMR (7)	276
Children in Detention Centre (UT, Convicted)	N/A
Number of Children Released on Probation	0
Child Labour Participation Rate	Not Available

8.1 Introduction

Islamabad is the capital of Pakistan and has a population of nearly 1.44 million (1 million as per 1998 census) (8). It is divided into two parts; urban and rural Islamabad. Urban Islamabad includes the institutional and industrial area, and rural Islamabad comprises 133 villages, and administratively consists of 12 Union Councils (9). Islamabad is the only planned city of Pakistan.

On January 1, 1981, administrative functions were assumed by the Federal Government with direct administration by the President or an Administrator appointed by him. The Islamabad Administration was established and assigned all the powers and functions of a Provincial Government (10).

Islamabad is home to migrants from all over Pakistan and has a cultural and religious diversity of considerable antiquity. Due to the ethnic mix of the population, Urdu, the national and first official language of the country, is the most commonly spoken language, although it is the mother tongue of only 8 per cent of the inhabitants of this city. Other languages include Punjabi, Pashto, Potohari, and of course, English, the other official language of the state. About 72 per cent of the population speaks Punjabi (11), and ten per cent speak Pushto. The remaining 8 per cent speak a variety of other languages. Muslims make up 95.53 per cent of the population, and Christians comprise 4.07 per cent (12).

Islamabad is the most developed part of Pakistan, with the highest literacy rate at 82 per cent; 89 per cent for males, and 74 per cent for females (13). There are 17 recognised universities in

Islamabad. The industrial base of Islamabad is limited with the majority of people employed in the government and private services. Islamabad contributes one per cent to the country's GDP. The majority of donor agencies and international NGOs are also based in Islamabad.

8.2 Policy and Legal Framework

There are no specific policies for Islamabad Capital Territory (ICT). All national policies are de facto enforced in the ICT. The NCCWD drafted the Child Protection Policy for ICT in 2011. The Policy is still awaiting the approval from the government.

Law-making for ICT rests with the National Assembly and Senate. After 18th Amendment, the federal government's role in law making is limited to issues covered in the Federal Legislative List, ICT and FATA. All federal laws are de facto enforced in ICT.

Right to Free and Compulsory Education Act, 2012

The Act aims to provide free and compulsory education as a fundamental right to every child regardless of sex, nationality or race. The Act provides compulsory education for all children of the age 5-16 in schools established by the federal government and local government in Islamabad Capital Territory (ICT). No school, other than a school established owned or controlled by the appropriate government, after the commencement of this Act, be established or function, without obtaining a certificate of registration from the prescribed authority. Any person who establishes or runs a school without obtaining certificate of registration or continues to run a school after withdrawal of registration, shall be liable to fine which may extend to two hundred thousand rupees and in case of continuing contraventions, to a fine of twenty five thousand rupees for each day. Parents who would refuse to send their children to schools would be fined with penalty of 25,000 rupees and three month imprisonment. The law also repealed ICT Compulsory Primary Education Ordinance, 2002. Implementation of law is dependent on rules which have not been formulated.

8.3 Institutional Arrangements for Child Protection

Before the 18th Amendment, the Ministry of Social Welfare (MoSW) was responsible for direct interventions in the ICT. Within the ministry, the NCCWD was the unit responsible for child rights and child related interventions. After devolution, the NCCWD was first transferred and given under the control of the Capital Administration and Development Division (CADD), but later in 2011, the NCCWD was eventually made part of the Ministry of Law, Justice and Human Rights.

National Child Protection Centre (NCPC)

The National Child Protection Centre (NCPC) was established in 2007 by the NCCWD to provide temporary shelter to homeless, street and runaway children, child beggars and lost children in Islamabad. The Centre offers counselling, referral services; temporary shelter, non-formal education and vocational training, legal and medical aid. In addition it helps children in rehabilitation, reunification and reintegration of these children. According to the NCPC (March

2015), the center had so far reunified 3,586 children with their families since its inception in 2007 (14).

National Child Protection Centre (NCPC) has started a help-line for registering complaints against child rights violations. The help-line 080011515 will be available 24 hours a day, and according to an NCPC official, the help line is aimed at protecting children who are vulnerable to a number of evils if trapped by people involved in criminal and immoral activities (15). A school (OSCS) is established within NCPC premises to impart quality education to poor and needy children. There were 85 regular students (girls and boys) all coming from extremely poor homes and mostly broken families in September 2014.

The temporary shelter given to children is, however, without legal cover. There is no federal law that allows orphanages or child protection institutions to be set up in the federal capital. The NCPC has also been shifted to the Ministry of Human Rights although it would have been more plausible for NCPC to continue under the CADD for two reasons; one, it could have filled the void of an organisation responsible for child rights in the ICT, and secondly, it is providing services to children, being basically CADD's mandate. It is important that legislation is introduced in the ICT, providing mechanisms and regulations for managing child protection institutes.

Office of the National Commissioner for Children (ONCC)/ Federal Ombudsman

The institution of the Ombudsman was established at the federal level in 1983. The Wafaqi Mohtasib of Pakistan established a CCO in 2009 in the Wafaqi Mohtasib's (Ombudsman) Secretariat, in collaboration with UNICEF, under the Responsible, Enabling and Accountable Systems for Children's Rights (REACH) project.

The CCO was upgraded to the Office of the National Commissioner for Children (ONCC) after endorsement of the recommendations of the consultancy report on the 'Way Forward of CCOs and a Child Ombuds-System in Pakistan' (conducted by Mr. Hiermann, the former Child Ombudsman of Norway) (16). The Head of Federal CCO, Mr. Ejaz Ahmad Qureshi; former Chief Secretary Sindh and Khyber Pakhtunkhwa, was appointed as the National Commissioner for Children (NCC).

The ONCC provides a dedicated mechanism for receiving and resolving complaints from and about children against maladministration of government agencies. The WMS's Complaint Management Information System (CMIS) has been amended to register and track children's complaints separately in order to provide speedy redress. Amendments to the WMS regulations, such as the removal of NIC number requirement in the complaint forms for children, have been made to make the office accessible to children (16). The eight regional offices in different cities namely Peshawar, Dera Ismail Khan, Lahore, Faisalabad, Multan, Quetta, Sukkur and Karachi under the WMS have designated Investigating Officers/Advisors for handling complaints pertaining to children.

The ONCC is the first of its kind not only in Pakistan but in South Asia, and is now functioning with a broadened mandate. It works on individual complaints as well as systemic issues, takes initiative

of suo moto cases, coordinates with the provinces for joint initiatives, knowledge sharing of best practices with stake holders, re-designating Investigation Officers for handling Children's Complaints at the Wafaqi Mohtasib Regional Offices and greater engagement of children in the office's work (17).

The designation of NCC at federal level was then followed by appointment of Provincial Commissioners for Children (PCCs). The Punjab, Khyber Pakhtunkhwa, Sindh, Balochistan and AJK Ombudsmen offices have already done it.

CCO/ONCC has received 620 children complaints from between 2009 to 2013 against various Federal agencies. Out of the total, 311 complaints falling in federal jurisdiction had been resolved, while the remaining related to the provincial domain were sent to Provincial Ombudsmen. ONCC received a total of 114 complaints in 2014 (18).

Non-Issuance of B-Form

A school boy, who lost both his parents in his infancy, lodged a complaint against NADRA for not issuing him a B-Form. As a result of non-issuance of B-Form, the boy, a scholarship student in class 9th, was not being issued a roll number slip to take his exams under the Board of Intermediates and Secondary Education (BISE) rules. It was learnt that the boy's guardian was his grandfather, who was unable to obtain a formal guardianship certificate due to being uneducated. The certificate is required by NADRA to enable them to issue a B-Form.

Investigating officer of ONCC took up the matter with the BISE and NADRA as well as the relevant Civil Judge. As a result, a guardianship certificate was obtained and submitted to NADRA for approval. This enabled him to get B-Form and BISE allowed the complainant to sit for his exams.

Source: Office of the National Commissioner for Children, Islamabad

National Committee on Children

The committee was constituted by the Federal Ombudsman in Dec 2014 with a specific aim to formulate and coordinate policies on child rights and child protection among federal and provincial ombudsmen (19). Keeping in view the importance of education and health facilities, the committee would recommend policies on better education, better health care and better environment for children. The committee will also recommend measures for ensuring compliance of policy decisions, guidelines or instructions to promote and protect rights of the children. It would further ensure that there should be laws for protection of children in each province.

8.4 Education

According to NEMIS 2013-14, a total of 323,158 children (50% males, 50% females) are enrolled in public and private institutes of Islamabad Capital Territory from pre-primary to degree colleges. Of the total enrollment, 45% students are studying in urban locations whereas the enrollment in rural areas is 55%. The enrollment of children in ICT has increased by 7.5 per cent in two years. It is worth noting that 35% of ICT population is studying in private schools.

Enrollment in Formal Schools in ICT			
	Boys	Girls	Total
Pre- Primary	28154	25656	53810
Primary	62838	60964	123802
Middle	33302	33942	67244
High	18372	18728	37100
High Secondary	11018	14053	25071
Degree	8030	8101	16131
Total	161714	161444	323158

Source: NEMIS 2013-14

The percentage of female enrollment reflects the equity in education system of the country. ICT has the best percentage of female enrollment throughout Pakistan with 50% at pre-primary, 50% at primary, 51% at middle and 53% at upper secondary level.

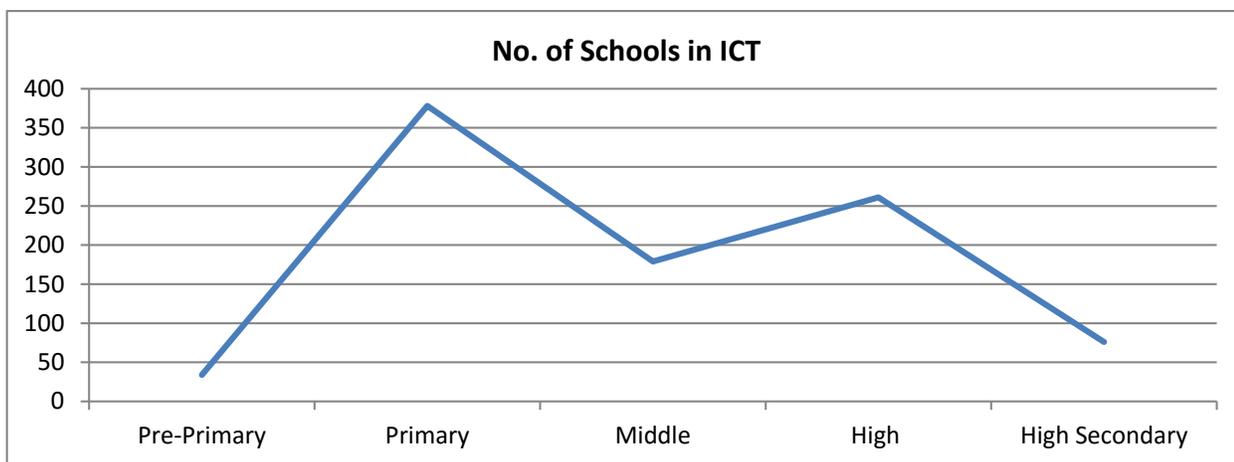
According to NEMIS 2012-13, there are 42,161 children in ICT of primary school age who are out of schools. Boys' population of out of school children is higher than girls', unlike the rest of country. According to ASER 2014 survey conducted, 1% of children (age 6-16) is reported to be out-of-school in rural areas of ICT in 2014.

Primary Out of School Children 2012-13 in ICT		
Male	Female	Total
25427	16734	42161

NEMIS 2012-13 & NIPS 2001-2015 Projection

Educational Institutions

According to NEMIS 2013-14, there are 981 institutions imparting education to **323,158** students in ICT. There are 226 educational institutes for boys, 221 for girls and 534 institutions are mix. The number of schools running in urban areas is slightly higher than that in the rural areas; however, the enrollment in rural areas is higher than in the urban areas. Of the total of 981 institutes in ICT, 465 are in the rural areas and the rest 485 are in the urban locations. Out of 981



educational institutes in ICT, 554 institutes (56%) are private. NEMIS 2011-12 and NEMIS 2013-14 reveal that 54 new educational institutions (6%) have been established in ICT, over two years, to respond to increasing demand of schools.

Educational Institutions in ICT						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre-Primary	30	4			34	34
Primary	203	175	117	77	184	378
Middle	76	103	24	37	118	179
High	100	161	49	57	155	261
High Secondary	59	17	20	29	27	76
Inter College	11	1	8	8	9	25
Degree College	6	4	8	13	7	28
Total	485	465	226	221	534	981

Source: NEMIS 2013-14

In addition to the regular and formal schools, there are 10,614 children (5426 boys, 5188 girls) enrolled in 248 Basic Education Community Schools and 12,580 children (5241 males, 7339 females) are enrolled in 46 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the region (26). There are no NCHD schools in ICT. The comparison of data (NEMIS 2011-12 and NEMIS 2013-14) shows 4% increase in the enrollment of Deeni Madaris and 19% increase in BECS enrollment, over two years.

Non-Formal Educational Institutions in ICT				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	248	5426	5188	10,614
Deeni Madaris	46	5,241	7339	12,580

Source: NEMIS 2013-14

A survey, jointly conducted by the CDA and local administration/police in June 2011, revealed that there were 56 mosques and 153 *madaris* (seminaries) in the federal capital and majority of them were “unauthorised”. According to the Former Federal Minister for Religious Affairs, the ICT has the maximum number of seminaries, in terms of ratio to the population. Every mosque in the city has a madrasa attached to it, although legally there is no provision for a seminary with a mosque. The government looks hesitant to take action to avoid violent reaction by clerics and madaris students.

Gross Enrollment Ratio and Net Enrollment Ratio

In ICT, gross enrollment ratio in primary education is 89.3% (83.9% boys, 95.2% girls). GER has slipped in ICT over a decade due to rise in population estimates for the primary age group (5-9 years) as absolute number of enrolled children reflects no dip any year. Similar trend is observed in net enrollment rates which are at 71.4% (67.1% boys, 76.2 girls). NER are lower than GER indicating a large number of over-age children in primary classes.

The GER in secondary education is 86.4% (79.9% boys, 93.5% girls), and NER in secondary education is 69.2% (63.9% boys, 74.8% girls)

Gender Parity Index

According to the Pakistan Education Atlas 2013, the Gender Parity Index, for primary school, of girls to boys has been reported at 1.06 (public schools). GPI ratio in secondary schools is reported at 1.11 (public schools) and at youth literacy aged 15 years and above, it is 0.81.

Pupil Teacher Ratio (PTR)

PTR is an indicator of education quality and low number of students per teacher indicate that students have a better chance to contact with the teachers and hence a better teaching learning process. According to NEMIS 2013-14, the Pupil Teacher Ratio in ICT is: 16 at pre-primary level, 28 at primary level, 40 at middle level and 39 at upper secondary level.

Survival Rates

It illustrates the situation regarding retention of pupils from their admissions up to grade V in *schools*. The survival rates of ICT are the highest, understandably due to better equipped schools and well trained teachers. According to NEMIS 2012-13, almost 100% of the graduating

primary school enroll in secondary education. This is possibly due to the Federal Government's ability to provide sufficient secondary facilities to absorb all primary graduates.

Survival Rates to Grade 5 from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
ICT	92%	71%	68%	82%
- Male	97%	63%	61%	73%
- Female	85%	82%	76%	84%

NEMIS 2001-13

Drop-outs in ICT

The overall dropout rates of ICT are 18 per cent in primary education (27% boys, 16% girls). Dropout rates are higher among boys, of whom 27% dropout before completing primary education. Dropout rates have decreased in 2012-13, which used to be high before. Statistics for 2005-06 and 2009-10 show that overall dropout rates were almost 30% of primary students and 40% of boys used to dropout before completing primary education. According to NEMIS 2012-13, drop-outs in ICT are 3% at grade-1, 5% at grade-2, 4% at grade-3, 6% at grade-4 and 0% at grade-5. Drop-outs in Grade-5 remain at 0% highlighting that students adjust well when they are in their final year of primary school.

Dropout Rate in Primary Education from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
ICT	8%	29%	32%	18%
- Male	3%	37%	39%	27%
- Female	15%	18%	24%	16%

Quality of Education in ICT

ASER Survey 2014 identifies several weaknesses in the quality of education and facilities offered to students in ICT. The survey reveals that learning levels of children have deteriorated in schools located in rural ICT. In ICT, 50% children of class 5 cannot read a class 2 story in Urdu compared to 39% in 2013, 58% children of class 5 cannot read English sentences (class 2 level) compared to 40% in 2013, and 60% children of class 5 cannot do two digit arithmetic division as compared to 48% in 2013. Gender gap in learning continues: boys outperform girls in literacy and numeracy skills. According to survey findings, 65% of boys can read at least sentences in Urdu as compared to 61% of girls, 77% boys can read at least English words while 75% of girls can do the same, and 69% of boys are able to do at least subtraction whereas only 68% girls can do it. Teacher absenteeism affects quality of education also as 9% children in surveyed government schools and 8% in surveyed private schools were absent. The survey also reveals that 11% schools are without drinking water, 11% are without complete boundary walls and 22% are without playgrounds.

The National Basic Education Policy Programme 2010-2015

The quality in basic education in Pakistan remains a huge challenge despite the fact that an improvement in school enrollment and retention has been achieved in recent years. Funded by GIZ, the National Basic Education Policy Programme (2010-2015) focuses on capacity development and advisory assistance to government counterparts. It has adopted a holistic approach of education sector reform, emphasising capacity development at individual, organisational, and institutional level. Component 1 of the Project aims to improve the general institutional framework and governance in the education sector and to expand capacity accordingly. Its main priority is to introduce and establish strategic planning, particularly in ICT, in order to implement the 'Education Sector Plan' (ESP) effectively. Based on this, it also advises its partners in selected provinces and areas on ways to develop internal coordination mechanisms. Component 2 focuses on introducing mechanisms for implementing the curriculum and textbook reform, working within the 'Curriculum Implementation Framework' (CIF). This framework had been developed and approved by all the provincial education ministers as a national reference. The project facilitates counterpart institutions in adapting the national CIF to the specific conditions and requirements of the provinces/areas. According to experts, this project must continue beyond its project life to reap the benefits of investment in education.

Tangible progress has been achieved in following areas: (i) Improved governance in Islamabad Capital Territory; (ii) Strengthening monitoring and EMIS; (iii) Improved inter-institutional coordination; (iv) National quality standards and knowledge-sharing: revival of inter-provincial coordination; (v) Curriculum Implementation Framework (CIF) adapted to the specific conditions and requirements of provinces/areas (vi) Increased use of resource centres; (vii) Assessment aligned to curriculum in ICT.

8.5 Health and Nutrition

Mortality Rates

According to the Pakistan Demographic and Health survey 2012-2013, child mortality rates in Islamabad Capital Territory are as follows:

- Infant mortality rate is 35 per 1000 live births
- Neonatal mortality rate is 26 per 1000 live births
- Under-five mortality rate is 43 per 1000 live births

Islamabad Capital Territory has the lowest child mortality rates in Pakistan. Maternal mortality rate is estimated around 275 deaths per 100,000 live births (20).

Immunisation

According to findings of Pakistan Demographics and Health Survey 2012-13, 74 per cent of children, aged 12-23 months, in Islamabad had been fully immunised by the time of the survey. With regard to specific vaccines, 97 per cent of children had received the BCG immunisation and

85 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines was 95 per cent and 97 per cent respectively, and 91 per cent and 86 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a drop out of 5 per cent and 11 per cent respectively, between the first and third dose of DPT and polio vaccines. Three per cent of children did not receive any vaccine at all.

Immunisation Coverage in Islamabad Capital Territory												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
ICT	BCG	1	2	3	0	1	2	3	Measles			
Total	96.5	95.1	93.2	91.2	90.9	97.0	89.4	85.6	85.2	73.9	2.7	52.6
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

Pakistan Demographics and Health Survey 2012-13

Diarrhoea and Oral Re-hydration treatment

The PDHS 2012-13 reveals that in ICT, 21 per cent aged less than five years, had diarrhoea in two weeks prior to the survey. Only 1 per cent children had diarrhoea with blood. This condition is normally treated with oral rehydration therapy (ORT). Seventy seven per cent children who had diarrhoea received ORS or Government recommended home-made fluids, while 9 per cent received no treatment at all.

Acute Respiratory Infections

All ARI cases assessed by health workers are classified into one of the following categories: severe or very severe pneumonia, pneumonia, or no pneumonia (cough and cold). In the 2012-13 PDHS, mothers of children under age 5 were asked whether, in the two weeks before the survey, these children had symptoms of ARI (cough with short, rapid breathing), fever, and diarrhoea. Nine per cent children, less than five years of age, were reported to have had symptoms of pneumonia during the two weeks preceding the survey. Of these, 67 per cent went to an appropriate health provider and treatment was sought. Thirty three per cent children with suspected pneumonia received antibiotics.

Malaria

Fever is a major manifestation of malaria. PDHS survey 2012-13 reveals that 41 per cent children less than 5 years of age suffered from fever in two weeks before the survey. Seventy three per cent took advice or treatment from Health Facility or provider. Twenty nine per cent took anti biotic drug for treatment of fever.

Nutritional Status of Children in ICT

The 2012-13 PDHS collected data on the nutritional status of children by measuring the height and weight of all children under age 5 years of age. According to survey findings in ICT, 22 per cent of children under age 5 are stunted, and 8 per cent are severely stunted. Overall, 13 per cent of children less than age 5 are wasted, and 14 per cent of children less than age 5 are underweight.

Infant and Young Child Feeding Practices (IYCF)

According to PDHS 2012 survey, 56 per cent of newborns in ICT were given something other than breast milk (prelacteal feed) during the first three days of life. Ninety-two per cent of children were reported to have been breastfed at some time, 20% per cent of children were reported to have been breastfed within one hour of time, and 75% per cent were breastfed within one day of birth. The data show that the median duration of any breastfeeding in ICT is 14.5 months and exclusive breastfeeding is 1.9 months.

PDHS 2012-13 reveals that only 35 per cent of breastfed children were fed in accord with the recommended guidelines, that is, given foods from four or more groups and fed the minimum number of times each day. Thirty-eight per cent of breastfed children and 51 per cent of non-breastfed children of ages 6-23 were fed foods from four or more food groups in the 24 hours preceding the survey.

Micronutrient Intake among Children

Vitamin A is an essential micronutrient for the immune system that plays an important role in maintaining the epithelial tissue in the body. PDHS 2012-13 reveals that 64 per cent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency (VAD). According to PDHS 2012-13, 51 per cent of children, aged 6-59 months, were given vitamin A supplements in the six months before the survey.

Iron is essential for cognitive development, and low iron intake can contribute to anemia. The results of the PDHS 2012-13 show that 59 per cent of children age 6-23 months consumed foods rich in iron in the 24 hours prior to the survey. As a means of assessing iron supplementation coverage, mothers were asked if their children under age 5 had received an iron tablet in the seven days prior to the survey. Survey findings reveal that, overall, only 9 per cent of children, aged 6-59 months, received iron supplementation.

Periodic deworming for organisms such as helminthes can improve children's micronutrient status. According to PDHS 2012-13, 20 per cent of children, aged 6-59 months, received deworming medication in the six months before the survey.

Micronutrient Intake among Mothers

Iron supplementation of women during pregnancy protects the mother and infant against anemia, which is considered a major cause of perinatal and maternal mortality. According to the

PDHS 2012-13, 32 per cent of women received a vitamin A dose during the postpartum period. Twenty per cent women did not take iron tablets or syrup during pregnancy of last birth. Percentage of women who took deworming medication during pregnancy of last birth was only 3.3 per cent.

Health Infrastructure and Services

According to the Federal Bureau of Statistics, there were 7 hospitals, 40 dispensaries, and three Maternity and Child Welfare Centres in the city with a total of 2253 beds in 2012. The Health Department of the Deputy Commissioner's Office is responsible for maintaining health facilities in the rural areas of ICT. There are 12 Basic Health Units (BHU), 3 Rural Health Centres (RHC) and 2 Laboratories working under the Health Department.

Pakistan Institute of Medical Sciences (PIMS)

The largest hospital in Islamabad is the Pakistan Institute of Medical Sciences (PIMS). It was established in 1985 as a teaching and doctor training institute. PIMS functions as a national reference centre and provides specialised diagnostic and curative services. The hospital has 30 major medical departments and is divided into five administrative branches. Islamabad Hospital is the major component with a 592 bed facility and 22 medical and surgical specialties. Islamabad has both public and private medical centres.

Children's Hospital, Islamabad

The Children's Hospital, with 230 beds, has been established under PIMS as a comprehensive and modern health facility. It is also a tertiary care referral centre for GB, AJK, Khyber Pakhtunkhwa, and northern parts of Punjab. It caters to the primary health care needs for the whole area through preventive and curative means. It serves as a focal point for training paramedics and other child health workers (21).

Maternal & Child Health Care Centre

The Mother & Child Health Care Centre, a training Institute, was established as an attached 125 bed hospital to address and overcome maternal and infant mortality rates by promoting "Safe Motherhood in Target Areas", and develop human resources for maternal health care in target areas (22).

A large majority of urban population in Islamabad has access to, and the requisite resources for availing treatment and consultation from private doctors, clinics, and hospitals which are in abundance, and the quality of service in these facilities is far better than in government hospitals.

It is surprising that the federal capital which is meant to set an example for other cities in terms of providing quality healthcare facilitates to its residents, lacks a hospital for rural areas, despite its establishment as a district in 1981. Due to the absence of healthcare facilities in the rural periphery, the two major public hospitals in urban Islamabad remain overburdened. According to the Pakistan Institute of Medical Sciences (PIMS) and Polyclinic Hospital's administrations, on an average, 80 to 85 per cent patients received by the hospitals' out-patient and inpatient departments every day, are from rural areas. There exist 14 Basic Health Units (BHUs) and three

Rural Health Centres (RHCs) in the 133 villages in the rural territory, nominally administered by 12 Union Councils, all are unable to provide the basic healthcare, because none is staffed or equipped fully. According to an official, the 500-bed Islamabad General Hospital (IGH) was to be established close to Taramri Chowk for rural residents, to provide healthcare services to around 500,000 residents of the capital's suburbs. It remains a pipe dream, and scarcity of funds is the hurdle in the hospital's construction.

8.6 Child Labour

The Capital has its own share of child labourers, and the number is increasing. A large number of them are migrants from adjoining areas of Islamabad, besides children of Afghan origin. Children, both boys and girls, are visible, near the traffic signals, begging, cleaning windshields, selling toys and other items. A large number of children as young as 12, and even less, are seen working in the roadside hotels, auto workshops, doing menial jobs in Karachi Company, F-10 Markaz, I-8 Markaz, Aabpara, Zero Point, Khadda Market, Peshawar Morr and across Faizabad (23). According to the NGO SPARC, every fourth house in Islamabad employs a child domestic worker.

A survey in a market place revealed that almost all the children were working due to growing poverty and high food prices (24). They were forced to work by their parents in order to supplement the family income. Most of the children interviewed said that they would prefer to study, but it was not possible due to dire financial constraints. The children told that they earned between Rs 900 to 1,000 a month, which was not enough to pay for their education as well as help their family fight poverty. The children demanded that the government provide free education, facilities at work, and reasonable pay to them.

Katchi Abadis or slums are huge spaces inhabited by the low economic groups who migrate to Islamabad in search of livelihoods. The houses, which generally comprise one or two rooms, a kitchen, and in some cases, a bathroom, are built illegally on uninhabited land situated near the sewerage streams that flow through the whole of Islamabad.

A study conducted by the National Child Protection Centre in 2009 to ascertain the living conditions of dwellers here also assessed child related issues, particularly child labour, health hazards, and cost of survival. The survey found that 85,981 people comprising 8 per cent of Islamabad's population live in 34 Katchi Abadis scattered in the developed sectors of Islamabad. A majority of the Katchi Abadi population are from central Punjab (mostly Christians), in addition to Potoharies, Sheikhs, Awans, etc.

Total children population living in Katchi Abadis was 39,338, out of which 10,739 (27.30%) was involved in child labour. Children here join the workforce at a young age. Thirty-nine (39) per cent child labourers were aged between 11-15 years, whereas 61 per cent were in the age group 16-18 years. Low literacy levels were due to poverty, inadequate schools within the communities, and difficulty in accessing other schools. The study revealed that 52 per cent children of school going age were not in schools. These are children who do not go to schools or are drop-outs. They start working by assisting their parents at work places. The majority of these children work as

domestic helpers, sanitary workers, rag pickers, etc. Only 15 per cent children were enrolled in different schemes for imparting education established within the communities such as Hut schools, private schools and madaris. Children, who were going to government, private and madaris outside of their community, were 33 per cent.

8.7 Juvenile Justice System

The crime ratio among juveniles in Islamabad is relatively low. According to Islamabad Police, 21 cases of juveniles were registered in 2010 and 25 cases in 2011. The figures increased in 2013 where 55 cases were registered and by the end of October in 2014, 38 cases were registered by Islamabad police against juveniles (25).

There is no jail in Islamabad. Children, who come in conflict with the law, are sent to Central Jail Rawalpindi commonly known as Adiala Jail. Their presence is reflected in the Juvenile offenders' population of Punjab. Adiala Jail in Rawalpindi is an overcrowded prison with a high level of security. About 5000 to 10000 prisoners (adults and juveniles) are kept in the jail against its capacity of 3,000 inmates. Children are kept in separate barracks, grouped in different age brackets. There are no separate and exclusive Juvenile courts for children in Islamabad.

Cases registered against Juveniles in ICT				
Head of Crime	YEAR 2014 (1 Jan- 31 Oct 2014)		YEAR 2013	
	Cases registered	Accused arrested	Cases registered	Accused arrested
Murder	0	0	2	2
Attempt Murder	0	0	0	0
Heart	5	7	7	10
Recovery	3	3	2	2
Zina	1	1	4	6
Prohibition	2	2	2	2
Fatal Accident	0	0	1	1
Non Fatal Accident	1	1	0	0
Arm Ordinance	2	2	7	7
Gambling	0	0	2	4
Cheating	0	0	3	3
Burglary Day	0	0	1	1
Burglary Night	1	1	2	2
Dacoity	0	0	2	4
Robbery	2	4	2	2
General Theft	4	4	5	7
Motorcycle Theft	3	5	1	1
Misc.	14	23	12	15
Total	38	53	55	69

Source: Islamabad Police (2014)

The police encounter a lot of problems in the absence of a jail or lock-up in Islamabad. The worst problem is transporting prisoners, both children and adults, from Central Jail Adiala to district courts of the twin cities for court hearings. Travelling this long distance poses a security hazard for prisoners, police, and the general public. In fact, child offenders have to spend long periods during travel cooped up in the van with adult prisoners which is not lawful, and jeopardises the child offender's safety and security (26).

The ground breaking of Islamabad model prison was performed in November 2013. Originally planned to be completed by the end of 2013, the Islamabad model prison project was conceived in 2009 and plans began to be prepared in 2011 but the land procurement was delayed. After taking the possession of land, it will be transferred to the ICT administration for construction of the Islamabad model prison. The site of prison is close to the village of Jhanghi Seydan, near Islamabad-Lahore motorway toll plaza. With a capacity for 2,000 prisoners the Islamabad prison will be divided into different classes (27).

8.8 Violence against Children

Violence against children takes place all over Pakistan, and Islamabad is no exception.

Street Children

Street children is a common sight in Islamabad although much less than other cities in Pakistan. There is no data available, but according to CSOs number of child beggars in the city is on the rise, as children are seen begging in markets, shopping centres, roads and streets, causing nuisance for the dwellers as well as for the commuters.

SPARC research on street children (2012) reveals that most of the children in Islamabad, working on the streets, go back to their homes in the evening. The major occupation of children is rag picking and selling it at "Kandi" which helps them earn around Rs. 100 per day. The number of children living on the street is very low in Islamabad, although some children sleep on the street off and on, mainly to collect enough money to take home. It was also found that the non-permanent street dwellers were relatively more vulnerable to sexual and physical abuse, drug addiction and conflict with the law. The overall health and hygiene conditions of street children were poor. Many children had open wounds on their hands, arms and feet, as they were accidentally cut by glass and other sharp objects while searching for useable goods in junk and garbage. Common diseases among them were scabies, cough and cold, fever and jaundice.

Child Sexual Abuse and Exploitation

Like in the rest of Pakistan, child sexual abuse takes place in Islamabad also. According to the Sahil Cruel Numbers, 134 cases of child sexual abuse were reported in 2013 and 90 cases in 2014 in ICT alone. This figure breaks a myth that sexual abuse only occurs in poor and uneducated families. The effects of child sexual abuse can be devastating on victims. Victims may feel significant distress and display a wide range of psychological symptoms, both short- and long-term. They may feel powerless, ashamed, and distrustful of others.

Corporal Punishment

Corporal Punishment is common in homes, schools, madaris, and work places. *In May 2012, 13 year old Aneeta Shaheen, resident of Islamabad, was severely punished by her teacher for allegedly talking during class. She was beaten repeatedly with a stick which caused a fracture in her shoulder.* Such cases of corporal punishment are reported, despite a ban of corporal punishment in schools from the Federal Directorate of Education. Presently there is no proper complaint and monitoring mechanism to enable students to report such cases. Corporal punishment is often reported in government schools, and largely forbidden in most of private schools. The best option for students of government schools, therefore is to report their complaints to ONCC.

Conclusion & Recommendations

Islamabad Capital Territory has the best literacy and health numbers. The reasons are simple: numbers are small and, being the Capital, here response time to situations is rapid; government initiatives are better planned and executed; and most importantly, both human and financial resources are readily available.

And yet, there are major gaps that need to be looked into. There is no data available on any child related issues such as diseases, child labour, abuse, exploitation, etc. The very presence of 34 Katchi Abadis (slums) in ICT means that violations of child rights are taking place. Children living in these slums are exposed to extremely unhygienic and unsanitary conditions, potentially giving rise to various diseases and health hazards. Many of these children are child labourers, and victims of abuse and exploitation. Proper data, once collected, will help ICT authorities to formulate plans and policies to curb violations of child rights, and expand educational and healthcare facilities to children living in Katchi Abadis, as well as to child migrants from the vicinity of these slums and remote areas.

There is no child protection system in the ICT, which has exposed the children of the capital to various hazards including exploitation in the worst forms of child labour, use of children for begging and various other forms of child abuse. The number of children living/working on the streets has witnessed a surge in the recent past.

Recommendations for ICT

Improve Data-base System for Children's Issues

1: One of the major impediments to the promotion and protection of children is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. It is recommended, as a matter of urgency, to establish a unit within the Pakistan Bureau of Statistics or appoint child rights experts and introduce child specific indicators in national surveys/research.

ICT Plan of Action on Children

2: It is recommended that the Federal Government develop an ICT Plan of Action on children and set tangible targets on education, health, and child protection.

Approval of ICT Child Protection Policy

3: The NCCWD has prepared a draft Policy on child protection. The Policy must be approved as early as possible and it should provide for clear and comprehensive strategies and framework to prevent child abuse and exploitation, and for rehabilitation and reintegration of child victims.

Enactment of Child Protection and Welfare Bill

4: There is no child protection law for ICT, which has exposed the children of the capital to various hazards including exploitation. Child Protection Bill has been pending with the National Assembly. It is recommended that the National Assembly pass the Child Protection and Welfare Bill to put in place a proper child protection system in the ICT.

Enforcement of Compulsory Education Law

5: The Federal Government should notify the rules of Compulsory Education Act 2012 to enforce it. Simply passing the law does not mean anything. Government must ensure that all children in ICT, between the ages of 5 to 16 years, are attending schools.

Amendments in the Employment of Children Act, 1991

6: The Federal Government should make amendments in the Employment of Children Act, 1991 to clearly define 14 years as the minimum age of admission to employment in all occupations, including child domestic labour. All children (under 18 years) should be prohibited from working in hazardous occupations and services. Amendments should be also made in the Rules accordingly.

Introduce a Labour Inspection System

7: It is recommended that a labour inspection system should be introduced to promote child-labour-free Islamabad city. Presently, there is no system for inspection of labour in the ICT. The Ministry of Human Resource must appoint labour inspectors to tackle child labour seriously and definitively.

Amendments to the Juvenile Justice System Ordinance, 2000

8: The Juvenile Justice System Ordinance 2000 aspires to protect juveniles who come in conflict with the law. The Federal Government should amend the JJSO to legally establish and notify remand home and borstal institutes. Amendments should also be made in the Rules accordingly. The Juvenile Justice System Ordinance, 2000 clearly states that a child offender should not be kept in prison or at a police station during his/her trial. It is recommended that the government establish Remand Homes to protect the offender in cases where inquiry is pending, and subsequently be shifted to a Borstal Institute in case of conviction, ensuring his/her rights to education, healthcare, development reformation, and reintegration.

Law to introduce uniform definition of Age of Child

9: Children in Pakistan face a myriad of problems in the absence of a definition of who is a child. It is recommended, as a matter of urgency, to enact a law which clearly defines a child as “any person below 18 years of age” for all aspects of the child rights and issues.

Introduction of Federal Bills for the Protection of Children

10: Different Bills on children (Criminal Amendment Bill, Corporal Punishment Bill, Child Marriage Restraint Amendment Bill, etc.) that were shelved due to the 18th Amendment should be tabled again in the National Assembly and Senate. Consultations must be held to raise the girl child’s marriageable age limit and resolve the conflict between the Child Marriage Restraint Act and Muslim laws.

Introduce Simplified Administration in ICT

11: There is a lack of clarity in the roles and responsibilities of different agencies in the ICT, following the passage of the 18th Amendment. It is recommended that all the dissolved ministries be given some representation in the ICT administrative setup. Service delivery should be given to CADD whereas policy making and oversight may be delegated to competent authorities. For instance, the National Child Protection Centre could be placed under CADD rather than NCCWD/ Ministry of Human Rights. Service delivery should not be confused with monitoring and oversight. It gives rise to a conflict of interest.

Improve Education Standards in Public Schools

12: It is recommended that the government, on a priority basis, should improve the quality and standard of education in government schools in the ICT. Good quality education with competent staff and administration will help in reducing the drop-out rate. It is also recommended that the government introduce and increase financial incentives for underprivileged children, provide safety nets, scholarships and stipends to encourage parents to send their children to school. Children without birth certificates should also be given admission provisionally.

Improving Health Services

13: To provide quality healthcare to the growing population in the ICT, it is imperative that both the number and services of the government hospitals be increased particularly for rural areas, and improved to satisfactory levels.

Recognition, Reporting and Helpline

14: To protect a child from abuse and exploitation, it is important that help is accessible to him/her easily and quickly and for those who are concerned and wish to help the child victim. A helpline should be set up for children or any other person can call and complain and the service can put them through to relevant agencies, provide guidance and free counselling to children.

Activating and Strengthening Courts’ Role

15: Going to court can be a difficult and frightening experience for children whether they are victims, witnesses or offenders. It is recommended that separate courts are notified in the ICT that deal only with children’s issues. Exclusive Juvenile Courts can be notified under the JJSO by the Islamabad High Court.

Set up Exclusive Desks dealing with Children's Cases

16: It is recommended that child rights desks are introduced in police stations of the ICT. The desk will deal exclusively with children's cases (offenders and victims) directly reported to the police station. Preferably, the desks should be set up in a separate area; police officers should not be in uniform, and they should be trained in child rights and to treat the offender/victim with compassion.

Child Protection Committees in Hospitals

17: It is recommended that Child protection Committees be instituted in all the hospitals of the ICT, both urban and rural. It should be made mandatory for all doctors, especially pediatricians, to inform the Committee when a case of child abuse has been identified. Doctors and paramedics must receive training on child rights and child protection.

Appointment of Counsellors in Schools

18: Qualified counsellors should be appointed in schools to deal with children's problems in and outside of school. It can provide children an avenue where they can share their problems and lodge their grievances.

Introduce Child Rights in Police and Judicial Academies Curricula

19: It is recommended that existing legislations on Child Rights, especially ECA, JJSO and other child related legislation, is incorporated in the curricula of police and judicial academies, from junior to senior level. This will help to sensitise officers on child rights and help in discharging their duties well.

Improve Birth Registration

20: To promote timely and efficient birth registration, it is recommended to develop a simple procedure and open more avenues for registration both in urban and rural areas of the ICT. For instance, a report-sharing system may be introduced in the maternity homes, hospitals and clinics, and NADRA to boost registration and accuracy. Added responsibility can be given to polio vaccinators to register birth registration during their field visits.

Pooling of Resources

21: A number of government departments do a duplicating work or have access to various child rights related information or services. It is recommended that all the departments concerned with child related issues pool their resources in terms of expertise, information, services, finances etc., to best serve the purpose of promoting and protecting child rights and in creating an environment where children can enjoy their rights.

Training Hotel Employees to Recognize Indicators of Child Sex Tourism

STELLIT is an NGO based in Saint-Petersburg, Russia working to assist both adults and children victims of commercial sexual exploitation.

Since 2007, STELLIT continues to advocate for the training of hotel/hospitality employees on the hotel compliance guidelines which protect the interests of children in hotels. In partnership with Saint-Petersburg hotels, community centres, and the Hotel Novotel Moscow Sheremetyevo Airport, STELLIT organises and coordinates the application of the Code of Conduct developed by ECPAT International, UNICEF, and the World Tourism Organization for the protection of children from sexual exploitation in travel and tourism.

Within this multilateral partnership, STELLIT provides trainings for employees on ethical policies regarding the prevention and detection of the commercial sexual exploitation of children and child sex tourism. In addition, STELLIT designs informative materials, provided to customers and travelers on the risks and realities of child sex tourism and the sexual exploitation of children.

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Chapter 9: State of Children in FATA

Name of Province/ Region	Federally Administered Tribal Areas (FATA)
Population (1)	4,516,000
Literacy Rate (Male, Female) (2)	24% (37% Male, 11% Female)
Net Enrollment Ratio (Primary level 5-9) (3)	32% (41% Boys, 23% Girls)
Gross Enrollment Ratio (Primary Level 5-9) (4)	39% (50% Boys, 29% Girls)
IMR (5)	86
U5MR (6)	104
MMR (7)	380
Children in Detention Centre (UT, Convicted)	N/A
Number of Children Released on Probation	N/A
Child Labour Participation Rate (8)	17% (5-14 years)

9.1 Introduction

The FATA is a semi-autonomous tribal region in the northwest of Pakistan. FATA consists of seven “political agencies”—Bajaur, Mohmand, Khyber, Orakzai, Kurram, North Waziristan, and South Waziristan—and six smaller zones called “Frontier Regions” (FRs) in the districts of Bannu, Dera Ismail Khan, Kohat, Lakki Marwat, Peshawar, and Tank (9). To the north and east, the tribal areas are bordered by Khyber-Pakhtunkhwa, while on the south is the province of Balochistan. In the south-east, FATA borders the province of Punjab. The Durand Line, which separates Pakistan from Afghanistan, forms the western border of FATA.

FATA has remained one of the most insular and isolated corners of the country, cut off from the mainstream of Pakistani society. The total population of FATA is estimated in 2014 to be about 4.5 million or roughly 2.40 per cent of Pakistan's population (10). Only 3.1 per cent of the population resides in established townships (11). It is thus the most rural administrative unit.

The demographics are unclear due to the on-going conflict in the region. Under (Article 1) of the Constitution, FATA is included among the “territories” of Pakistan. It is represented in the National Assembly and the Senate but remains under the direct executive authority of the President (Articles 51, 59, and 247). The Governor of Khyber Pakhtunkhwa exercises federal authority in FATA. Laws framed by the National Assembly do not apply here unless so ordered by the President. FATA is governed primarily through the Frontier Crimes Regulation (FCR), 1901. The Jurisdiction of the Supreme Court and High Courts of Pakistan does not extend here. Each tribal agency is administered by a Political Agent, assisted by a number of assistant political

agents, tehsildars (administrative head of a tehsil), and naib tehsildars (deputy tehsildar), as well as members from various local police (Khassadars) and security forces (levies, scouts).

In August 2011, the President of Pakistan signed amendments to the century-old Frontier Crimes Regulations 1901 that, for the first time, gave the people of FATA the right of appeal against decisions of the political agent. The President also signed the Extension of the Political Parties Order, 2002 to the tribal areas where political parties can operate freely and present their socio-economic programmes.

FATA is one of the least developed parts of Pakistan, in terms of social and physical infrastructure, such as education, health, electricity, roads and communications, and suffers from illiteracy, ignorance, poverty and extremism.

FATA makes up 1.5 per cent of Pakistan's economy (12). With a per capita income of \$663 in 2010, only 34 per cent households managed to rise above the poverty level (13). Due to FATA's tribal set up, the economy is chiefly pastoral, with some agriculture in the region's few fertile valleys. Its total irrigated land is roughly 1,000 square kilometres. Most households are engaged in primary-level activities such as subsistence agriculture and livestock rearing, or small-scale business conducted locally. The Federally Administered Tribal Areas contain proved commercially viable reserves of marble, copper, limestone and coal. The economic development of FATA has suffered due to the armed conflict and insurgency by terrorists/militants and elements of organised crime, and in the current conditions, there is no chance of their exploitation.

The population is divided along lines of traditional clan and tribal loyalties. The people are accustomed to managing their own affairs without outside interference. The Malik (chief) serves as an intermediary between his tribe and the political administration, while the tribal jirga (council of elders) enjoys widespread legitimacy as a traditional mechanism for conflict resolution. The jirga is empowered to give punishments to offenders. Pashto is the main language of the tribal areas, with a softer form spoken in the north and a harder dialect in the south (14).

The literacy situation in FATA portrays an alarming picture. The overall literacy rate in FATA is 24%, while male literacy rate is 37% and female literacy is only 11% (15).

9.2 Policy Framework

Child Protection Policy

The Department of Social Welfare-FATA launched the Child Protection Policy, through the Governor Khyber Pakhtunkhwa, on January 10, 2012. Under this Policy, the Social Welfare Department FATA will establish a Social Welfare Complex in all tribal agencies. A FATA Commission for the Protection and Welfare of Children will be established to ensure effective supervision and coordination of child rights and protection services.

The Policy foresees strategies and a plan of actions to address protection issues and safeguarding the basic rights of the children. Some of the proposed interventions are as under;

- A. Develop a comprehensive Child Protection System of services by diversifying the types of services, re-organisation of existing services, piloting and extending new services centred on family and community;
- B. Establish a comprehensive monitoring system for child protection, manage an information database, and undertake relevant research;
- C. Strengthen the institutional capacities of government functionaries in charge of child protection systems at the secretariat and local levels;
- D. Make efforts for coherent legal and administrative reforms within a conceptual framework of child rights and child protection;
- E. Strengthen the infrastructure for preventing all forms of child abuse, neglect, discrimination and exploitation at the community level;
- F. Information, public awareness, and capacity building on child protection for stakeholders, key decision makers, professionals, media specialists, parents, children, and the general public;
- G. Make efforts for institutionalised co-operation with key sectors, involved in intervention and prevention of child abuse and exploitation, namely probation and child care services, health, education and the NGO and INGO networks.

9.3 Legal Framework

The 18th Amendment has had no adverse administrative effect on FATA. Legislation by the parliament requires presidential assent under Article 247 to be extended to FATA and that status remains intact. Even when the 18th Amendment has rendered all laws related to subjects that have been devolved as provincial laws, the mere fact that they still continue to be applicable in FATA grants them the status of laws of parliament under Article 247. Hence, any law for the benefit of child protection can still be extended to FATA. The FATA Secretariat stated that they would propose to the Federal Government to extend and implement all the child related laws.

The Juvenile Justice System Ordinance 2000 was extended to FATA but rules have not been notified (16). In 2011, the Frontier Crimes Regulation (FCR) was amended. The FCR (1901), introduced by the British colonial rulers, operated on the principle of collective responsibility, whereby a family or tribe was held responsible for crimes of individuals. As a result of the amendment, the police authorities are barred from arresting and detaining children below 16 years of age for offences committed by a family member or tribe in FATA.

Article 25 A has been extended to FATA on 31 October 2013. According to the Directorate of Education, steps are being taken to realise the FATA Compulsory Primary Education Regulation, 2002 in all agencies (17). Education is free and compulsory in FATA and free books are provided to all students but substantial work is required to be done to achieve the spirit of Article 25 A. Corporal Punishment was prohibited in FATA in 2011 (18).

9.4 Institutional Arrangements for Child Protection FATA

FATA Social Sector Department is responsible for matters relating to social welfare, women empowerment, Zakat and Usher and child protection including non-formal justice and treatment of children in conflict with the law.

Child Protection and Coordination Unit

A Child Protection and Coordination Unit has been established under the Social Sector Department of Fata Secretariat to bring policy and institutional reforms for child protection in the FATA. The Unit is presently developing a mechanism for data and information management, including evidence collection, monitoring of different departments' interventions, and situation analysis of child protection issues (19).

Child Protection Units which were setup in 2010-11 in different Agencies have been closed after lapsing of project funding.

9.5 Education

According to NEMIS 2013-14, a total of 759806 children (71% males, 29% females) are enrolled in public and private institutes of FATA from pre-primary to degree colleges. In two years, the enrollment in FATA has increased by 8% according to NEMIS (2011-12 & 2013-14). There is huge gender disparity with female enrollment is only at 29% of the total enrollment.

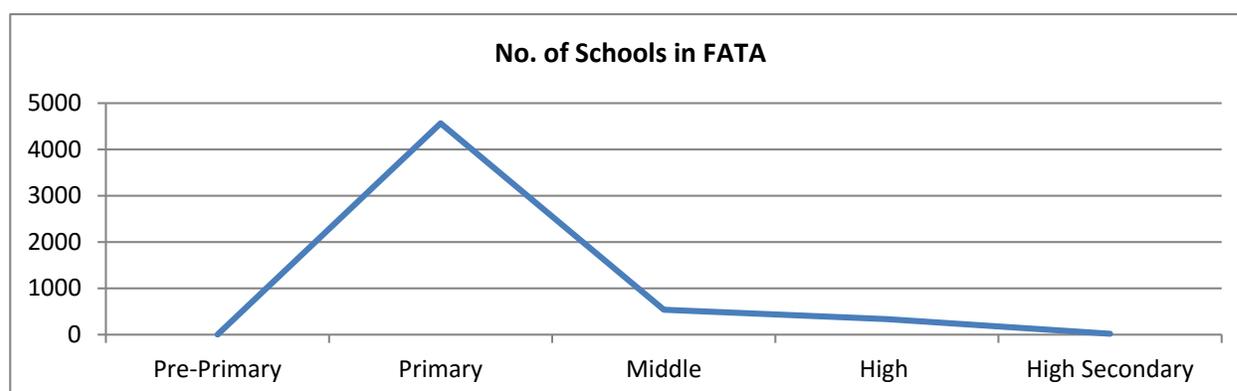
Enrollment in Formal Schools in FATA			
	Boys	Girls	Total
Pre- Primary	168272	79455	247727
Primary	256757	123180	379937
Middle	64951	11767	76718
High	29228	3883	33111
High Secondary	6646	1228	7874
Degree	11272	3167	14439
Total	537126	222680	759806

Source: NEMIS 2013-14

Educational Institutions

According to NEMIS 2013-14, there are 4,564 institutions imparting education to 759,806 students in FATA. There is visible gender disparity in terms of schools. There are 3189 educational institutes for boys and 2302 for girls. Number of middle schools is very low in comparison to primary schools, and is unable to cater to local educational needs. The comparison of NEMIS data

o (2011-12 and 2013-14) reveals that number of schools has decreased in FATA in two years. This is mainly due to closure of many nonfunctional schools in FATA.



Educational Institutions in FATA						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre-Primary	NO URBAN SCHOOLS	-	-	-	-	-
Primary		4564	2556	2008	-	4564
Middle		537	337	200	-	537
High		334	259	75	-	334
High Secondary		16	11	5	-	16
Inter College		3	2	1	-	3
Degree College		37	24	13	-	37
Total	0	5491	3189	2302	0	5491

Source: NEMIS 2013-14

In addition to regular and formal schools, there are 3,303 children (2,686 boys, 617 girls) enrolled in 51 NCHD schools, 57,669 children (38,580 boys, 19,089 girls) are enrolled in 872 Basic Education Community Schools and 53,671 children (31,035 males, 22,636 females) are enrolled in 529 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the region. The comparison of two years data (NEMIS 2011-12 and NEMIS 2013-14) shows 4% increase in the enrollment of Deeni Madaris.

Non-Formal Educational Institutions in FATA				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	872	38580	19089	57669
NCHD	51	2,686	617	3,303
Deeni Madaris	529	31,035	22636	53,671

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

PTR and PCR are indicators of quality education. According to NEMIS 2013-14, the Pupil Teacher Ratio in FATA is: 39 at primary level, 22 at middle level and 26 at upper secondary level. In comparison if we look at the Pupil classroom ratio of FATA, it is 55 at primary level, 32 at middle level and 42 at upper secondary level.

Gross Enrollment and Net Enrollment Ratios

According to FATA EMIS 2013-14, Gross Enrollment Ratio (GER) (based on population 5-9 years) in government primary schools in FATA is 39% out of which the GER for boys is 50% and girls is 29%, while Net Enrollment Ratio (NER) at primary level is 32% (41% boys and 23% girls). Gross Enrollment Ratio (GER) (based on population 10-14 years) in government secondary schools in FATA is 10% out of which the GER for boys is 14% and girls is 4%, while Net Enrollment Ratio (NER) at secondary schools in FATA is 8% (12% boys and 4% girls).

Drop-outs in FATA

In FATA, the overall dropout rates in primary education are very high at 54%. Almost 43% male students and 71% female students drop-out before completing primary education. Tribal culture is one of the reasons for high drop-out among girls where there is restriction on female mobility. According to NEMIS 2012-13, drop-outs in FATA are 15% at grade-1, 11% at grade-2, 13% at grade-3 and 27% at grade-4.

Dropout Rates in Primary Education from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
FATA	21.5%	71.8%	47.4%	53.7%
- Male	28.5%	70.4%	39.0%	42.9%
- Female	9.9%	75.5%	62.3%	70.6%

NEMIS 2001-13

Survival Rates

The survival rates of FATA are the lowest in the country. The situation is worrisome because survival rates have decreased in the region over years, which is also an indication of higher drop-outs. In 2009-10, 53% students were able to complete primary education whereas in 2012-13, only 47% children are able to complete primary schooling.

Survival Rates to Grade 5 from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
FATA	78.5%	28.2%	52.6%	46.6%
- Male	71.5%	29.6%	61.0%	57.1%
- Female	90.1%	24.5%	37.7%	29.4%

NEMIS 2001-13

Budget

For the financial year 2014-15, the Directorate of Education FATA has been allocated Rs. 3,865 million from development grant and Rs. 8,134 million from non-development grant (20). According to Directorate of Education, budget is not sufficient in order to bring reforms in FATA. According to them, budget is mostly spent on salaries and very little amount is left for new initiatives. Problems are further compounded by delays in release of funds which hamper programmes and progress of the department.

FATA	Development Grant	Non-Development Grant
Education Budget	3,865,706,000	8,134,174,000
Total Budget	19,100,000,000	15,462,261,000
	20%	56%

Source: Directorate of Education FATA

Key Challenges

Effects of Militancy on Education

Education has been the worst casualty of terrorism in FATA and Khyber Pakhtunkhwa. It is estimated that 10% of total education infrastructure was destroyed (21). Although scale of attacks has gone down recently, yet schools are still targeted by militants, constantly raising fear among students, parents, and teachers. Schools are closed in North Waziristan due to military operation. In other parts, schools are being opened in tents and temporary shelters. Progress on reconstruction of schools is slow.

Gender Disparity and GPI

A key issue in FATA education is the significant gender disparity in enrollment levels. The Gender Parity Index (GPI) is a socioeconomic index usually designed to measure the relative access to education of males and females. In its simplest form, it is calculated as the quotient of the number of females by the number of males enrolled in a given stage of education (primary, secondary, etc.). According to the FATA EMIS, the Gender Parity Index in 2013-14 for primary schools of girls to boys has been reported at 0.59 and GPI ratio in secondary schools is reported at 0.30, compared to the previous year at 0.60 and 0.30 for primary and secondary level respectively (18).

In FATA, women's mobility is severely restricted through *purda*. As girls grow older, the barriers associated with gender become stronger and they face harsher social restrictions on mobility. For these reasons, girls are strongly affected by factors such as distance to school, the presence of female teachers, single-sex schooling and a secure school environment, which are very important issues for female enrollment.

Access to Schools

Access to secondary education is low in FATA for females as well as for males. Females are particularly unable to attend secondary schools. Most secondary schools are situated at a

distance from the population or the majority of hamlets, and female mobility is restricted in FATA due to cultural limitations. As it is, transport facilities are often not available while the road network is either non-existent or in bad shape.

Lack of Physical Facilities in FATA

Thousands of students in the FATA region are deprived of even the basic necessities at their institutions, and 50% of schools do not have electricity, drinking water, latrine and boundary walls. In FATA, low levels of learning among children can be attributed to poor or inadequate facilities of the schools.

Availability of Physical Facilities in Schools of FATA (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	731	1233	1964	903	1013	1916	731	1233	1964	1391	1704	3095
Not Available	2123	827	2950	1603	799	2402	1991	687	2678	1334	214	1548
Not Reported	306	228	534	654	476	1130	438	368	806	435	370	805
	3160	2288	5448	3160	2288	5448	3160	2288	5448	3160	2288	5448

Source: NEMIS 2013-14

Non-Functional Schools

Many schools in FATA are non-functional due to lack of staff, disputes and security issues. According to the Directorate of Education, 4,344 schools are functional (2551 boys, 1793 girls) whereas 1145 schools are non-functional (636 boys, 509 girls) and 197 are closed. Out of the total 1145 non-functional Institutions, there are 694 primary Schools (384 boys schools, 310 girls schools), 53 Mosque Schools, 247 (103 boys schools, 144 girls schools) Community Primary Schools, 7 IHC schools, 92 (58 boys schools, 34 girls schools) Middle Schools, 41 (30 boys schools, 11 girls schools) High schools, 2 (1 boy school, 1 girl school) Higher Secondary Schools and 9 Degree College (7 boys, 2 girls). According to the Government, FATA faces both challenges, over-crowding as well as underutilisation, in their education institutions., over-crowding as well as underutilisation.

Out of the total 197 closed Institutions, there are 190 (90 boys, 100 girls) Community Primary Schools, 6 Boys Primary and 1 Mosque School. Community schools were closed down due to mismanagement and to ensure transparency and accountability (22). According to available information, only those have been revived which fulfilled the criteria: firstly it required verification of teachers' presence; secondly, teachers' qualifications were confirmed from the concerned boards and universities; thirdly, the presence of students was verified; and lastly, the students were asked to submit form B of NADRA so that their credentials might be confirmed (23).

Poor Quality of Education

Quality of education is poor in FATA which can be judged from the level of learning by students. According to ASER survey findings of 2014, 55% class 5 children cannot read a class 2 story, 54% class 5 children cannot read sentences (class 2 level), and 52% class 5 children cannot do two digit division. Children enrolled in private schools are performing better, compared to their government counterparts. Gender gap in learning continues in FATA as boys outperform girls in literacy and numeracy skills. According to findings, 48% of boys can read at least sentences in Urdu/Pashto as compared to 28% of girls. 57% boys can read at least English words while 34% of girls can do the same. 53% of boys are able to do at least subtraction whereas only 29% girls can do it.

Out-of School Children

According to NEMIS 2012-13, the number of primary out-of-schools children from FATA is 194,091 (44,323 boys, 149,768 girls). According to ASER Survey, 20% of children (age 6-16) were reported to be out-of-school in 2014 which has decreased as compared to 2013 (21%). 15% children have never been enrolled in a school and 5% have dropped out of school for various reasons. The NHCD survey data of 09 units in FATA shows 139,752 out-of-school children (71,371 boys, 68,381 girls) with majority of them from Bajour Agency (76,027 students). If the quality of education is poor, parents have no real motivation for sending their children to school and when children grow older, expectations about their economic contribution to the household increases, especially if the family is poor and parents are illiterate.

New Policy Initiatives by the Government

All those policies that are approved in the KP province are also applicable to education sector in FATA. These are some additional initiatives taken for the FATA region:

- Scholarship for FATA Female students from class 6th to class 10th at Rs. 200 per-month;
- Scholarship for 300 talented students under Quality Education Opportunities Project;
- Establishment of Cadet Colleges and Governor Model Schools in FATA;
- Conversion of FATA Primary schools to English Medium;
- Laptop scheme for Agency position holder students;
- Scholarships for all FATA college students from first year to Masters level (Rs. 5000 per year for Inter and Degree, Rs. 6000 per year for Masters, Rs 3000 for pre service education internees);
- In some units of FATA, female teachers are helped with transport facilities and female teachers' hostels are being established in response to address issue of female teachers' mobility.

9.6 Health and Nutrition

Mortality Rates

According to the Health Department FATA secretariat, child mortality rates in FATA are as follows:

- Infant mortality rate is 86 per 1000 live births
- Neonatal mortality rate is 55 per 1000 live births
- Under-five mortality rate is 104 per 1000 live births

In addition, the maternal mortality rate is estimated at 380 deaths per 100,000 live births according to Directorate of Health, FATA secretariat.

Immunisation

The Pakistan Expanded Programme on Immunisation (EPI) covers FATA in its regular immunisation services. The MICS FATA survey 2007, as per mothers' recall, recorded 57.5 per cent BCG coverage for children in the first year of life. BCG coverage is higher in urban (89.6 %) than rural areas (54.7%). The highest percentage of BCG coverage was recorded in Kohat (77%), while the lowest was in Dera Ismail Khan (33%). However, a mark on the arm was only seen on 68 per cent of children who reported BCG vaccination during the first year of life. Better results were observed in Peshawar, where 90 per cent BCG cases were confirmed by the mark of the vaccine on the arm. UNICEF has been facilitating and supporting immunisation campaigns both in the IDP camps and in FATA regions.

Vaccinators were not able to access the North Waziristan Agency (NWA) due to security reasons, resulting in increased cases of polio and other vaccine-preventable diseases. There were 45,147 unvaccinated children recorded in the displaced population.

The MICS survey, conducted in 2007, identified the following key health issues of children in FATA:

Diarrhoea

Findings revealed that 19 per cent children had suffered from diarrhoea in the two weeks preceding the survey. Nearly 70 per cent children received oral re-hydration therapy (ORT) and 30 per cent received no treatment. Analysis shows that female children suffer from diarrhoea more frequently than male children (19% males vs. 17% females). Incidence of diarrhoea was the highest in Kurram Agency at 25 per cent and lowest in Dera Ismail Khan at 10%. Children in urban areas suffer more from diarrhoea as compared to those in rural areas.

Acute Respiratory Infections/ Pneumonia

Nearly 9 per cent children aged 0-59 months were reported to have symptoms of pneumonia during the two weeks preceding the survey. Of these 59 per cent children were taken to a proper health provider, 28 per cent cases of suspected pneumonia were taken to a public hospital or health centre, and in 2 per cent cases children were taken to the village health worker. The

percentage of females taken to an appropriate provider was much lower than for males (57% versus 63%). The 24-35 month group had better opportunity to receive treatment from a competent health provider than other age groups.

Diseases Reported in FATA (2014)	
Diseases in FATA	Data (2014)
Acute Respiratory Infection	197150
Diarrhoea	130267
Pneumonia	42976
General Infection	-----
Common Flue/ Influenza	-----
Meningitis	1433
Throat Infection	-----
Urinary Tract Infection	58088
Suspected Malaria	62670
Neonatal Tetanus	642
Measles	3496
Pertussis	-----
Hepatitis-A	2319
Tuberculosis	6279
Scabies	26044
Leishmaniasis	5770
Oral Thrush	-----
Dental Cares	26822
Otitis Media	17734
Acute Flaccid Paralysis-Polio	101

Source: Health Department, FATA Secretariat

Polio

The number of polio cases in FATA has increased from 63 in 2013 to 179 in 2014 (24). Majority of cases are reported from North Waziristan (70 cases), Khyber Agency (76 cases) followed by South Waziristan (24 cases) and FR Bannu (9 cases). According to a government official, many areas of the region remained inaccessible to polio teams due to security and other issues, and a large number of children could not be accessed. Efforts have been made to involve influential people

and the *jirga* to mobilise residents so that polio drops could be administered. Security of polio workers because of propaganda against polio drops by clerics, on-going conflict and the regular migration are some reasons for the low immunisation rates, and missing out children.

Polio High Risk Districts in FATA
Khyber Agency
Mohmand Agency
Kurram Agency
Orakzai Agency
North Waziristan
South Waziristan
Source: Polio Eradication Unit, WHO Pakistan

Nutritional Status of Children in FATA

The nutritional status of children in FATA is very poor. According to the MICS survey 2007, 33 per cent children are underweight and 16 per cent are severely underweight in the age group 0-59 months. Wasting occurs in 13 per cent children and severe wasting in 7 per cent. The most extensive nutritional problem, with under five year old children, is being underweight or retarded growth which indicates chronic poor nutrition.

Nutritional indicators, in FATA, vary significantly by sex. Prevalence of underweight is much higher in males, 37 per cent as compared to 29 per cent in females. In rural areas, 34 per cent children are under weight and 7 per cent are severely wasted. This exceeds similar indicators in urban areas where 25 per cent are underweight and 3 per cent are severely wasted.

The highest rate of moderate underweight was recorded in South Waziristan (43%) followed by Tank (42%) respectively. The lowest rate was found in Bajaur Agency (27%). The severe underweight rate was recorded to be the highest in Mohmand Agency (21%), and lowest in Bajaur agency (12%).

According to the findings of the National Nutrition Survey-2011, 15.1 per cent children suffered from acute malnutrition compared to 14.1 per cent in 2001, while 43.6 per cent children had mild malnutrition, showing an increase of 40 per cent reported during the last survey. This has made children vulnerable to diarrhoea, dysentery, anaemia, pneumonia, and respiratory tract infections. The findings shared that 62.5 per cent children and 52 per cent pregnant women suffered from severe anaemia compared to 49.7 per cent and 45 per cent respectively.

Indicators	
Under-5 children with symptoms of ARI	16%
Under-5 children with symptoms of RTI	64%
Under-5 children received antibiotics	42%
Under-5 children with fever	38%
Under-5 children with diarrhea	23%
Under-5 children stunted	45%
Under-5 children wasted	11%
Under-5 children under-weight	30%

Source: Directorate of Health- FATA Secretariat (2014)

Infant and Young Child Feeding Practices (IYCF)

According to the findings of the MICS 2007 survey, in the first months 75 per cent infants are exclusively breastfed, and by 4-5 months, only half of the infants continue to be breastfed. The survey revealed that initial exclusive breastfeeding for male infants in urban areas is lowest. Approximately 39 per cent infants of 0-6 months are exclusively breastfed in FATA. This percentage is higher in rural (39%) than urban areas (37%). There is no significant difference between male and female infants in terms of exclusive breastfeeding in the same age group. Agency/FR wise percentage of exclusive breastfeeding infants (0-6 months) significantly vary. The highest percentage of infants of the same age group exclusively breastfed was recorded in Mohmand Agency (52%), while other agencies were within the range of 36-40 per cent, except Kohat.

The highest percentage of women who began breastfeeding infants within a day of birth was in Khyber Agency, followed by Kurram Agency. These agencies are comparatively better in education and health indicators in general. The survey shows that exclusive breastfeeding for 0-3 months infants in the poorest group is less prevalent as compared to the richest group. Mothers/caretakers responses indicate that exclusive breastfeeding during the first three months of life among male infants is less prevalent than among female infants (43% vs 46% respectively).

Vitamin A Supplements (VAS)

According to the MICS survey, 44 per cent of the 6-59 months old children received VAS, and 39 per cent children never received it. Nearly, 32 per cent received VAS prior to the last 6 months. In general, three out of four eligible children under-five years of age had benefited from the national vitamin A campaign. The age patterns show a modest decline after the age of two years.

Kohat has the highest percentage of children who received VAS within the last 6 months, while Peshawar has the highest percentage of children who got VAS prior to the last 6 months. Both these regions are close to Peshawar city and thus have better access and awareness as compared to other agencies and regions.

Consumption of Iodised Salt

A diet low in iodine leads to diminished mental and intellectual performance, thereby reducing children's learning capabilities. Household salt was tested for iodine during interviews. The results of on-the-spot tests showed that only 5 per cent households consume adequately iodised salt (15+ PPM) and 13 per cent families consume insufficiently iodised salt with less than 15 PPM. Consumption of iodised salt was higher in urban areas at 12 per cent while it was only 5 per cent in rural areas. It is unfortunate that a simple item such as iodised salt that can prevent serious health issues among children is not easily available and salt processors are not bound by law to ensure that salt is iodised. The percentage of households using iodised salt was highest in Orakzai Agency, and it was not at all seen in Lakki Marwat and Bannu.

Antenatal Care

According to MICS Survey, 26 per cent received skilled antenatal care/monitoring once or several times during pregnancy. The analysis shows that the percentage of women with antenatal care in urban areas was considerably higher (55%) when compared to rural areas (23%). There were significant differences observed between agencies and FR. The lowest percentage of those who received antenatal care services once or several times during pregnancy was in Dera Ismail Khan (10%) followed by Mohmand Agency (12%).

Assistance at Delivery

The single most critical intervention for safe motherhood is to ensure the presence of a competent health worker with adequate skills, and availability of transport to a referral facility for obstetric care in case of emergency. The survey revealed that the overwhelming majority of deliveries (73%) took place at home. Barely, 19 per cent deliveries took place in government hospitals. In total, 27 per cent deliveries were attended in hospitals or clinics. Agency-wise variation was observed in terms of availability of health clinics/hospital facilities during pregnancy. In Khyber Agency, 65 per cent women attended hospitals/clinics and 56 per cent attended government hospitals. This was because of easier access to Peshawar city. Urban residents are more aware and thus the percentage of women that attended hospitals/clinics for delivery accounted for 79 per cent, while the percentage in rural areas was around 23 per cent.

Access to Drinking Water

Only half of the population, 42 per cent, has access to clean drinking water in FATA. The urban-rural divide shows that 93 per cent and 39 per cent, respectively, enjoy the privilege of improved water sources. The situation in FR Lakki Marwat, Bannu, and DI Khan is much worse and drinking water is available only to 8 per cent, 7 per cent and 13 per cent of the people respectively. Filtration plants at mosques and educational institutions have been proposed to ensure clean drinking water to the community.

Sanitation and Hygiene

Barely 28 per cent of households use sanitation and hygiene facilities. Households in urban areas with improved sanitation facilities were 77 per cent, while in rural areas this share was 26 per cent. Nearly 2/3rd of the population (72% households) does not have access to sanitation

facilities. The availability of sanitation facilities varies among various agencies/FRs. Kohat has better sanitation facilities, where 57 per cent of the households use improved sanitation, followed by Tank (53%) and Peshawar (50%).

Health Infrastructure

The health sector includes 6 Agency Headquarter Hospital (AHQH), 8 Tehsil Headquarter Hospital (THQ), 20 Civil Hospital (CH), 11 Rural Health Clinics (RHC), 81 MNCH centres and 170 Community Health Centres (25).

HEALTH INFRASTRUCTURE OF FATA														
Type of Facility	Bajaur	Mohmand	Khyber	Kurram	NWA	SWA	Orakzai	FR Peshawar	FR Kohat	FR Bannu	FR Lakki	FR DIK	FR Tank	Total
AHQH	1	1	1	1	1	1	0	0	0	0	0	0	0	6
THQ	1	0	1	2	1	1	2	0	0	0	0	0	0	8
CH	0	1	2	1	7	4	1	1	1	0	0	1	1	20
RHC	3	3	0	0	1	0	2	1	0	0	0	0	1	11
BHU	19	25	13	22	16	18	25	7	9	11	3	2	4	174
CD	8	19	26	49	149	56	30	7	8	56	11	7	38	464
MCHC	0	0	2	3	71	2	0	0	1	2	0	0	0	81
CHC	7	39	17	1	35	29	5	4	1	10	6	9	7	170
Total	39	88	62	79	281	111	65	20	20	79	20	19	51	934

Directorate of Health, FATA Secretariat

Availability of public hospital and doctors is limited for the desired population. For the population of 4200 people, there is one health facility. For 7800 persons, there is only one doctor, and one dentist is available for 14800 people. There is a large number of positions vacant for doctors in FATA. Thirty two per cent posts of doctor and sixty per cent of specialist doctors were vacant at the time of report compilation.

Budget

A total of Rs. 370.101 million was made available for 2014-15 health programmes and services (26). Nine per cent was allocated from development grant, and thirteen per cent was allocated from non-development grant.

FATA	Development Grant	Non-Development Grant
Health Budget	1,664,037,000	2,036,978,000
Total Budget	19,100,000,000	15,462,261,000
	8.71%	13.17%

Finance Department, FATA Secretariat

Challenges

Human development indicators for FATA are poor. The mortality rates from treatable illnesses, particularly for women and children, are particularly high. While Pakistan has some of the highest levels of maternal and newborn mortality in Asia, FATA's maternal mortality rate is even worse. FATA is becoming production house for Polio virus in Pakistan because of a lack of vaccination. The spread of disease, including through contaminated drinking water and other preventable causes, and the dearth of adequately equipped hospitals, trained doctors and other medical staff, adversely impact life expectancy.

Health facilities are under-equipped and dysfunctional at many places in FATA. Problems included staff absenteeism because of insecurity, shortage of medicines, vaccinations and other supplies, and deteriorating physical conditions, with almost half of the total number of health facilities, lacking proper boundary walls, and most facilities, lacking generators and hence being without power for long periods of time.

The situation has worsened due to the on-going conflict and displacement of a large number of the population, and significantly for women and children. Conservative and cultural constraints for women, such as allowing medical treatment by female doctors only, also pose a serious health hazard and compound the challenge of providing medical help to them. Displacement, living in overcrowded rooms, extreme weather, exceedingly poor sanitation services and lack of clean water increase the vulnerability of women and children to diseases.

Providing basic health care remains a major challenge for humanitarian agencies because of the size of the displaced population and security concerns of development agencies. For the returnees, health services remained short of medical equipment, medicines, supplies and human resources, with some buildings badly damaged by the fighting.

9.7 Child Labour

The 1996 National Survey on Child Labour and Forced Labour Survey does not include FATA. According to child rights' experts, children labourers work in many sectors, ranging from agriculture/livestock to small businesses, and also illegal activities like smuggling, drug trafficking, gun running, etc.

Child labour is a serious issue in FATA. Children are considered fit for labour when they physically look strong and mature. With poor enrollment rates, widespread poverty and limited opportunities for adults to support their families, child labour remains a socially accepted phenomenon. There is very little information available on the prevalence and forms of child labour.

MICS survey 2007 conducted in FATA reveals that 17% of all children of 5-14 years of age were child labourers in FATA. A gender breakdown of the data shows that 16% of male children and 18% of female children are child labourers. Among them 5% were children working outside their households and only 2% of them were paid for the work they performed. Domestic work (28

hours per week) was done by 4% of children (3% of male children and 5% of female children). About 9% of children were engaged in the family business (10% males and 7.1% females). The majority of working children reside in rural households (17%), working with parental consent in the family business. Only 6% of children in urban areas work. At the time of the survey, 14% of children aged 5-14 years attended school.

The ongoing terrorism and operations by Pakistan Army to restore peace in the Federally Administered Tribal Areas (FATA) have led to large scale population displacements across the region since 2009, and large number of children dropped out of schools in the process. According to different assessments, many children opted for work as one of the main coping or surviving strategies. Poverty is very high and parents prefer to send children to the labour market to earn a livelihood. Anecdotal information suggests that the number of children working in harmful conditions has drastically increased during the last few years due to the prevailing economic and food crises. A study conducted on child labour in Banjaur Agency (FATA) by Dr Arbab Naz and Waseem Khan found that many societal arrangements like traditionalism, normative social structure and social arrangements in family, poverty, family conflicts, joint family system and household size are also contributing factor of child labour prevalence in Banjaur.

Forms of Labour

According to media reports, children who were hardest hit by the conflict have fled from their villages and from temporary camps to big cities such as Peshawar, Bannu, etc and other adjoining regions, in search of work. A number of children interviewed expressed the desire to continue with their education but also understood that, under the circumstances, they had to “work” in order to help themselves and their families survive. The children see little hope of returning to their homes in the near future and also realise that destroyed homes and schools and lost livelihoods await them when they do.

Thus, thousands of children from FATA can be seen in Khyber Pakhtunkhwa, shining shoes, selling fruits and vegetables, and working in hotels and automobile workshops (27). Local organisations working in FATA report that internally displaced boys are working in marble quarries, mining, agriculture, and smuggling also. Boys between six and ten years of age are also seen begging. Many children, both girls and boys, have taken to scavenging in different cities (28). They sift through the garbage for anything to eat or sell. It is not only a difficult job for children as young as eight and ten, but also fraught with health hazards, besides leaving them vulnerable to other types of abuse and exploitation. These children leave home early in the morning so that maximum saleable and edibles items may be salvaged from the rubbish heap to earn enough money for their families’ provisions. Driven from their homes by the war, with little income and no homes, the children are taking up the burden of supporting the family (29).

Child Domestic Workers

According to child rights experts, some children, especially girls, are working as domestic labourers. However, no research has been conducted on the subject so far.

Trading and Smuggling

Children in Khyber Agency are employed in cross border trading or smuggling of goods between Pakistan and Afghanistan which include drugs, fabrics, electronic items and medicines (30).

Smuggling is a dangerous business and adults who are employing children for this work are putting children's lives at grave risk—they are at the mercy of smugglers and various mafias, and if caught by law enforcing agencies, they can be thrown into jail or be otherwise punished or penalised.

Support for Child labourers

According to the government, the Debit Card Programme for IDPs has helped address child labour to some extent by tackling immediate poverty issues of displaced families. However, families who are not registered do not receive this assistance and, as a consequence, children from such families end up in child labour.

9.8 Juvenile Justice

Enforcement of the JJSO

The JJSO, 2000, was first extended to PATA by the governor with the president's approval on October 20, 2004, and later it was extended to FATA through a notification. To the disadvantage of child offenders, the JJSO rules have not been framed and, therefore, there is no implementation of the law. It is partly because the given structure and system have not been placed in FATA which could ensure implementation of the law. As a consequence, child offenders in FATA and other tribal areas are not kept in separate barracks, and they do not have the option of bail and probation, or of being tried in separate courts, and if convicted, kept in Borstal institutions or any other provision given in the JJSO (31).

Children detained under the Frontier Crimes Regulations (FCR)

At the end of December 2013, four male juveniles (all convicted) were detained in different prisons under the Collective Responsibility Clause of the FCR (32). The tribal administration continues to deal with juvenile offenders under the FCR and treats them like adult prisoners.

The UN Committee on the Rights of the Child, while considering Pakistan's third and fourth periodic reports in October 2009, has expressed reservations on this issue. In its concluding observations, the Committee stated, "The JJSO is poorly implemented in the country and particularly in the FATA where the FCR, 1901 does not take into account child rights and allows, inter alia, for collective punishment."

FCR and Amendments

The FCR have been the procedural law and the supreme law in FATA for over a century. Called a black law, it was enforced by the British in 1901. The purpose of the FCR was to indirectly administer this strategic area in the interest of the colonial power. Unfortunately, over half a

century after Pakistan's independence, FATA is still ruled by this out-dated administrative and legal system.

The President, in 2011, introduced amendments in the FCR, limiting the scope of section 21, dealing with the collective responsibility clause under which an entire family, including women and children, can be arrested for the crime committed by any one of the members of that family who is absconding.

Under an amendment, only close family members of an offender would be arrested while exempting women, children below 16 years, and men above 65 years from being arrested. The second amendment, for the first time, gives the people the right of appeal against judicial decisions of the political administration. The FATA Tribunal has been set up under the FCR which comprises three members. The Tribunal will work under the Governor of Khyber Pakhtunkhwa.

Legal experts and child rights activists have objected to the amendment permitting arrest of a person under the age of 18 since it contradicts both the UNCRC and the JJSO that defines a child as a person below 18 years of age. Besides, in a civilised society innocent children are not punished for the crimes of their elders (33).

A new Section 11 (A) inserted in the FCR is cause for concern and confusion. The section states that the PA or DCO may direct any person below 16 years of age, even if not accused of an offence, punishable with imprisonment for ten years, to be released on bail, and then it states that the person (including a child) "accused of an offence as aforesaid shall not be released on bail unless the complainant has been given notice as to why he should not be so released". It appears that bail is not a right of the accused but a discretionary power of the PA or DCO (30). Section 12 (punishment on conviction on findings of the council) and Section 13 (manner of enforcing sentences) of the FCR do not exclude child offenders from their realm. Section 13 (a) sanctions life term with rigorous punishment; this means that a child offender will be forced to do hard labour and will be given corporal punishment which is in contravention of Section 12 of the JJSO which prohibits punishing child offenders. Amendment (Section 21) merely exempts children from collective responsibility and not from other types of offences; the age of criminal responsibility remains 7 so the political agent will not exempt 7-year-old children if they commit a crime.

Age of a Child defined in FCR Amended Law

The FCR now defines a child below sixteen years of age but the age of the child does not correspond to the age of the child given in the JJSO 2000. The JJSO 2000 defines a child as any person under 18 years of age.

The FCR also do not address the issue of legal aid. Who will provide legal aid to children if their parents or relatives are absconding? Without legal aid, it will be difficult for child offenders to

defend themselves or get a fair trial with legal representation. The state is supposed to provide this assistance at its own expense, but this provision in law is not being implemented.

The recent amendments in the FCR will not make any difference in the lives of children of FATA until the law is abolished. Child rights organisations and activists have demanded the abolition of the FCR and amendment in Article 247 of the Constitution of Pakistan, and called for implementation of Pakistan's laws including the JJSO in FATA (34).

Actions (in Aid of Civil Power) Regulation (AACPR), 2011

Before signing the amendment Bill, the President signed the Actions (in Aid of Civil Power) Regulation (AACPR), 2011, a law that legalises the detention of children by the armed forces for unlimited time and without trial. Section 9 (2) allows for exploitation and abuse of power by the Interning Authority who can arrest and detain any person, including children below 18 years, to "maintain peace and order" (35).

The law prohibits torture and calls for safeguarding children and women but all other provisions are against the spirit of the Constitution; such as 1) confinement for 120 days without the authority of the magistrate; 2) no legal service to be available for 120 days; 3) No trial for 120 days; 4) the death penalty (which is not permitted under the FCR; 5) a single statement by an official from the Armed Forces is sufficient to prove the child guilty of an offence and he/she may be awarded the death sentence; 6) the child will be considered guilty before the due process of the trial (36).

9.9 Violence against children in FATA

FATA is an under-developed region and many areas are inaccessible and hard to reach. Children are being neglected, and do not enjoy the equal opportunities comparing to other regions and provinces, and problems are complex. There is very little information available on different forms of violence against children in FATA.

Internally Displaced Children

Due to an extensive military operation, internally displaced children experienced a number of violations. Children were injured and were killed in conflicts. They experienced mental trauma and separation from their families. While children had access to shelter, food, and healthcare, the shelters were often overcrowded, and girls were unable to get medical treatment in areas lacking female health professionals. Millions of displaced children and others from host communities missed months of schooling. There are strong indications that rates of domestic violence and corporal punishment, child labour, and forced marriage increased during this period. Monitoring of these crucial issues was insufficient, and responses were not sufficient to the specific needs of displaced children. The Protection Shelter KP-FATA reported that, during Sep to Dec 2014, a total of 120,469 children and women were referred to service providers, 76,988 women and children attended child friendly spaces, awareness activities by Child Protection Committees targeted 179,713 individuals. 119,917 individuals received child

protection child rights training, 2271 girls and 700 boys attended GBV awareness raising sessions, 147 girls received vocational trainings and 143 children with disability were provided with specialised assistance.

Child Marriages

In tribal and rural areas, child marriages are common both for males and females. There is a tradition of paying the “bride price”, i.e., the suitor has to pay money to the bride's family in order to marry her. This is contrary to the practice of dowry which is more common in the rest of the country (37).

Child Sexual Abuse

According to Sahil Cruel Numbers, one case of child sexual abuse was reported from FATA in 2014. It does not mean that child sexual abuse does not take place in FATA. Unavailability of data is the biggest limitation/ challenge, and also a limited media access to FATA region. According to child rights expert, tribal areas are predominantly male oriented societies where men enjoy complete freedom of mobility while women and girls are confined within the house. Generally, male child labourers and street children are easy prey for sexual abuse and exploitation in work places, and otherwise too.

Bajaur Girls recovered from Karachi

Police managed to recover at least 33 female students, belonging to Bajaur Agency, from a seminary during a raid in Liaquatabad, Karachi area on 26 Nov, 2014. Police officials said that all the recovered girls aged between 7 to 12 years. DSP said that the girls were brought to Karachi from Bajaur Agency by a woman to teach Quran. The authorities still grope in the dark about how the girls had reached Karachi, where they were kept in a residential compound. The matter is under investigation with the authorities.

Sindh Police

Children in Armed Conflicts

The worst possible consequence of armed conflict is and has been the involvement of children as victims, and as recruits. There have been reports of militants recruiting children and youth and training them to take part in hostilities, including suicide attacks. The Federal Investigation Agency in Pakistan has also acquiesced to the fact that many of the suicide attacks in the country have been carried out by children and youth.

Militants use various recruitment tactics such as kidnapping, religious blackmailing, brainwashing in mosques and madaris etc. Two alleged militants confessed before the judicial magistrate that they used to kidnap children from different areas of Karachi and then send them to a training centre in Waziristan, where they were trained to carry out suicide attacks (38).

The 14-year-old accomplice of the suicide bomber, who struck at a shrine in Dera Ghazi Khan in 2011 and killed fifty innocent people in the attack (39), informed authorities that 400 suicide bombers were being trained to wreak carnage in the country. Umar Fidayee, 14, said that the would-be bombers were being trained in North Waziristan. He made these remarks in an interview on April 8, 2011. The young boy said that he was recruited to kill non-Muslims in Afghanistan. He shared some harrowing details of his own recruitment and about 350-400 children who were being trained in Mir Ali sub-division of North Waziristan to carry out suicide bombings in the country.

The situation appears to have improved recently, after strong crackdown of army on the militants. However, the issue of child soldiers needs to be tackled skillfully, taking into account the contributing factors of how children are lured into such a dangerous game. Both the government and NGOs should devise strategies to protect children who are being used or can be exploited. The government needs to step up its efforts to stop the recruitment/membership of children by armed groups, and strictly penalise those who facilitate such recruitment/memberships.

Birth Registration

According to the MICS Survey, birth registration is rare in FATA, where only 1 per cent of the children below 5 years of age are registered. According to an official from FATA, 83 per cent of the population has no knowledge of the requirement of birth registration or its benefits. However, the registration process is growing in urban areas with the introduction of proper offices and facilities. Around 5.6 per cent of births were registered in urban areas. NADRA is assisting FATA secretariat to improve birth registration in FATA.

Conclusion & Recommendations

FATA has been a neglected and marginalised region, lacks systems which are required to assess the situation of children vis-à-vis health, education, protection, violence, safety and security etc. There is not a single university in the whole of FATA region. This speaks volumes for the state of education which is fraught with challenges. Female literacy is lowest in the region. Healthcare facilities are almost negligible and, while people with resources can get medical treatment in Peshawar, the rest have fewer options. It is no wonder that all social indicators are much below the required levels. The JJSO, which is for the benefit of children, is not implemented and, instead, children are treated like adults under the FCR.

There are no investment and no industries and no employment options for the educated people. The situation that exists now, of conflict and militancy, is a result of such neglect, apathy and marginalisation of the region from the rest of the country.

In order to change this situation, both the Government of Pakistan and the people of FATA must take purposeful measures, albeit with the help of international support, including technical and financial aid, for the sake of the dispossessed people of FATA. The first step would be to invest in the means of communication and development of the region through roads, business and

employment opportunities so that money starts to flow in. Investment can hopefully provide opportunities for improving education, health care, children’s protection and women’s betterment, and help in reducing trends of conservatism and traditionalism in the region.

The first hopeful act for children in FATA was the approval of Child Protection Policy in 2011. Unfortunately no real progress has been made even in those areas which are not conflict affected. The government must step up measures to enforce the Policy so that children of FATA can get opportunities to enjoy a better life than they are experiencing now, or have experienced before the war, due to lack of amenities and necessary facilities. It is the responsibility of the government to ensure that this policy, which has been launched with so many promises, fulfils its obligations and saves the children of FATA from the terror and horror of militancy and, heralds for them, a life of peace and happy childhood. Reforms in FATA will be the most important measure that can bring peace to the region, especially for its children and strengthen Pakistan.

Recommendations

FATA Plan of Action on Children

1: It is recommended that the FATA Plan of Action on Children must be formulated with tangible targets for education, health and child protection.

Implementation of the Child Protection Policy

2: It is recommended that concerted efforts be made to implement a Child Protection Policy for the wellbeing of the most disadvantaged group—children. The government should provide all necessary technical, human and financial resources to implement the policy.

Review and Extend Child Rights Law

3: FATA should review all national and provincial child rights’ laws, such as the Employment of Children Act 1991, Sindh Children Act 1955, Punjab Borstal Act, Khyber Pakhtunkhwa Child Protection & Welfare Act 2010, among others and extend all relevant laws into FATA. It is recommended that a legal department is established in FATA to facilitate the process, and to devise a framework for laws enforcement.

Strengthen Child Protection Systems

4: It is recommended that the government makes efforts to strengthen the child protection wing and child protection units in FATA by making available financial and technical support, set up monitoring systems, ensure enforcement of laws, and by putting in place systems and services for children’s rehabilitation and reintegration.

Enactment & Enforcement of Compulsory Education Law

5: Present situation in FATA makes it imperative for the government to take necessary steps, in non-conflicts districts, to make education compulsory for all children. Financial subsidies and incentives should be provided to encourage parents and children.

Improve Education Environment

6: The government, as a matter of urgency, should give top priority to education in FATA. It should rebuild all the destroyed and damaged schools and provide all the facilities required to attract children back to school, improve retention, appoint quality staff, ban corporal punishment, and especially facilitate girls' education. These measures should be initiated on a war footing. The government should also take extra and effective measures to step up security of schools and children so that parents are encouraged to send children to school; promote a child-friendly culture and environment in schools that is conducive to effective learning, being inclusive, healthy, protective and gender responsive; and encourage participation of learners, families and communities.

Reduce Gender Parity

7: Literacy rate for females is only 11 per cent, the lowest in the whole country. It is recommended that strategic measures are taken, such as social mobilisation, incentive oriented schemes, ensuring safety, easy accessibility of schools with proper infrastructure, such as toilets and boundary walls, to promote education among girls.

Recognition, Reporting and Helpline

8: To protect a child from abuse and exploitation, it is important that help is accessible to him/her easily and quickly and for those who are concerned enough to help the child victim. A helpline service should be started where children or any other person can call and complain and the service can put them through to relevant agencies, provide guidance and free counselling to children.

Child Protection Committees in Hospitals

9: It is recommended that Child Protection Committees be instituted in all the hospitals. It should be made mandatory for all doctors, especially pediatricians, to inform the committee when a case of child abuse has been identified. Doctors and paramedics must be trained on child rights, and should have knowledge to recognise signs of child abuse and exploitation.

Setting-Up Child Care Institutions

10: The government should establish child care institutions on its own or in collaboration with civil society organisations. The government should notify minimum care standards for children's homes/child care institutions and set up monitoring systems to ensure that minimum standards are being followed. In case of failure, strict action should be taken to ensure that children's rights are not compromised

Curbing Polio from FATA

11: It is highly recommended that the polio programme in FATA should be put in the hands of the National Disaster Management Authority, with immediate effect. A well-designed Emergency Operations Centre should be part of the Authority's infrastructure providing technical expertise and support. The National Disaster Management Authority is well-placed to achieve the level of engagement and commitment from stakeholders that is currently lacking in the Pakistan programme.

Improve Health Care System for Children

12: The government needs to increase allocations to the health sector, reduce significantly infant, neonatal, under-5, and maternal mortality rates through adequate antenatal and postnatal care. It should take, as a matter of urgency, measures to address preventable health problems among children, including malnutrition, TB, malaria, diarrhoea, acute respiratory diseases, measles, etc. Interventions to reduce micro-nutrient deficiencies must be put in place to reduce the burden of malnutrition. Medical staff must be improved and upgraded with incentives to work in remote areas of the region.

Public Awareness Campaigns to Prevent Harmful Traditional Practices

13: Public awareness campaigns must be launched to bring about behavioural change against harmful traditional practices, including discrimination against the girl child, inadequate nutrition, and access to health services and education.

Inter-Agency Network on Child Protection

14: There should be an inter-agency network on child rights/protection that would include focal persons designated by the agencies, departments, and organisations. Inter-agency reporting, referral procedures, and resource sharing should clearly identify roles and responsibilities of individual organisations within the system which must be agreed upon by all the stake holders. There should also be an approved process by which the effectiveness of the inter-agency system can be monitored and evaluated.

Build a Knowledge-base on Children's Issues

15: One of the major impediments to the promotion and protection of children is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. A comprehensive monitoring mechanism should be established to collect data, disaggregated by sex, age, and rural and urban areas. The unit should be self sufficient in human and financial resources. In addition, all policies, initiatives and services should be monitored and impact assessed. A Research/Statistical Department should be established in FATA Secretariat to carry out authentic and updated surveys and data collection on children's issues.

Promote Birth Registration

16: Birth registration in FATA is a serious issue, and lowest in Pakistan. The Government should remove structural obstacles to birth registration and simplify the procedures of birth registration in order to cover all persons in the country. Birth registration systems need to be flexible in recognition of the difficulties and differences in people's lives, and must do more to make the process accessible. In remote rural communities, decentralised birth registration systems and mobile registration can help improve accessibility. Free registration and birth certification make birth registration possible for poorer people. The cost of registration is mentioned time and time again as a barrier to registering children. Integration of birth registration into existing public services such as primary health care, immunisation and school enrollment is a cost-effective, efficient and sustainable way of ensuring birth registration. Furthermore, timely and accurate registrations of births and deaths are crucial for understanding population dynamics and planning- effective development programmes.

Better Health Facilities

17: It is recommended that sustained and culturally acceptable campaigns are initiated in FATA to create awareness on good health practises, hygiene and sanitation, importance of vaccinations for mother and child for a healthy and free-of-disease life. Water filter plants can be installed in public places and in schools, communities, places of worship so that clean water is made available for improved health needs.

Vocational Training for Children

18: In view of the obtaining situation of conflict, instability and general neglect of FATA, it is recommended that the government set up vocational training centres throughout FATA for children, in the age group 12 and above, to engage out of school children in work and develop a skill based resource for the area. Vocational training can also be provided for children along with education. At the same time, the government needs to create opportunities for employment for skilled youth.

Social Mobilisation on Child Rights

19: Given the years of neglect, it is imperative that massive social mobilisation and awareness campaigns are carried out if the child rights situation is to be tackled in FATA. It is recommended that while respecting the social norms and traditions of the area, behavioural change be initiated in collaboration with reputable people of the area that can help convey the message and bring about a change in the mindset for the welfare of all: men, women, and specifically children.

It is also recommended that, if possible, constitutional amendments may be made to bring FATA in the mainstream of the country. One of the most vital measures would be to repeal the FCR and introduce a more humane law to deal with adult criminals, and enforce the JJSO for the benefit of child offenders.

Safe Return and Resettlement of IDPs

20: The FATA, KP Provincial Government, Federal Government and Army of Pakistan should ensure that all individuals displaced from their homes during conflict are assured the option for a voluntary, safe, and dignified return to their homes or resettlement into new homes and communities. Once they reach their destinations, returnees should have recourse for property restitution or compensation, and should receive strong reintegration and rehabilitation support to build their livelihoods and contribute to economic development of the region. With proper support, displaced persons can serve as critical and essential human resources toward the rebuilding conflicted affected region of FATA.

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Chapter 10: State of Children in Gilgit-Baltistan

Name of Province/ Region	Gilgit
Population (1)	1,301,000
Literacy Rate (Male, Female) (2)	60% (70% Males, 50% Females)
Net Enrollment Ratio (Primary Level 5-9)(3)	68.80% (69.0% boys, 68.6% girls)
Gross Enrollment Ratio (Primary Level 5-9)(4)	119.50% (103% boys, 137% girls)
IMR(5)	71 per 1000 live births
U5MR (6)	89 per 1000 live births
MMR (7)	450 per 100,000 live births
Children in Detention Centre (UT, Convicted) (8)	1 (1 under-trial)
Number of Children Released on Probation	0
Child Labour Participation Rates	Not Available

10.1 Introduction

Gilgit Baltistan (GB), formerly the Northern Areas, is the northernmost political entity within Pakistan. It borders Khyber Pakhtunkhwa to the west, Afghanistan and China to the north, and Indian-administered Jammu & Kashmir to the east. The current population is estimated about 1.3 million. The administrative and provincial centre is the city of Gilgit.

GB is sparsely populated, spread over mountainous terrain, with the majority of the population, 86 per cent, living in villages. The area has an agricultural base, and the urban population is only 14 per cent (9). The area has great natural beauty, mineral resources and cultural diversity. The region is home to some of the world's highest mountain ranges—the Karakoram, Himalayas, Pamir and the Hindukush.

Fortunately, in GB, 68 per cent households have access to piped water, the highest in Pakistan (10). This blessing is due to the proximity of water sources and easy accessibility. The opening of the Karakoram Highway in 1978 improved opportunities for development programmes, inward and outward migration and tourism.

The region's economy is based on the traditional trade route connected to the Silk Road. The China Trade Organisation was the leading economic forum through which most barter trade activity brought a phenomenal change in the economic growth of the area even though it is the remotest region of Pakistan and has been neglected for over a quarter of a century. This forum

encouraged the people to invest and learn the art of modern trading from its neighbour Xingkiang. The establishment of a Chamber of Commerce and a dry port in Gojal Hunza are two milestones. The rest of the economy is shouldered by agriculture and tourism. The main cash crops are: wheat, corn (maize), barley, fruits; and tourism is also growing which is basically trekking and mountaineering (11).

GB has made considerable social and economic progress over the last two decades as seen from the improved literacy rate and increase in farm products. While the Karakoram Highway played a significant role in improving the indicators, the impact of development programmes—both those of government and civil society organisations such as the Aga Khan Rural Support Programme and the Aga Khan Education Service has played an important role.

GB is linguistically and ethnically a diverse society. Each district has a different cultural mix, and often different mother tongues. The main ethnic groups of the region are: Shin, Yashkun, Brusho, Dom, Mongols, and a considerable number of Kashmiris, Gujars and Ughurs. A majority of the inhabitants are Muslim and belong to different religious sects that include Shia, Sunni, Ismaili, and Nurbakhshi. The indigenous inhabitants speak different languages: Shina, Khowar, Burushashki, Wakhi, Domaaki and Balti. A small number of Christians also reside in Gilgit.

The literacy rate of GB is 60 per cent; 70 per cent for males, and 50 per cent for females (12).

10.2 Policy & Legal Framework

GB Empowerment and Self Governance Order (ESGO)

Government of Pakistan approved the GB Empowerment and Self Governance Order (ESGO) in August 2009, officially renaming the Northern Areas as GB and introducing a number of administrative, political, and judicial changes. The new order, which replaced the Northern Areas Legal Framework Order (LFO) of 1994, provides for a powerful GB Legislative Assembly with the authority to choose a Chief Minister and pass legislation on 61 subjects. In the past, the Ministry for Kashmir and GB extended Pakistan's laws in the area. Now the Assembly makes its own Rules of Procedures. The GB Council and the Legislative Assembly will legislate on subjects pertinent to governance in their respective jurisdiction. The two parallel arrangements have raised questions about the future with regard to its constitutional inclusion in Pakistan as a fifth province or integration with AJK as one of the units of a probable plebiscite (13).

GB has gained a de facto province-like status without having it constitutionally. Now it has a Governor, Chief Minister, Chief Secretary, a Legislative Assembly, judiciary, election commission and also a Council headed by the Prime Minister of Pakistan (14). There are seven districts; Skardu, Ghanche, Gilgit, Ghizer, Diamer, Astore, and Hunza-Nagar (15).

The ESGO is a step forward in strengthening local empowerment and accountability. While significant reforms such as granting full provincial status still remain an important milestone for the region, the gradient of development in the short to medium term will hinge on the government's ability to anchor the recent ESGO reforms into something tangible and significant.

Despite these recent developments, GB has less autonomy in practical terms than other provinces of Pakistan. It has no representation in the federal government or the parliament. It has no role in policy making at the national level, and is kept out of the national mainstream (16). The passage of the 18th Amendment and the NFC Award has led to uncertainty and confusion because GB needs to generate its own resources, which at this stage appears difficult due to the limited administrative setup and poor taxation system (17).

Presently, there are no child specific policies for GB. A Child Protection Policy has been drafted and the Social and Child Protection Reform Unit (SCPRU) is pursuing it for approval by competent authority.

The Gilgit-Baltistan Child Protection and Welfare Act, 2013

The Gilgit-Baltistan Child Protection and Welfare Act was approved by the GB legislative assembly in 2013 for the protection of children in Gilgit-Baltistan from violence, harm, abuse, maltreatment and exploitation. For the implementation of this law, it requires institutional arrangements. According to law, the Government shall establish a Child Protection Commission, which will be headed by Chief Child Protection Officer. Minister for Planning and Development Department will be the Chairman of the Governing Board of Child Protection Commission.

The Child Protection Commission will be the focal point for effective supervision and coordination of child rights matters at regional and local levels, and approve activities programmes and plans for the development. It will also supervise and oversee implementation of policies, supervise the District Child Protection Cells, and to establish, manage and recognise Child Protection institutions. The law also provides for Child Protection Court and establishment of Child Protection and Welfare Fund; necessarily for the implementation of the law. The law abolishes corporal punishment, and prescribes punishment for child marriages, violence against children, cruelty, corporal punishment, employing child for begging, child pornography, child trafficking, child sexual abuse, etc.

According to the information provided by SCPRU, PC-1 has been approved for the establishment for GB Child Protection Commission.

10.3 Institutional Arrangements for Child Protection

Social and Child Protection Reform Unit (SCPRU)

A Social and Child Protection Reform Unit (SCPRU) was established in November 2010 under Planning and Development Department with the financial assistance of UNICEF (18). The mandate of SCPRU was to work for child protection in GB as there was no other agency in GB, specifically assigned this job. Objectives and main deliverables of the SCPRU are: (i) develop a child protection legislative framework; (ii) build provincial and district Child Protection Systems; (iii) educate and create awareness among stakeholders; (iv) sensitise local support organisations (LSOs) on child rights; (v) develop child protection strategies, programmes and policies; (vi) and coordinate with national/regional and international institutions and organisations to strengthen and promote child rights.

Within a short time, the SCPRU was able to deliver and achieved major milestones. The Child Protection Bill was drafted in 2012, and got approved in 2013 as “The Gilgit Baltistan Child Protection and Welfare Act 2013” It is a comprehensive law which will be instrumental in safeguarding and protecting children rights in GB. The PC-1 for the establishment of Child Protection Commission has been approved with the efforts of SCPRU.

Child Rights Legislative Committee

The SCPRU has facilitated in establishing a Child Rights Legislative Committee (19). Five members of GB legislative assembly are members of this committee. This Committee can be very effective in bringing legislative reforms in GB region.

Child Rights Steering Committee

A Child Rights Steering Committee was also established with the efforts of SCPRU (20). Deputy Secretaries of GB Secretariat are members of the Committee, and it will be a useful forum to coordinate between departments for any matters related to children issues.

Pakistan Sweet Homes

The PBM has also set up one Pakistan Sweet Home for children from ages four to six. The home provides all the basic facilities for children such as accommodation, food, quality education up to higher secondary and above, uniforms, stationery, clothing, medical care, skill development, and counselling/legal aid for victims of violence and abuse. A detailed record of the children is kept to keep track of their origin and background, etc. (21).

National Centre for Rehabilitation of Children

The PBM has established the NCRCL, for children, in the age group of 8-10 years, working in hazardous and exploitative labour. Parents are given a subsistence allowance as compensation for the child’s wage-loss. The centres have been set up in Gilgit, Diamer, Ghizer, Skardu, and Ghanche. Children are given uniform, shoes, books and writing material. They complete primary education in four years and if anyone wants to continue studying, they are admitted in a government school. The PBM gives the student a stipend for educational expenses and a subsistence allowance to the parents. Vocational training is imparted to students of grades 4 and 5 (22).

S. No	District	Date of Establishment
1	Gilgit	2002
2	Ghanche	2005
3	Ghizer	2006
4	Skardu	2006
5	Diamer	2006

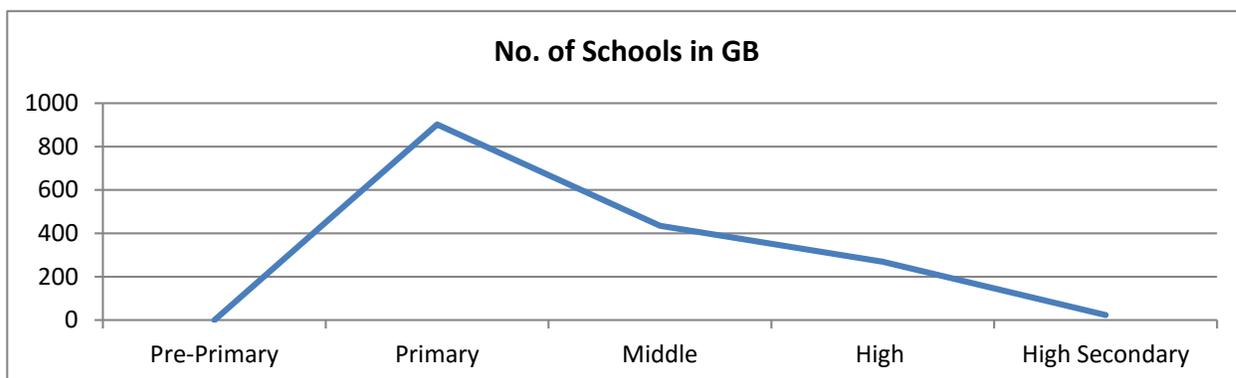
The PBM also offers parents a loan incentive of Rs 5,000 to set up a small business and adjust the loan against the monthly allowance to encourage them to allow their children to enroll in NCRCL and continue with their education to higher levels.

10.4 Education

A total of 233,757 children (57% males, 43% females) are enrolled in public and private institutes of GB from pre-primary to degree colleges. Of the total enrollment, only 22% students are studying in urban areas whereas the enrollment in rural areas is 78%. The enrollment in GB has increased by 6% in two years according to NEMIS (2011-12 & 2013-14).

Enrollment of Children in Formal Schools in GB			
	Boys	Girls	Total
Pre- Primary	27359	20030	47389
Primary	63344	48184	111528
Middle	26466	20079	46545
High	11942	9278	21220
High Secondary	3150	2776	5926
Degree	417	732	1149
Total	132678	101079	233757

Source: NEMIS 2013-14



Percentage of female enrollment shows degree of female participation in different education levels. According to NEMIS 2013-14, the percentage of female enrollment in GB is 40% at pre-primary level, 47% at primary level, 43% at middle level and 44% at upper secondary level. These findings reveal that female participation in GB is comparatively better than KP, Sindh, FATA and Balochistan. District-wise, the highest number of children going to school is from Gilgit and the lowest from Diamer. Enrollment of girls in Diamer is very low in middle and high schools.

Educational Institutions

According to NEMIS 2013-14, there are 1,664 institutions imparting education to 233,757 students in GB. There are 882 educational institutes for boys, 421 for girls and 361 institutions are mix. Gender disparity is highly visible with number of boys' schools being double than girls' schools. Of the total of 1,664 institutes in GB, only 16 per cent are in urban areas.

Educational Institutions in GB						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre-Primary						
Primary	108	794	547	195	160	902
Middle	84	351	188	132	115	435
High	51	218	132	70	67	269
High Secondary	14	9	5	9	9	23
Inter College	6	13	5	6	8	19
Degree College	7	9	5	9	2	16
Total	270	1394	882	421	361	1664

Source: NEMIS 2013-14

In addition to formal schools, there are 1,825 children (900 boys, 925 girls) enrolled in 50 NCHD schools, 56,548 children (24,087 boys, 32,461 girls) are enrolled in 1,425 Basic Education Community Schools and 15,857 children (12,411 males, 3,446 females) are enrolled in 93 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the province. The comparison of data (NEMIS 2011-12 and NEMIS 2013-14) show 4% increase in the enrollment of Deeni Madaris and 7% increase in BECS enrollment in over two years.

Non-Formal Educational Institutions in GB				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	1425	24087	32461	56,548
NCHD	50	900	925	1,825
Deeni Madaris	93	12,411	3446	15,857

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

PTR is an important indicator to measure the quality of education in a region. According to NEMIS 2013-14, the Pupil Teacher Ratio in GB is: 39 at primary level, 22 at middle level and 26 at upper secondary level.

Gross Enrollment Ratio and Net Enrollment Ratio

In Gilgit-Baltistan, a large proportion of children start school after the age of 5 years, GER in primary education rose to 153% in 2009-10. It was down to 103% in 2012-13 with 103% for boys and 137% for girls. The GER trend shows increase for both boys and girls, except in 2012-13, which indicates a sharp decline. This is due to reduction in the absolute number of enrolled

children in primary classes (23). Similar trend is observed in NER which is 69% (with 69% for both boys and girls), much lower than GER, indicating a large number of over age children in primary education classes.

The GER in secondary education is 45.3% for GB (48.4% boys, 41.7% girls), and NER in secondary education is 36.2% (38.7% boys, 33.4% girls)

Gross Enrollment Ratio (GER) of Primary from 2001-02 to 2012-13				
Region/ Province	2001-02	2005-06	2009-10	2012-13
GB	45.3%	86.4%	153.3%	119.5%
- Male	53.9%	92.3%	135.9%	103.1%
- Female	36.0%	80.2%	171.9%	137.1%
NET Enrollment Ratio (GER) of Primary from 2001-02 to 2012-13				
Region/ Province	2001-02	2005-06	2009-10	2012-13
GB	36.2%	69.2%	90.3%	68.8%
- Male	43.1%	73.8%	93.4%	69.0%
- Female	28.8%	64.1%	87.0%	68.6%

Source: NEMIS 2012-13

Survival Rates

In GB, only 2/3rd of enrolled children survive up to grade 5. Interestingly GB shows higher survivor rate of girls: in 2012-13, it is 88%, comparing to boys' survivor rate of 68%. This trend remains the same over years, except in 2009-10, when survival rate for girls dipped little below 50%.

Survival Rates to Grade 5 from 2001-12 to 2012-13				
Province	2001-02	2005-06	2009-10	2012-13
GB	79.2%	93.1%	52.40%	75.8%
- Male	17.8%	92.4%	57.7%	67.9%
- Female	99.7%	93.0%	48.4%	87.8%

Source: NEMIS 2012-13

Gender Parity Index

The Gender Parity Index (GPI) of GB for primary enrollment is 0.95, and fares better than the national GPI. More than two-thirds of girls attend primary school. In many valleys and towns, such as Gilgit, the figure is over 90 per cent but in some districts, such as Diamer, the figure is less than 10 per cent. In Nagar valley, only 4 per cent girls attended school in 1994, and now 92 per cent girls attend schools (24). AKES contribution to girls' education has been especially significant, and their schools enroll twice as many girls as boys; it accounts for 32 per cent of female enrollment in middle schools; and they are the single largest provider at high school level.

Key Challenges

It is difficult to set up schools in remote and far flung areas because of the difficult mountainous terrain. To offset this problem, the government has opened small schools with a multi-grade system in isolated areas. As a consequence, there is a proliferation of schools, but many lack quality staff and the basic requirements of a school. Gilgit-Baltistan has the highest number of primary schools per capita with least number of teaching staff. There are a limited number of informal/non-formal schools for drop-outs or children who have never attended schools. Key challenges facing GB education system are:

Missing Facilities

For children to enjoy going to school means that the schools should offer incentives. The absence of facilities leads to poor attendance and higher drop-out rates and stifles the motivation to excel. Among the many shortcomings, there is overcrowding in classrooms, with most of them bereft of furniture, lacking a clean environment and drinking water, housed in dilapidated buildings, and non-existence of libraries, laboratories, or playing grounds. A large number do not have boundary walls and electricity. In most schools, sanitation/latrine facilities are totally absent. NEMIS 2013-14 reveals that 43% schools do not have electricity, 41% schools do not have drinking water, 47% do not have sanitation facility and 40% schools do not have boundary wall.

Availability of Physical Facilities in Schools of GB (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	442	218	660	456	233	689	385	227	612	457	240	697
Not Available	393	121	514	380	105	485	449	111	560	379	99	478
Not Reported	5	3	8	4	4	8	6	4	10	4	3	7
	840	342	1182	840	342	1182	840	342	1182	840	342	1182

Source: NEMIS 2013-14

Gender Disparity

Distance, cultural norms, and bias against girls' education have a serious impact on the participation of girls in education, especially at the middle school level and above. The issue is particularly acute in Diamer, and to some extent in Astore, that perform poorly on girls' education due to a more pronounced gender bias. Other issues that have affected female education in GB include: shortage of girls' schools in rural and remote areas; no female teacher in school, low qualification/ training of female teacher imparting low quality of education and parents do not find any value and motive sending their daughters to schools; cultural factors and long distance to schools; no transportation facility; and general insecurity and lawlessness in society.

Quality of Education

Quality of education can be assessed from the levels of learning. According to ASER survey findings of 2014 conducted in rural part of GB, 45% class 5 children cannot read a class 2 story,

38% class 5 children cannot read English sentences (class 2 level) and 44% class 5 children cannot do two digit arithmetic division. The issue of gender gap in learning persists and boys outperform girls in literacy and numeracy skills. According to survey findings, 53% of boys can read at least sentences in Urdu as compared to 48% of girls, 63% boys can read at least English words while 57% of girls can do the same, and 56% of boys are able to do at least subtraction whereas only 51% girls can do it. Levels of learning have improved in GB in comparison to previous year, which is positive, however still below than acceptable levels.

Drop-outs

Drop-outs in primary education are very high in GB. Nearly 24% of primary students (32% boys, 12% girls) drop-out before completing primary education. According to NEMIS 2012-13, drop-outs are 7% at grade-1, 5% at grade-2, 6% at grade-3, 4.5% at grade-4 and 0% at grade-5. Drop-outs in Grade-5 remain at 0% highlighting that students adjust well when they are in their final year of primary school. Another concerning factor is that drop-outs have increased in GB over the years. In 2001-02, drop-outs at primary level were only 3.3%, in 2005-06 drop-outs were 7%, in 2009-10 these were 23% and in 2012-13, it rose to 31%.

Dropout Rate in Primary Education from 2001-12 to 2012-13				
GB	2001-02	2005-06	2009-10	2012-13
Total Primary Dropout Rate	20.8%	6.9%	47.6%	24.2%
- Male	82.2%	7.6%	42.3%	32.1%
- Female	0.3%	7.0%	51.6%	12.2%

NEMIS 2012-13

Out of School Children in GB

According to NEMIS 2012-13, a total of 63,445 children of primary school age are out of schools in GB. Boys are in majority among out of school population. According to ASER survey, 14% of children (age 6-16) were reported to be out-of-school in 2014 which has decreased as compared to 2013 (16%). 11% children have never been enrolled in a school and 3% have dropped out of school for various reasons. If steps are taken in time by the government, the issue of out of school children can be managed and resolved in GB.

Primary Out of School Children 2012-13 in GB		
Male	Female	Total
32613	30832	63445

NEMIS & NIPS Projections (2005-2025)

Teacher's Training

One of the weaknesses of the educational system is untrained and low qualified teaching staff. In Gilgit-Baltistan, the situation is no different. The teacher training curriculum is outdated. Teaching is based almost entirely on textbooks and there are no supplementary teaching

materials. Teachers need subject-specific and modern teaching–learning training with emphasis on well supervised classroom-based practices. Teachers in special circumstances, such as those teaching multi-grade classes, or classes including children with special needs, do not receive adequate training. There is no proper staff appraisal system linked to promotion and remuneration. There is lack of accountability of education system staff—within schools to SMC/PTAs, within the administration to civil society. Staff roles are often not clearly defined, often resulting in overwork and inefficiency.

10.5 Health and Nutrition

Mortality Rates

According to the Pakistan Demographic and Health survey 2012-2013, child mortality rates in Gilgit Baltistan are as follows:

- Infant mortality rate is 71 per 1000 live births
- Neonatal mortality rate is 39 per 1000 live births
- Under-five mortality rate is 89 per 1000 live births

According to the Department of Health, maternal mortality rate is estimated at 450-500 deaths per 100,000 live births in GB.

Immunisation

According to findings of Pakistan Demographics and Health Survey 2012-13, 47 per cent of children, aged 12-23 months, had been fully immunised by the time of the survey. With regard to specific vaccines, 79 per cent of children had received the BCG immunisation and 51 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines were 62 per cent and 90 per cent respectively, and only 55 per cent and 75 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a drop out of 7 per cent and 15 per cent respectively, between the first and third dose of DPT and polio vaccines. Nine per cent of children did not receive any vaccine at all.

Immunisation Coverage in Gilgit Baltistan												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
GB	BCG	1	2	3	0	1	2	3	Measles			
PDHS 2012-13	78.6	62.4	62.2	55.3	40.7	89.6	85.2	75.2	51	47	9.4	29.2
GBDHS 2008	66.7	59.7	51.2	43.7	45.6	88.4	86.3	74.9	51	34.4	10.2	20.1
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

GBDHS 2008 & PDHS 2012-13

The comparison of GBDHS 2008 and PDHS 2012-13 surveys reveal that there has been an upward trend in the proportion of children who are fully immunised in GB. Trends also suggest that number of children who did not receive any vaccination has decreased.

Diarrhoea and Oral Re-hydration treatment

Trends indicate reduction in diarrhoea cases in GB. PDHS 2012-13 reveals that 17 per cent, aged less than five years, had diarrhoea which is lower than 22 per cent reported by GBDHS 2008. According to the latest survey, only 1 per cent children had diarrhoea with blood, in the two weeks prior to the survey. The incidence of diarrhoea was found to be similar among male and female children. Oral rehydration therapy (ORT) is used for Diarrhoea treatment. Compared to 73 per cent in 2008, 70 seven per cent children who had diarrhoea received ORS or Government recommended home-made fluids, while 7 per cent did not receive any treatment according to PDHS 2012-13.

Acute Respiratory Infections

Trends indicate increase in cases of ARI among the children in GB. According to PDHS 2012-13, 15 per cent children, less than five years of age, were reported to have had symptoms of pneumonia during the two weeks preceding the survey, registering an increase from 9 per cent of cases reported by GBDHS 2008. On positive side, trend of seeing doctor for treatment has also increased. Comparing to 70 per cent earlier, 82 per cent children were taken to an appropriate health provider and treatment was sought, according to PDHS 2012-13. Twenty nine per cent children with suspected pneumonia received antibiotics.

Malaria

PDHS survey 2012-13 reveals that 36 per cent of children, less than 5 years of age, suffered from fever in the two weeks before the survey, registering a slight decrease from 37 per cent reported by GBDHS, 2008. Trend of seeing doctor has improved. Comparing to 70 per cent earlier, 76 per cent took advice or treatment from health facility or provider. Twenty four per cent took anti-biotic drug for treatment of fever.

Nutritional Status of Children

According to PDHS 2012-13 survey findings, 36 per cent of children in GB, under age 5, are stunted, and 22 per cent are severely stunted. Overall, 8 per cent of children, less than age 5, are wasted, and 12.6 per cent of children, less than age 5, are underweight.

Infant and Young Child Feeding Practices (IYCF)

Trends indicate some improvement in the breastfeeding practices in GB. The data shows that 10 per cent of newborns were given something other than breast milk (prelacteal feed) during the first three days of life, registering a decrease from 19 per cent as reported by GBDHS 2008. PDHS survey 2012-13 discloses that 99 per cent of children were reported to have been breastfed at some time, 60 per cent of children were reported to have been breastfed within one hour of birth and 96 per cent were breastfed within one day of birth. The median duration of any breastfeeding in GB is 20.1 months, exclusive breastfeeding is 3.5 months and predominant breastfeeding is at 4.3 months.

Initial Breastfeeding Practices in Balochistan		
GB	GBDHS 2008	PDHS 20012-13
Children ever breastfed	98.1%	98.7%
Children who started breastfeeding within 1 hour of birth	59.9%	60.4%
Children who received a prelacteal feed	18.7%	9.8%

* Breastfeeding among children born in past five years

Appropriate IYCF practices include timely initiation of feeding solid or semisolid foods at age 6 months and increasing the amount and variety of foods and frequency of feeding as the child gets older, while maintaining frequent breastfeeding. PDHS 2012-13 reveals that only 25 per cent of breastfed children were fed, in accord with the recommended guidelines, with foods from four or more groups and fed the minimum number of times each day. Also, 27 per cent of breastfed children and 46 per cent of non-breastfed children of ages 6-23 were fed foods, from four or more food groups, in the 24 hours preceding the survey.

Micronutrient Intake among Children

Vitamin A is an essential micronutrient for the immune system that plays an important role in maintaining the epithelial tissue in the body, and periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency (VAD). PDHS 2012-13 reveals that 55 per cent of children age 6-23 months consumed foods rich in vitamin A the day or night preceding the survey, and only 9 per cent of children age 6-59 months were given vitamin A supplements, registering a decrease from 40 per cent as in 2008.

Iron is essential for cognitive development, and low iron intake can contribute to anemia. The results of the PDHS 2012-13 show that 45 per cent of children, aged 6-23 months, consumed foods rich in iron, in the 24 hours prior to the survey. As a means of assessing iron supplementation coverage, mothers were asked if their children under age 5 had received an iron tablet, in the seven days prior to the survey. Survey findings reveal that, overall, only 2 per cent of children aged 6-59 months received iron supplementation.

Certain types of intestinal parasites can cause anemia and periodic deworming for organisms such as helminthes can improve children’s micronutrient status. According to PDHS 2012-13, 18 per cent of children, aged 6-59 months, received deworming medication, in the six months before the survey.

Micronutrient Intake among Mothers

Iron supplementation of women during pregnancy protects the mother and infant against anemia, which is considered a major cause of perinatal and maternal mortality. The findings of PDHS 2012-13 show a decrease in vitamin A intake among mothers. Only 4 per cent of women received a vitamin A dose during the postpartum period, comparing to 17 per cent reported by GBDHS 2008. Anemia also results in an increased risk of premature delivery and low birth weight and iodine deficiency is related to a number of adverse pregnancy outcomes, including abortion, fetal brain damage and congenital malformation, stillbirth, and prenatal death. The intake of iron tablets have also decreased in GB. Seventy per cent women did not take iron tablets or syrup during pregnancy of the last birth, comparing to 62 per cent reported by GBDHS in 2008. Percentage of women who took deworming medication during pregnancy of the last birth was 1.5 per cent, according to PDHS 2012-13.

Health Facilities

There are 27 hospitals, 124 dispensaries, 2 RHCs, 17 BHUs and 93 MCH Centres in GB. According to a Health Department official, GB has satisfactory health facilities in comparison to other provinces, despite the difficult terrain (25).

Health Facilities in Gilgit-Baltistan															
Name of Districts	Hospitals		Dispensary		RHCs		BHUs		TBCs		MCH		FAPs		Total
	No	Bed	No	Bed	No	Bed	No	Bed	No	Bed	No	Bed	No	Bed	
Gilgit	3	276	11	0	0	0	2	4	2	10	10	0	26	0	54
Hunza-Nagar	3	35	13	0	1	25	2	4	2	0	11	0	15	0	47
Skardu	6	225	33	0	1	25	4	8	6	0	30	0	19	0	99
Diamer	3	120	9	0	0	0	3	0	4	0	8	0	21	0	48
Ghanche	5	70	33	0	0	0	3	0	3	0	14	0	26	0	84
Ghizer	5	80	15	0	0	0	1	2	3	0	16	0	38	0	78
Astore	2	50	10	0	0	0	2	0	2	0	4	0	9	0	29
Total	27	856	124	0	2	50	17	18	22	10	93	0	154	0	439

The population averages stand at 1220 people per one hospital bed in GB, 3804 people per doctor and 40656 people per one dentist.

Budget

An amount of Rs 810 million was earmarked for the Health programmes by the Government of GB, out of the Rs27.64 billion for fiscal year 2014-15 (26).

Challenges

Despite strong health gains in some parts of GB, the region generally lags behind the rest of Pakistan. The health sector faces several development challenges which undermine the quality of care, and it can escalate health problems in the coming years. Capacity is an important concern at all levels, and providers find it difficult to train and retain adequate staff to deliver core services, especially lady health workers in remote areas. Distance and the poor communication system are obstacles in availing healthcare facilities, despite the fact that Gilgit-Baltistan has a higher number of beds as a proportion of the population when compared with the national average.

Maternal and child health care is a particular concern. There are significant disparities among districts within the region. For example, in the specific catchments areas where the Aga Khan Health Services have been complementing public service delivery with additional efforts to improve maternal and child health care, the IMR has fallen to 33, far below the rates in Diامر where working for the civil society organisations are not easy. The story is similar for literacy and other human development indicators also.

10.6 Child Labour

There are no surveys or researches conducted in GB on the prevalence of child labour in GB. Anecdote evidence suggests that child labour is not a pervasive issue because there are no industries or other business activity. Child labour is predominantly male oriented, because females are traditionally not allowed outside the house. Labour children are more visible in Gilgit and Skardu. They are not local residents, rather they come from peripheral areas, in search of work to support their families back home.

Almost 80 per cent of child labourers are employed in unskilled occupations such as small hotels, automobile workshops, salesmen, agriculture, service stations, construction, and transport. In Ghanche, child labour exists on a small scale in agriculture, cattle grazing and construction.

10.7 Juvenile Justice in GB

The crime rate among juveniles is low and the number of children in conflict with the law is negligible. There are four jails in GB. As of October 31, 2014, one male juvenile offender was detained in GB. Juvenile offenders were kept in separate barracks since there is no separate or exclusive facility for juvenile inmates (27).

The JJSO, 2000 is not enforced in GB but the new law on child protection makes a reference to JJSO for convicting juveniles above 15 years old. The fourth chapter of Gilgit Baltistan Child

Protection Welfare and Welfare Act, 2013 deals with the subject of juvenile justice. It says that if the age of a child is above fifteen and below the age of eighteen, then the child will be treated in accordance with the provisions of Juvenile Justice System Ordinance, 2000 provided that the Court may order the community service up to the imprisonment period prescribed for the offence. The law is more relaxed for children under 15 years of age. It says that if a child who is above 14 years old, and less than 15 years of age, commits a crime and is convicted, he may be ordered to perform a community service, through probation officer or fine or a combination of both, provided that there shall be no imprisonment in default of the payment of the fine. The law also says that in case the child is destitute, without parental care and his parents or lawful guardians are incapable of making payment on his behalf, the court, in such circumstance, can order to pay the fine from the Child Protection Fund.

The necessary infrastructure for the implementation of the JJSO needs to be developed in Gilgit-Baltistan.

10.8 Violence against Children

There are no facts and figures to measure the prevalence of violence against children in GB. But one can safely say that children in this area are also victims of various types of violence—some are generic as found all over Pakistan while some are specific to the area. It is important to develop knowledgebase about state of child rights in Astore and Diamir which unlike other districts have poor enrollments and higher drop-outs.

Corporal Punishment

Corporal Punishment is widespread in schools and in homes. The government has abolished corporal punishment through the GB Child Protection and Welfare Act, 2013, in all of its kinds and manifestations (Article 35) and any person whosoever causes or permits to cause corporal punishment to a child, can be punished with imprisonment for a term which may extend to six months or with fine which may extend to fifty thousand rupees, or with both (Article 36). The problem, however, persists in the absence of a proper monitoring and reporting system. Not many people are aware that corporal punishment has been outlawed in GB (28).

Child Marriages

Forced and early marriages are common in the least developed districts of Diamer and Astore. Child rights' experts feel that, with improvement in human development indicators, the practice of forced and early marriage has declined in Gilgit and Hunza-Nagar (29). Child marriages are also prohibited in GB under GB Child Protection and Welfare Act, 2013. The violator can be imprisoned up to 5 years and with fine which may extend to one hundred thousand rupees (Article 34).

Child Sexual Abuse and Exploitation

Cases of sexual abuse are seldom reported in the media, and the rest are kept hidden for fear of dishonour and shame. This also prevents concerned people from determining the true pervasiveness of the crime (30). According to Sahil Cruel numbers, 2 cases (out of 3002 cases) were reported in 2013 and 1 case was reported in 2014 (out of 3508 cases) from GB region.

Incidents of child sexual abuse are more likely to occur with child labourers or street children because of their easy accessibility.

Child Beggars

Child Beggars are not widespread but they are increasing in the region, and begging is more common among families who have been displaced after the construction of Bhasha Dam. They have settled in the outskirts of Gilgit and children, who have nothing to do, are begging in the markets. Once on the street, these children become prey to other forms of abuse and exploitation (31).

Abandoned Children

One of the most tragic violations of child rights is the rescue and protection of abandoned babies. The birth of a baby out of wedlock is considered taboo and a matter of dishonour for the family. As a result, innocent babies are killed or abandoned in order to preserve family and tribal honour. These babies are the most susceptible because they are either abandoned or killed.

CEENA, a Gilgit based NGO, has been working for the protection and care of such babies. It offers babies for adoption and facilitates the completion of the adoption process. The centre has saved over many precious lives and has successfully placed all these babies for adoption. Orphaned children are generally taken care of by the extended families. CEENA also supports orphaned children and provides shelter, food, clothing and healthcare for them. CEENA is a home for roughly 103 children (32). Pakistan Bait-ul-Maal has also opened a Sweet Home for children aged 4-6 years.

Birth Registration

Birth registration, as in other parts of the country, is not a common practice in GB but parents often get the birth registration certificate when admitting their children in schools. According to PDHS 2012-13, 23 per cent of children, under 5 years of age, were registered. In addition, NADRA has issued child registration certificates to 153,876 children (78,568 boys, 75,308 girls) by October 2014.

Conclusion & Recommendations

The social indicators of GB are weak but, in relation to some other parts of Pakistan, they are still better, despite having been neglected by Government of Pakistan for many years. Education has fared better although the cultural constraints for girls in some areas have restricted their access to education.

Challenges posed in GB, due to the difficult terrain and lack of communication facilities, such as roads and bridges, have impacted on both education and health care. The lack of data is an obstacle to understanding the full gravity of the situation, and what little data is available, reflects again the apathy of the government in providing insufficient and deficient quality of healthcare. According to a government presentation in 2010, the doctor-population ratio is 1:4100. On the

other hand, there are more health care institutions here as compared to the national level, but they are ill equipped, both in terms of human and financial resources.

Development is directly linked to the availability of financial resources. Post NFC Award and 18th Amendment, GB is facing a financial crunch and challenges to generate its own resources. The new administrative set up is an opportunity and a challenge for the GoGB. With vision and dedication, the area can grow and prosper because of the educated population. It must also shift its concern more towards comparatively backward districts such as Diamer and Astore, to bring the area, at least to begin with, at par with other districts in terms of its endeavour to fulfil the children's rights.

Recommendations

Policy and Plan of Action for Children

1: It is highly recommended that the GoGB develop a Policy for Children, which should also include a Plan of Action for education, health, and child protection because they all are very much connected.

Establishment of GB Child Protection Commission

2: The GoGB should establish and strengthen the GB Child Protection Commission. This Commission can play a pivotal role, and can change the landscape of state of child rights and child protection in GB.

Review and Introduce Child Rights Law

3: The Legislative Assembly has done well by passing the child protection law. They should also now review all national and provincial child rights laws, identify gaps and lacunas. Based on an in-depth analysis, it should draft laws and present them before the Legislative Assembly for approval.

Enactment & Enforcement of Compulsory Education Law

4: The government should enact and enforce the Compulsory Education law to provide free and compulsory education to all children aged between 5 to 16 years. The GoGB should give special attention to Diamir and Astore districts.

Strengthening the Departments of Education, Social Welfare, and Women's Development

5: It is recommended that the Departments of Education, Social Welfare, and Women's Development be strengthened through technical and financial assistance to perform their duties and functions properly.

Recognition, Reporting and Helpline

6: To protect a child from abuse and exploitation, it is important that help is accessible to him/her easily and quickly and for those who wish to help the child victim in GB. A helpline service should

be started where children or any other person can call and register a complaint, and the service can put them through to relevant agencies, provide guidance and free counselling to children.

Set up Exclusive Desks dealing with Children's Cases

7: It is recommended that child rights desks be introduced in all the police stations of GB. These desks will deal exclusively with children's cases (offenders and victims) directly reported to the police station. Preferably, the desks should be set up in a separate area, and the dealing police officer/s should not be in uniform. In addition, they should be trained in child rights and to deal with children with compassion.

Promote Child Friendly School Culture

8: Promote child-friendly culture and environment in schools that are conducive to effective learning, being inclusive, healthy, protective, gender responsive and encouraging for the participation of learners, families and communities.

Appointment of Counsellors in Schools

9: Qualified counsellors should be appointed in schools to deal with children's problems, both in schools and outside. This can provide an avenue for children to share their problems and lodge their grievances. This will also be useful to control drop-outs from schools.

Child Protection Committees in Hospitals

10: It is recommended that Child Protection Committees be instituted in all hospitals. It should be made mandatory for all doctors, especially pediatricians, to inform the Committee when a case of child abuse is identified. Doctors and paramedics must be trained on child rights, and should have knowledge to recognise signs of child abuse and exploitation.

Setting-Up Child Care Institutions

11: The government should establish child care institutions in all the districts on its own or in collaboration with civil society organisations. The government should notify minimum care standards for children's homes/child care institutions, and a system to ensure its compliance.

Financial Support for the Economically Needy

12: The government should ensure that education is free and exempted from hidden costs and provide additional financial support to students from economically disadvantaged families, and promote the value of girls' education among conservative regions.

Improve the Health Care System for Children

13: The government needs to increase allocations to the health sector, reduce significantly infant, under-5 and maternal mortality rates through adequate antenatal and postnatal care. It should take, as a matter of urgency, measures to address preventable health problems among children, including malnutrition, TB, malaria, diarrhoea, acute respiratory diseases, measles, etc through strengthening of Routine Immunization & MNCH services. Interventions to reduce micro-nutrient deficiencies must be put in place to reduce the burden of malnutrition. Medical staff must be improved and upgraded and incentives offered to work in remote areas of the region.

Public Awareness Campaigns to Prevent Harmful Traditional Practices

14: Public awareness campaigns must be launched to bring about behavioural change against harmful traditional practices, including discrimination against the girl child in the matters of nutrition, access to health services and education.

Inter-Agency Network on Child Protection

15: There should be an inter-agency network on child rights/protection that would include focal persons designated by the agencies, departments, and organisations. Inter-agency reporting, referral procedures, and resource sharing should clearly identify the roles and responsibilities of individual organisations within the system, which must be agreed upon. There should also be an approved process by which the effectiveness of any interagency system can be monitored and evaluated.

Promote Birth Registration

16: The Government should remove structural obstacles to birth registration and simplify the procedures of birth registration in order to cover all persons in the GB. Birth registration systems need to be flexible in recognition of the difficulties and differences in people's lives, and must do more to make the process accessible. In remote rural communities, decentralised birth registration systems and mobile registration can help improve accessibility. Free registration and birth certification make birth registration possible for poorer people. The cost of registration is mentioned time and time again as a barrier to registering children. Integration of birth registration into existing public services such as primary health care, immunisation and school enrollment is a cost-effective, efficient and sustainable way of ensuring birth registration. Furthermore, timely and accurate registrations of births and deaths are crucial for understanding population dynamics and planning effective development programmes.

Build a Knowledge-base on Children's Issues

17: One of the major impediments to the promotion and protection of children in GB is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. A comprehensive monitoring mechanism should be established to collect data, disaggregated by sex, age and rural and urban areas. In addition, all policies, initiatives and services should be monitored and impact assessed. The unit can be established under GB Child Protection Commission which should be self-sufficient in human and financial resources.

Mandatory Reporting of abuse and neglect

All citizens have a responsibility to protect those who cannot protect themselves. Oregon state law in United States of America, however, mandates that workers in certain professions must make reports if they have reasonable cause to suspect abuse or neglect. These people are called mandatory reporters and they are a crucial link in the system to protect Oregon's most vulnerable citizens. By law, mandatory reporters must report suspected abuse or neglect of a child regardless of whether or not the knowledge of the abuse was gained in the reporter's official capacity. In other words, the mandatory reporting of abuse or neglect of children is a 24-hour obligation.

Mandatory reporters, while acting in an official capacity, who come in contact with an elderly or developmentally disabled adult they suspect have been abused or neglected, must report to DHS or law enforcement. All employees of the Oregon Department of Human Services are mandatory reporters. These individuals are required to report because they have frequent contact with at-risk populations – infants and children, people who are elderly or dependent, individuals with mental illness or developmental disabilities, and residents of nursing homes and other health care facilities.

Who are mandatory reporters?

Medical personnel: Physicians, psychiatrists, surgeons, residents, interns, dentists, dentist hygienists, medical examiners, pathologists, osteopaths, coroners, Christian Science practitioners, chiropractors, podiatrists, optometrists, naturopathic physicians, registered and licensed practical nurses, emergency medical technicians, substance abuse treatment personnel, hospital administrators, physical, speech and occupational therapists, and other personnel involved in the examination, care or treatment of patients.

School and child care personnel: Teachers, school personnel, educational advocates assigned to a child pursuant to the School Code, truant officers, directors and staff assistants of day care centres and nursery schools.

Public employees: Members of the Legislative Assembly, employees of the State Commission on Children and Families, the Child Care Division of the Employment Department, the Oregon Youth Authority, a county health department, a community mental health and developmental disabilities program, a county juvenile department, and all DHS employees.

Law Enforcement: Truant officers, probation officers, law enforcement officers, and field personnel of the Department of Corrections.

Others: Psychologists, licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, members of the clergy, attorneys, firefighters, court appointed special advocates, registered or certified child care providers, and foster care providers and their employees.

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Chapter 11: State of Children in AJK

Name of Province/ Region	Azad Jammu & Kashmir
Population (1)	4,257,000
Literacy Rate (Male, Female) (2)	70% (77% male, 53% female)
Net Enrollment Ratio (Primary Level 5-9) (3)	54% (54% boys, 54% girls)
Gross Enrollment Ratio (Primary Level 5-9) (4)	68% (68% boys, 68% girls)
IMR (5)	56 per 1000 live births
U5MR (6)	88 per 1000 live births
MMR (7)	201 per 100,000 live births
Children in Detention Centre (UT, Convicted) (8)	0
Number of Children Released on Probation (9)	0
Child Labour Participation Rate (10)	0.23 % (10-14 Years) 5.22 % (15-19 Years)

11.1 Introduction

Azad Jammu and Kashmir (AJK) is under the indirect control of the Pakistan government. Its defence, foreign policy, and currency are managed by Pakistan. The Ministry of Kashmir Affairs and GB Affairs serves as a link between the GoP and the GoAJK. The state of Kashmir remains disputed territory and is controlled both by Pakistan and India since independence in 1947.

According to the 1998 population census, the population of AJK was 2.973 million, which is estimated to have grown to 4.257 million in 2013. Majority of AJK population (88%) live in rural areas (11). Almost 100 per cent of the population is Muslim.

AJK has a parliamentary form of government. The President is the Constitutional Head, while the Prime Minister, supported by a council of ministers, is the Chief Executive. It has its own Legislative Assembly, comprising 41 directly and 8 indirectly elected members and including a technocrat, *Mashaikh*, overseas Kashmiri, and five female members. The AJK has its own Supreme Court, High Court and Shariat Court (12).

The state is mainly hilly and mountainous with valleys and stretches of plains. It has thick forests, fast flowing rivers, and winding streams. The most well known river is the Neelum that winds through the Muzaffarabad, Jehlum, and Poonch. About 42.6 per cent of the total geographical area (0.567 million hectares), is controlled by the Department of Forestry (13).

The majority of the rural population depends on forestry, livestock, agriculture, and non-formal employment for its livelihood. Unemployment ranges from 9 to 13 per cent. The major crops are maize, wheat, and rice whereas minor crops include vegetables, grams, pulses and oilseeds.

Major fruits are apple, pears, apricots, and walnuts. Reduced agricultural productivity has adversely affected the traditional lifestyle and average per capita income of rural households (14).

Social sector indicators, particularly health and population, have not registered much improvement. The literacy rate is estimated at 70 per cent; 77 per cent for males and 53 per cent for females which is higher than the national average. Literature review indicates that AJK has achieved enormous growth in women's literacy (15).

11.2 Policy Framework

The AJK was the first government that approved the Child Protection Policy in 2010.

Child Protection Policy

The goals of Child Protection Policy are (16): (i) Strengthen institutional capacities of government authorities in charge of child protection systems at the government and local levels; (ii) Coherent reform of legal and administrative frameworks on child rights and child protection; (iii) Strengthen infrastructure at community level for all forms of child abuse; (iv) Establish a monitoring system, manage an information database and undertake research (v) Develop child protection system through diversified services, re-organisation of existing services, piloting and extending family and community centered services; (vi) Information, public awareness and capacity building on child protection for stakeholders and general public; (vii) Institutionalised co-operation with key sectors involved in intervention and prevention of child abuse and exploitation; probation and child care services, justice and law enforcement authorities, immigration, health, education, NGOs and INGOs networks.

The administrative structure proposed in the Child Protection Policy includes AJK Commission for Child Welfare and Development (AJKCCWD) which will be responsible for making policies on child protection. The Commission will work independently, and the Director will be responsible to execute the child protection programme. Child Protection Units (CPU) will be the gate-keepers at local level and the contact point for families and children in need of assistance.

11.3 Legal Framework

AJK has its own constitution, the Azad Jammu and Kashmir Interim Constitution Act of 1974, and a locally chosen parliamentary form of government. The constitution allows for many of the structures that comprise a self-governing state, including a legislative assembly elected through periodic elections, a prime minister who commands the majority in the assembly, an indirectly

elected president, an independent judiciary, and local government institutions (16). The laws of Pakistan are not directly enforceable in AJK. They can be adapted by AJK legislative assembly with or without modifications. For this purpose, the AJK passed the “Act of 1959” under Authority order No. 21/59 dated 12-1-1959, where it is necessary to adapt and to enforce certain laws of Pakistan.

Laws related to children are scattered across several different laws and it does not have a law on compulsory primary education (17).

List of Child Related Laws in AJK

Child Marriage Restraint Act, 1929
Guardians and Wards Act, 1890
Majority Act, 1875
Vaccination Act, 1880
Punjab Court of Wards Act, 1903
Punjab Juvenile Smoking Act, 1918
Punjab Jail Manual
Registration Act, 1908
The Employment of Children (Adaptation) Act, 1986
Factories Act, 1934
Mines Act, 1923
The AJK Government Educational and Training Institutions Act, 1993
The AJK Family Courts Act, 1993
The Offence of Zina (Enforcement of Hadd) Act, 1985
The AJK Shops and Establishments Act, 1975
The AJK Minimum Wages for Unskilled Workers Act, 1975
The AJK Road and Transport Workers Act, 1975
The AJK Interim Constitution Act, 1974
The AJK Industrial and Commercial Employment (Standing Orders) Act, 1975
The Islamic Tazirati Act, 1974
Azad Jammu Kashmir Transfusion of Safe Blood Ordinance, 2003
Punjab Juvenile Smoking Act, 1918
Juvenile Justice System Act, 2003

Department of Social Welfare and Women’s Development was quick to prepare a draft Bill on Child Protection after Child Protection Policy was passed. The proposed Bill on Child Protection has been reviewed several times, and is pending approval from the AJK legislative assembly.

11.4 Institutional Arrangements for Child Protection

The Department of Social Welfare and Women's Development is the lead agency mandated to work for the welfare of children in Azad Jammu & Kashmir. The Department has taken a number of measures to promote and protect child rights, especially after the earthquake in 2005.

The AJK Commission for Child Welfare and Development (AJKCCWD) works under the ministry, followed by the DCCWD at district level. The Commission is responsible for promoting and protecting child rights in AJK (18). At the district level, DCCWD have been constituted under the AJKCCWD.

In 2008, UNICEF established the Child Protection Monitoring Unit (CPMU) in the department of Social Welfare for one year. Happily, CPMU recorded a number of success stories which persuaded the department to continue with the project (19).

The SWWD has established a formal Child Protection Referral System that provides for an integrated, coordinated, holistic and multidisciplinary response for children's protection and development needs. The system provides a cohesive network of specialised and mandatory service providers obligated with protocol agreement. It has a simple and effective procedure for referring/reporting the case to the appropriate service provider in six steps; case identification, intake-reporting/referring, assessment/verification, registration and data-base, referring to concerned service provider and follow-up. A handbook on the Child Protection Referral System has been published to guide children, child protection units' staff and other institutions on ways to report cases of children seeking protection (20).

The AJK Government is planning to setup a comprehensive child protection system through the AJK Child Protection Act. According to the Social Welfare Department, the approval of Child Protection Act is necessary for smooth functioning of child protection system under government laws and rules with its extension to Child Protection Directorate. At present, the department is carrying out multiple child protection activities but there is no specific budget allocation in budget documents related to child rights and child protection.

The Department of Social Welfare and Women Development plans to strengthen Child Protection and Welfare Services by introducing and implementing policies and standard procedures for institutions and staff. Minimum Care Standards for child care institutions have been prepared for religious institutions, orphanages, and other care centres (21).

Child Protection Units

The AJK Government has set up CPUs to provide integrated services for marginalised and vulnerable children in three districts; Bagh, Muzaffarabad, and Neelum. The plan is to replicate these Units in all districts of AJK.

The CPU works at the local level and refers families and children in need of assistance to appropriate services, and diverts them from inappropriate placement in institutions. The CPU provides services directly or through other agencies which are child centered and family focused.

In 2008, CPUs extended their mandate and included child labourers, garbage collectors, and beggars (22).

The objectives of Child Protection Units are:

- To protect/save children from all forms of abuse, neglect and exploitation and ensure access to basic rights to education, health, and development, empower children, adolescents, and families to improve protection of children;
- To create awareness on the UNCRC in the community;
- Develop linkages between government and NGOs on child protection and referral systems;
- To ensure protection to children regarding all issues;
- Conduct the DCCDW meeting and create awareness among the DCCWD on child rights;
- Strengthen referral mechanism;
- Identify and manage cases of vulnerable children;
- To follow up, review and monitor referred cases;
- To maintain and update OVC database;
- Ensure accountability at all levels;
- Provide out-reach services to vulnerable children;
- Provide legal advice, psycho-social counselling and assessment to vulnerable children;
- Encourage and promote children-focused organisations and policies;
- To advocate and create awareness on friendly school environment.

The Child Protection Unit in Muzaffarabad has been setup under the Social Welfare Complex. It provides free boarding, lodging and education facilities to orphans and deserving children. The department has so far admitted 185 children in the hostel (23).

Kashana

Kashana is a child care institution for underprivileged groups/orphans (under the 1976 custody law) and is operating under the supervision of SWWD. There is also a facility for girls' hostel. Children are provided free accommodation and meals. The institution is considering including destitute persons as well. There were 16 girls staying in Kashana Centre on 24 September 2014 (24).

Child Protection Committee

The community-based child protection network includes Child Protection Committees and Children's Councils. They are responding to issues concerning child protection through focused referral mechanisms (25).

National Centre(s) for Rehabilitation of Child Labour

Five centers have been established by PBM in AJK for rehabilitation of child labour to prevent them from hazardous labour. Children, between the ages of 5-14 years, are provided free education, clothing, footwear and stipend as well as subsistence allowance to their parents.

Pakistan Sweet Homes

Pakistan Bait-ul-Maal has setup Pakistan Sweet Homes in Muzaffarabad and Dadyal for children whose parents, either one or both, are deceased. Children are provided with accommodation, food, education, medical care, skills training, counseling and legal aid for victims of abuse and violence.

11.5 Education

Enrollment

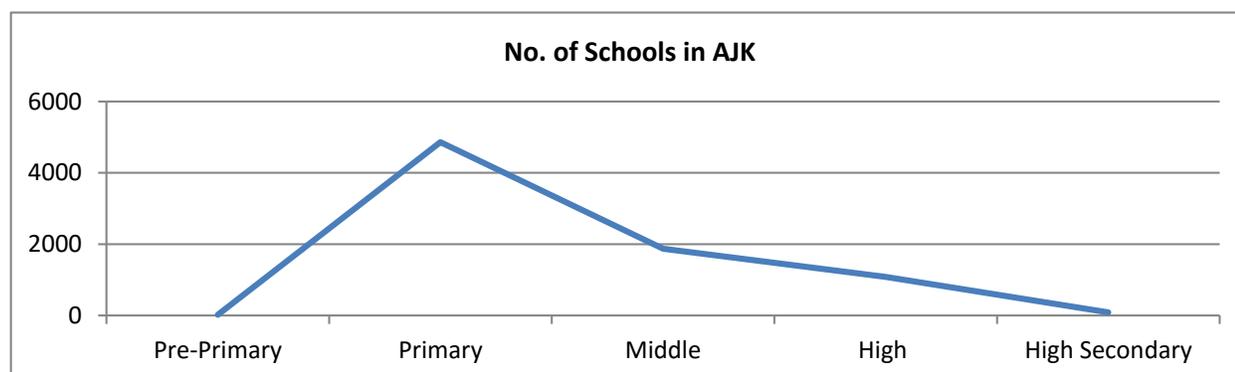
A total of 931,236 students (54% males, 46% females) are enrolled in public and private institutions of AJK at different levels, from pre-primary to Degree College, according to NEMIS 2013-14. The enrollment rates indicate low enrollment in middle schools, comparing to primary schools enrollment. Of the total enrollment, 65 per cent students are studying in urban areas whereas the enrollment in rural areas is 35 per cent. According to NEMIS, the enrollment in AJK has decreased from 947,165 in 2011-12 to 931,236 in 2013-14, shows a decrease of 1.6 per cent.

Enrollment in Formal Schools in AJK			
	Boys	Girls	Total
Pre- Primary	134006	117380	251386
Primary	199969	181981	381950
Middle	86974	76333	163307
High	38570	30841	69411
High Secondary	34879	16976	51855
Degree	5199	8128	13327
Total	499597	431639	931236

Source: NEMIS 2013-14

Educational Institutions

According to NEMIS 2013-14, there are 8133 educational institutes, imparting education to 931,236 students in AJK. There are 3450 institutes for boys, 2730 for girls and 1953 institutions are mix. Number of schools in the rural areas is greater than that in the urban areas in AJK, but



enrollment of students in the urban areas is more than that in the rural areas. Of the total of 8133 institutes, 6992 are in the rural areas and the rest 1141 are in the urban locations. The number of middle schools is lower in comparison to primary schools and is not sufficient to meet growing demand of enrollment (25).

Educational Institutions in AJK						
	Urban	Rural	Boys	Girls	Mixed	Total
Pre-Primary	6	15			21	21
Primary	399	4462	2394	1800	667	4861
Middle	289	1581	541	488	841	1870
High	262	818	408	339	333	1080
High Secondary	38	50	22	35	31	88
Inter College	58	35	21	19	53	93
Degree College	89	31	64	49	7	120
Total	1141	6992	3450	2730	1953	8133

Source: NEMIS 2013-14

In addition to formal schools, there are 2,970 children (1472 boys, 1498 girls) enrolled in 85 NCHD schools, 11,110 children (5345 boys, 5765 girls) are in 203 Basic Education Community Schools and 106,273 children (49,973 males, 56,300 females) are enrolled in 1269 Deeni Madaris. The main beneficiaries of non-formal schools and madaris education are poor, needy and deserving children of less privileged urban settlements, rural and remote areas of the region. The comparison of two years data (NEMIS 2011-12 and NEMIS 2013-14) shows 4% increase in the enrollment of Deeni Madaris. However, the enrollment in BECS has decreased by 18%, from 13,530 students in 2011-12 to 11,110 students in 2013-14.

Non-Formal Educational Institutions in AJK				
Type of School	Institutions	Enrollment		
		Male	Female	Total
BECS	203	5,345	5,765	11,110
NCHD	85	1,472	1,498	2,970
Deeni Madaris	1269	49,973	56,300	106,273

Source: NEMIS 2013-14

Pupil Teacher Ratio (PTR)

Smaller classes are widely believed to benefit all pupils because of individual attention from teachers. A high pupil-teacher ratio suggests that each teacher has to deal with a large number of pupils and, that conversely, pupils receive less attention from the teacher. According to NEMIS

2013-14, the Pupil Teacher Ratio in AJK is: 30 at pre-primary level, 25 at primary level, 21 at middle level and 23 at upper secondary level.

Gross Enrollment Ratio and Net Enrollment Ratio

In AJK, gross enrollment ratio in primary education ranged between 67 % to 75% for both boys and girls over a decade, though it slightly slipped in 2012-13. This seems to be due to rise in population estimates for the primary age group (5-9 years) as well as decline in absolute number of enrolled children (26). Similar trend is observed in net enrollment rates which are 54% for boys as well as for girls. NER are lower than GER indicating a large number of over-age children in primary classes.

The GER in secondary education is 41% for AJK (45% boys, 37% girls), and NER in secondary education is 33% (36% boys, 30% girls) (27)

Gross Enrollment Ratio (GER) of Primary from 2001-02 to 2012-13				
Region/ Province	2001-02	2005-06	2009-10	2012-13
AJK	56.5%	74.4%	73.0%	67.8%
- Male	58.0%	75.5%	72.8%	67.9%
- Female	54.9%	73.2%	73.2%	67.8%
NET Enrollment Ratio (GER) of Primary from 2001-02 to 2012-13				
Region/ Province	2001-02	2005-06	2009-10	2012-13
AJK	45.2%	59.5%	58.4%	54.2%
- Male	46.4%	60.4%	58.3%	54.3%
- Female	43.9%	58.6%	58.6%	54.2%
Source: NEMIS 2012-13				

Drop-outs in AJK

Drop-outs are high in AJK in primary education, with 31% of primary students dropping out before completing primary education (32% boys, 30% girls). According to NEMIS 2012-13, drop-outs are 9% at grade-1, 7% at grade-2, 8% at grade-3, 11% at grade-4 and 0% at grade-5. Drop-outs in Grade-5 remain at 0%, reflecting that students adjust well when they are in their final year of primary school. Another concerning factor is that drop-outs have increased in AJK over the years. In 2001-02, drop-outs at primary level were only 3.3%, in 2005-06 drop-outs were 7%, in 2009-10 these were 23% and in 2012-13, the percentage rose to 31%.

Dropout Rates in Primary Education from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
AJK	3.3%	7.0%	23.2%	31.4%
- Male	2.4%	8.7%	22.9%	32.4%
- Female	5.3%	6.2%	23.5%	30.3%

Survival Rates to Grade V

Survival rates are also called retention rates. Survival rate to grade 5 is the proportion of a cohort of pupils who reached Grade 5, expressed as a percentage of pupils in the first grade of a given cycle in a given school year. Survival rates of children have shown regression in AJK over the years. Data indicates that nearly 2/3rd children who take admissions in schools survive up to grade 5. In 2001-02 survival rate was 96.7%, in 2005-06 it was 93%, in 2009-10 it went down to 76.8% and in 2012-13 it went further down to 68.8% , indicating that more and more children are dropping out of schools at primary level (28).

Survival Rates to Grade 5 from 2001-02 to 2012-13				
Region	2001-02	2005-06	2009-10	2012-13
AJK	96.7%	93.0%	76.8%	68.6%
- Male	97.6%	91.3%	77.1%	67.6%
- Female	94.7%	93.8%	76.5%	69.7%

Source: NEMIS (2001-13)

The transition rate from middle/lower secondary level education (grade-8) to upper secondary level is fairly high i.e. almost 80% for both boys and girls in AJK.

Gender Parity Index

The Gender Parity Index in AJK is 0.98 at primary level and 0.84 at secondary level, according to NEMIS 2013-14. There is a regional disparity and GPI differs from district to district. NEELUM has the worst GPI and Mirpur has the highest GPI.

Budget 2014-15

Education has remained a priority of the government and 29 per cent of its total budget is allocated to education sector (29). The GoAJK has allocated 33% for education from recurring budget, and 7% from development budget to education sector in 2014-15. This is one of the prime reasons that AJK is faring better than Pakistan on educational front.

Sectors	Rs. (million)		Rs. (million)		Rs. (million)	
	Recurring	%	Development	%	Total	%
Education	17072.504	33%	825.475	7%	17897.979	29%
Total	51500.00	83%	10500.00	17%	62000.000	

Department of Education, GoAJK

Key Challenges

Lack of Basic Facilities in Schools of AJK

The majority of the government-run schools across the AJK lack electricity, drinking water and sanitation facilities. Revealed by NEMIS 2013-14, 73% schools do not have electricity, 65%

schools do not have drinking water facility, 61% do not have sanitation available and 68% schools do not have boundary walls.

Availability of Physical Facilities in Schools of AJK (Primary to Higher Secondary Schools)												
	Availability of Electricity			Availability of Water			Availability of Latrine			Availability of Boundary Wall		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Available	765	576	1341	1111	769	1880	1074	987	2061	862	800	1662
Not Available	2459	1914	4373	2115	1727	3842	2152	1505	3657	2364	1695	4059
Not Reported	112	130	242	110	124	234	110	128	238	110	125	235
	3336	2620	5956	3336	2620	5956	3336	2620	5956	3336	2620	5956

Source: NEMIS 2013-14

Out of School Children

In AJK, 261,203 children of school going age are out of schools (30). With rates of drop outs increasing at primary level, the number of out of school children can go up in AJK. Efforts should be made to mainstream OOSC in schools through non-formal education school and other interventions.

Primary Out of School Children 2012-13 in AJK		
Male	Female	Total
134003	127200	261203

NEMIS & NIPS Projections (2005-2025)

Lack of Importance to Early Childhood Education (ECE)

There is lack of understanding and awareness among parents regarding importance of ECE. Pre-primary services are lacking in quality. In public sector, teachers are not trained, and there are no separate classrooms, and teaching and learning materials are not available. Funds allocated for ECE are inadequate to cater the needs of pre-primary age group.

Teaching Standards

Seventy per cent of teachers of all primary school teachers are qualified teachers with Certificate of Teaching or Primary Teaching Certificate but there are no regular refreshers in-service teaching programmes or trainings when revisions are made in the curriculum. Majority of the teachers have bachelor degrees but there are some who possess middle level education.

State of Education in Rural Districts of AJK

ASER 2014 survey was conducted in 10 rural districts. This covered 5,877 households in 294 villages across Azad Jammu and Kashmir. Detailed information was collected on 14,724 children (54% males, 46% females) aged 3-16 years. Out of these 11,272 children aged 5-16 years were tested for language and arithmetic competencies.

School information on public and private schools was collected. A total of 293 government schools (38% primary, 30% elementary, 31% high, 0% others) and 224 private schools (39% primary, 38% elementary, 22%high, 0%others) were surveyed. Forty-four per cent of the government schools were boys only, 29% were girls only, and 27% were coeducation schools. In case of private schools, 6% was boys only, 2% were girls only and 92% was co-education schools.

KEY FINDINGS

ACCESS

Proportion of out-of-school children (age 6-16) has increased as compared to that of 2013.

EARLY CHILDHOOD EDUCATION

Proportion of enrolled children has decreased as compared to 2013.

CLASS WISE LEARNING LEVELS

- i. Learning levels of children have remained the same: 39% class 5 children cannot read a class 2 story in Urdu similar to that in 2013.
- ii. Improvement can be seen in English competencies over the past year: 41% class 5 children cannot read sentences (class 2 level) compared to 42%in 2013.
- iii. Arithmetic learning levels have improved: 47% class 5 children cannot do two- digit division as compared to 50% in 2013.

LEARNING LEVELS BY SCHOOL TYPE (GOVERNMENT Vs PRIVATE)

Children enrolled in private schools are performing better as compared to their government counterparts.

GENDER GAP

Gender gap in learning continues: boys outperform girls in Urdu Reading.

LEARNING LEVELS OF OUT-OF-SCHOOL CHILDREN

More than 30%of the 'out-of-school' children were at more than the beginner level.

PARENTAL EDUCATION

Fifty-three per cent of mothers and seventy-three per cent of fathers in the sampled households had completed at least primary education

PAID TUITIONS

Private tuition incidence is greater in private schools students.

MULTI-GRADE TEACHING

Forty per cent of surveyed government schools and thirty-three per cent of surveyed private schools have Class 2 students sitting with other classes.

TEACHER & STUDENT ABSENTEEISM

- i. Thirteen per cent children in surveyed government schools and ten per cent in surveyed private schools were absent.
- ii. Thirteen per cent teachers in surveyed government schools and nine per cent teachers in surveyed private schools were absent.

TEACHERS' QUALIFICATION

More qualified teachers in surveyed private schools as compared to surveyed government schools.

SCHOOL FACILITIES

- i. A larger proportion of surveyed private high schools had computer labs and library books than surveyed government high schools.
- ii. Sixty-one per cent surveyed government primary schools were without toilets and fifty-five per cent were without drinking water.
- iii. Sixty-seven per cent of the surveyed government primary schools were without complete boundary walls and sixty-eight per cent were without playgrounds.
- iv. Eight rooms on average were being utilized for classroom activities in surveyed government high schools.

SCHOOL GRANTS/FUNDS

Two per cent of surveyed government primary schools and one per cent of surveyed private primary schools received grants.

11.6 Health and Nutrition

Mortality Rates

According to the Department of Health AJK, child mortality rates in AJK are as follows:

- Infant mortality rate is 56 per 1000 live births (67 Urban, 96 Rural)
- Neonatal mortality rate is 63 per 1000 live births (50 Urban, 68 Rural)
- Under-five mortality rate is 105 per 1000 live births (78 Urban, 115 Rural)

AJK boasts of better health indicators in comparison to Pakistan. In addition the maternal mortality rate is 201 per 100,000 live births (31).

Immunisation

According to findings of AJK Demographics and Health Survey 2010, 46 per cent of children, aged 12-23 months, had been fully immunised by the time of the survey. With regard to specific vaccines, 83 per cent of children had received the BCG immunisation and 65 per cent had been immunised against measles. Coverage of the first dose of the DPT and polio vaccines were 80 per cent and 92 per cent respectively, and 65 per cent and 82 per cent of these went on to receive the third dose of DPT and polio, respectively. Thus there was a large drop out of 15 per cent and

10 per cent respectively, between the first and third dose of DPT and polio vaccines. Seven per cent of children did not receive any vaccine at all, which is very high.

Immunisation Coverage in AJK												
Percentage of children age 12-23 months who received specific vaccination at any time before the survey												
Vaccination		DPT1			Polio2					All Basic Vaccinations 3	No Vaccinations	% with a Vaccination Card Seen
AJK	BCG	1	2	3	0	1	2	3	Measles			
Total	82.9	79.8	71.5	65	68.1	92	91.7	81.7	64.5	45.6	7.2	38.1
1 DPT vaccinations include DPT/HepB (tetraivalent) as well as DPT/ HepB/ Hib (pentavalent)												
2 Polio 0 is the Polio vaccination given at birth												
3 BCG, measles, and 3 doses each of DPT and Polio Vaccine (excluding Polio vaccination given at birth)												

AJKDHS 2010

Childhood Diseases

In AJKDHS 2010 information was collected from the mothers who have children under age five years and got ill with the symptoms of acute respiratory infections (ARI), fever, and diarrhoea in two weeks before the survey.

Prevalence and Treatment of ARI

AJKDHS 2010 shows the prevalence of ARI was about fifteen per cent among children below five years of age. The data on treatment seekers for ARI shows that seventy two per cent of the children have been provided the treatment from a health facility or by a health provider. Mothers below 35 years of age are more likely than older mothers to seek treatment for their children.

Prevalence and Treatment of Fever

AJKDHS 2010 reveals that the prevalence of fever was as high as 38 per cent among children below five years of age during two weeks preceding the survey. Relatively the proportion of children suffering from fever was high among those belonging to young mothers (age less than 25 years), mothers of 1st birth order, residing in rural areas, mothers having up to primary level of education and of mothers belonging to second wealth quintile. Further, it is observed that 62 per cent of the children, who had fever, sought treatment from a health facility or a health provider.

Prevalence of Diarrhoea

Data of AJKDHS 2010 reveals that the prevalence of all types of diarrhoea was twenty per cent among children, aged below five years, during the two weeks preceding the survey. Moreover, the diarrhoea with blood was reported for only one per cent of children. The incidence of diarrhoea is comparatively higher among children belonging to mothers in younger age (<25 years); among male children; children of mothers at birth order 6 and above; children of mother having no education; mothers residing in rural areas and those belonging to poorest wealth quintile.

In case of children suffering from diarrhoea, it is highly recommended that the treatment should be sought from a health professional and oral rehydration therapy (ORT) should be given at the earliest. The data of AJKDHS, 2010, indicate that more than half of the children suffering from diarrhoea (53%) have been taken to a health facility or provider for treatment. Better treatment seeking practice for children suffering from diarrhoea is observed among mothers of younger age group (under 25 years); mothers at birth order 1, those residing in urban areas; those who have secondary or above level education, and mothers who are wealthier. About three fourth of the children suffering from bloody diarrhoea were taken to health provider, more female children were taken to health provider than the male.

The children should also be given the treatment with oral rehydration solution (ORS) so as to avoid dehydration caused by diarrhoea. The data reveals that slightly over three fifth of the children (61%) suffering from diarrhoea were provided either ORS treatment or recommended homemade fluid (RHF).

Nutritional Status of Children in AJK

The National Nutrition Survey (NNS) 2011 shows an alarming nutritional situation from nutritional point of view. The results reveal that 32 per cent of the child population in the state is stunted, 18 per cent wasted while 26 per cent children are underweight. The survey also reveals that on the average almost 57 per cent of the households in AJK are food-insecure; meaning that they lacked access to adequate quantity of food. As a result, more than one fourth of the children in AJK are underweight, and the situation for children living in rural areas is poorer those living in urban areas.

Infant and Young Child Feeding Practices (IYCF)

Poor breastfeeding and infant feeding practices have adverse consequences for the health and nutritional status of children which effect their mental and physical development. AJKDHS survey 2010 shows that 51 per cent of newborns were given something other than breast milk (prelacteal feed) during the first three days of life. Survey also indicates 92 per cent of children born in the five years preceding the survey having been breastfed at some time. More than four in ten children (46%) were breastfed within one hour of birth, and more than eight in ten (83%) were breastfed within one day of birth. The percentage of children who were breastfed within one hour and within one day of birth is positively associated with mother's education, i.e., generally, the higher the mother's level of education, higher the percentage of children who were

breastfed early, while the household wealth quintile is inversely associated as higher the wealth, lower the percentage of children who were breastfed early.

AJKDHS 2010 collected information about the current breastfeeding status of youngest child born in three years before the survey and living with the mother, food (liquids or solids) given to the child the day before the survey. The Survey reveals only 8 per cent of the children below three years of age are found to be exclusively breastfed. The exclusive breastfeeding is comparatively high among children of young mothers, living in urban areas and highly educated (secondary and above) than others.

The World Health Organization recommends the introduction of solid food to infants around the age of six months because at this age breast milk by itself is no longer sufficient to maintain a child's optimal growth. The percentage of children receiving solid or mushy food increases gradually by age. According to AJKDHS 2010, in the age bracket 6-23 months, more than half (55 %) breastfeeding children and two third (67 %) non breastfeeding children have started taking mushy or solid foods.

Micronutrient Intake among Children

Severe vitamin A deficiency can cause eye damage, increase the severity of infections such as measles and diarrhoea diseases in children and can slow recovery from illness. Periodic dosing (usually every six months) of vitamin A supplements is one method of ensuring that children at risk do not develop vitamin A deficiency. The AJKDHS 2010 shows that 44 per cent of children, aged 6-59 months, received a vitamin A supplement in the six months preceding the survey. Children, aged 6-8 months, received less vitamin A supplements when compared with older children. Children living in urban areas, those born to primary passed mothers, children of mothers, aged 25 -34 years, and in the middle wealth quintile received vitamin A supplements in past 6 months than other children. Forty three per cent of breastfeeding children received vitamin A supplements compared with forty five per cent of non breastfeeding children.

Micronutrient Intake among Mothers

Breastfeeding children benefit from micronutrient supplementation that mothers receive, especially vitamin A. Iron supplementation of women during pregnancy protects mother and infant against anemia. Anemia results in an increased risk of premature delivery and low birth weight. Iodine deficiency is also related to a number of adverse pregnancy outcomes. The AJKDHS, 2010 findings reveal that only 29 per cent of women reported that they had received a vitamin A capsule in the two months after delivery of their lastborn child. More than one-tenth (13%) of mothers reported having difficulty seeing at night during their most recent pregnancy in the past five years. AJKDHS 2010 reveals that 46 per cent women who gave birth during the five years preceding the survey did not receive any iron supplementation during the pregnancy for their last birth. Among women who reported that they took iron supplements, the majority took the supplements for less than 60 days (24%), eight per cent took the iron supplements for 60-89 days, and twenty one per cent took the supplements as per the recommendations, i.e., for 90 or more days. Survey also indicates that 43 per cent women did not take calcium during her last pregnancy.

Pre-natal care

On the health side, the results of AJKDHS indicate that eighty two per cent of women in AJK receive prenatal care from a skilled health provider, either from doctors (79%), or nurses and midwives (4%). A very small fraction (less than one per cent) receive prenatal care from traditional birth attendants, less than two per cent receive care from Lady Health Workers and dispensers/compounders and sixteen per cent do not receive any prenatal care. The data show that half of the women did not receive postnatal care. Slightly more than one-third (36%) of women receive postnatal care within four hours of delivery, while three per cent receive care between four and twenty three hours after delivery. Four per cent receive a check-up within two days of delivery, and care between three and forty-one days after delivery.

Drinking Water & Sanitation Facilities

Only two-fifth of households (40%) in AJK has access to drinking water within the dwelling. This is higher in urban areas (64%) than rural areas (36%). Slightly less than half of the population in AJK is using either piped water directly into dwelling/plot or public tap/stand pipe (32).

The sanitation facilities available to a household is an important indicator to assess the health status of household members as non availability of sanitary disposal of waste exposes population to risk of acquiring infections and other diseases. The data reveal that slightly more than half of the households (53%) in Azad Jammu and Kashmir use flush toilets. One fifth of the households did not have any type of toilet facility, slightly over one fourth of the households have pit latrines. About three fourth of the urban households have flush to sewer system or to septic tank, whereas, slightly less than half of the rural households have that facility.

Health Facilities

In 2013, there were a total of 20 hospitals, 215 BHUs, 33 RHCs, 331 EPI Centres, 203 MNCH Centres, 67 Leprosy Centres, and 189 Malaria Centres (33).

GOVERNMENT MEDICAL FACILITIES										
DISTRICT	HOSPITAL		BHUs/Dispensaries		RHCs		EPI Centres	MNCH Centres	TB/ Leprosy Centres	Malaria Centres
	NO.	BEDS	NO.	BEDS	NO.	BEDS				
MUZAFFARABAD	2	550	37	70	4	48	54	38	8	
NEELUM	2	130	20	40	1	12	20	11	4	
HATTIAN	1	50	12	24	3	36	23	11	5	44
BAGH	3	250	15	30	5	60	34	23	10	
HAVALI	1	50	06	12	1	12	16	4	4	32
POONCH	2	270	31	62	5	60	38	28	6	22
SUDHNOTI	2	100	11	22	3	36	25	13	7	11
MIRPUR	2	350	23	50	4	48	31	36	8	27
KOTLI	4	385	35	72	4	48	60	23	9	28
BHIMBER	1	150	25	50	3	36	30	16	6	25
Total	20	2285	215	430	33	396	331	203	67	189

Department of Health, Government of AJK

There are, approximately, 3111 hospital beds available, averaging one bed per 1,368 people. The total number of doctors, including administrative doctors, health managers and dentists, is 887; 762 medical officers/ specialists, 69 dental surgeons, and 56 health managers at an average of 4799 per 1 doctor and 61696 per 1 dentist doctor. Health coverage in AJK is still inadequate. The ratio is clearly not indicative of a robust health care system in AJK and needs the government's attention for the welfare and well-being of the people and especially for the children (34).

Budget

A total of 7% budget has been earmarked for health under the total AJK budget. This includes both recurring (8% of total) and development budget (3% of total) (35).

Sectors	Rs. (million)					
	Recurring	%	Development	%	Total	%
Health	4257.135	8%	320.831	3%	4577.966	7%
Total	51500.00	83%	10500.00	17%	62000.000	100%

Department of Health, Government of AJK

Challenges

The above mentioned analysis of child health data clearly indicate some gaps in EPI coverage, treatment seeking behavior of mothers for children's illnesses due to ARI, fever and diarrhoea. Indicators of AJK are better than the rest of Pakistan; however, problems of malnutrition and infant mortality persist in the region. Therefore, the programme managers of health department should give attention to these issues in order to reduce morbidity and mortality among children.

A survey was conducted by the World Food Programme in Muzaffarabad, Bagh, Neelum and Hattian Bala. It revealed that malnourishment was causing physical and mental disabilities on a wider scale and was also a major cause of infant mortality. The survey results also highlight micro-nutrient deficiencies including vitamin A, iron, zinc, iodine and vitamin D needs attention and commitment in both AJK and GB. For instance, amongst the AJK children more than 28% are anemic, more than 37% are vitamin A deficient, 49% are zinc deficient and 32% are vitamin D deficient. Again the region has high diagnosis of worm manifestation (14%).

According to an official of the AJK health department, lack of official coordination and unavailability of food supplements are the main causes behind the alarming figures. The official identifies less food intake, low income, less domestic production, local food trends, lack of awareness, poor hygiene, lack of health facilities, difficulty of access and official apathy are some of the causes of the childhood diseases in AJK.

11.7 Child Labour

According to Labour Force Survey AJK, less than one per cent children (0.23 %), aged 10-14 years, are economically active from the total labour force of AJK. Half of them are unemployed. In

comparison, the share among 15 to 19 years old children/ adolescents increases to 5.22 per cent of the total labour force.

According to the MICS Cluster Survey 2007-08, three per cent of children, aged 5 to 14 years, are employed mostly in unpaid domestic work and family businesses. District-wise distribution shows that Neelum accounts for the highest number of children in child labour at six per cent. Fortunately, only one per cent and two per cent children are involved in child labour in Muzaffarabad and Poonch, respectively. Five per cent children from the poorest households, and three per cent whose mothers have never attended school, are the most exploited groups of child labourers.

A survey was undertaken, in June 2011, by the CCO office to identify vulnerable children at risk of abuse and exploitation in four main cities: Muzaffarabad, Kotli, Mirpur, and Rawalakot. Eighty (80) child labourers were identified in Rawalakot; 40 were forced to work to supplement family income, two were orphans, and the remaining 38 were working because they were simply not interested in studying. Almost 95 per cent children were from rural backgrounds and one per cent was working on a part time basis. Of the 164 child labourers identified in Muzaffarabad, 51 were forced to work to support the family, 20 were orphans and 93 were working because they did not want to attend school. Out of the 66 child labourers surveyed in Kotli, 29 were supporting families, 15 were orphans, and 22 chose to work and not study. Similarly, in Mirpur 199 child labourers were identified out of which 120 needed to work, 23 were orphans and were fending for themselves as in other cities, and 56 children preferred working to schooling. Children were mainly working in hotels, transport, auto workshops, domestic help, brick kiln and begging.

The reason that stood out for child labour was poverty, in addition to corporal punishment, both at home and in schools. Being orphans and fending for oneself also adds vulnerability to abuse and exploitation. And, in case of an inadequate and poor state security apparatus, abuse and exploitation are compounded.

According to the Joint Direct Labour (AJK), the situation of child labour is not as alarming as found in other parts of Pakistan, but it does exist. According to an official, there are very few industries, and there are no reports of children working in industries. However, children are generally found working in auto workshops, agriculture and roadside hotels, and the bigger chunk is working in private homes as domestic child workers. There are more girls found working in homes, but not in high numbers.

The minimum age limit for employment of children is 15 years which, though higher than in Pakistan, is poorly enforced. There is no mechanism for monitoring child labour. The labour directorate is extremely understaffed and, therefore, there are no district vigilance committees functioning here.

The labour laws enforced in AJK are:

1. The Mines Act, 1923
2. The Factories Act, 1934 (prohibits employment of children under 14 in factories)

3. Employment of Children Act, 1986, prohibits employment of children in certain occupations/processes, and regulates children's employment in other sectors
4. AJK Shops and Establishments Act, 1975 (section 20 prohibits employment of children in shops and establishments; this is a punishable offence)
5. AJK Road Transport Workers Act, 1975 (prohibits employment of persons under 18 years in any transport related work and under 21 as drivers)
6. AJK Minimum Wages Act, 1976

The PBM is running five National Center(s) for Rehabilitation of Child Labour in AJK where children, between the ages of 5-14 years, are weaned away from hazardous labour. PBM has also set up 137 Vocational Training Centres (VTCs) throughout Pakistan including AJK and the GB. These centres provide free training to widows, orphans, and poor girls in marketable skills.

Protest against Child labour in Muzaffarabad

In a rare display of activism, a large number of children gathered and protested in front of Central Press Club in Muzaffarabad on June 12, 2014. They were demanding from the State authorities and Government of Azad Jammu & Kashmir for taking solid steps ensuring their rights and laws for children in AJK. Children are working in sanitary, motor workshops, hotels, domestic child worker, Load transportation and local construction work in Muzaffarabad. Children demanded ban on domestic child labour in Muzaffarabad to end slavery of the children who are working in the homes of officers in Kashmir. They asked the government to provide them with free education, nutrition, health and proper protection.

11.8 Juvenile Justice

The JJSO 2000 was adopted in AJK in the year 2003. According to an amendment promulgated in June, 2005, the enforcement of the JJSO was attached with the setting up of Juvenile Courts. In 2009, AJK Juvenile Justice Rules were notified (36).

There are jails in six districts: central jails in Muzaffarabad and Mirpur, and district jails Kotli, Bagh, Rawalakot, and Pulandri (37). There are also 43 penal institutions. The jails in Bagh, Rawalakot, Muzaffarabad, and Pulandri were destroyed in the 2005 earthquake, and were relocated in shelters temporarily.

At time of field visit in AJK in September 2014, there was not a single juvenile in any jail of AJK. According to an official, at any given time there are not more than ten juvenile offenders in jails throughout AJK. In AJK, the crime rate is low, as such, there are fewer prisoners and convicts in jails, and an even smaller number of juvenile offenders.

During a visit to the police station, it was found that the police did not have any record of juvenile offenders or of victims of violence. It was suggested to the district police officer to maintain a separate register to record juvenile/ children's cases, under process in all the police stations of the district.

According to the Inspectorate General of Prisons, juvenile offenders are kept separately in Central Jail Mirpur and District Jail Kotli and Social Welfare Officers have been given additional charge as probation officers. These arrangements, being cost effective, in view of the negligible number of juvenile offenders, apparently obviate the necessity of establishing, for the time being, other institutions or appointing other officials as required under the JJSA.

The AJK High Court Chief Justice, in his judgement on May 8, 2014, said that the courts already in existence have the right to try offenders who are under age in accordance with the normal procedure owing to non- implementation of Juvenile Justice System Act, 2003 in Azad Kashmir (38). He passed this judgment while accepting a bail application of two under-16 offenders, who were booked by police under different sections of law for stealing, misusing, burning some official vehicles and then leaving them at unattended places. Their bail application was rejected by an additional district judge, Muzaffarabad, against which they had moved the high court. The chief justice observed that the Juvenile Justice System Act, 2003 gave certain rights to offenders under 18 years of age to keep them away from habitual criminals and jail atmosphere.

11.9 Violence against Children

The general consensus among government officials and the police in AJK is that the situation of violation of child rights is not alarming. However, according to a police official, incidents of violence do take place but are not generally reported. The reason for the low number of violations is because of the close-knit and inter-connected society which lessens the chances of violence. Besides, society is more tolerant and cautiously liberal. With education among girls being commonplace, harmful traditional practices, such as honour killing, *Vani*, etc., are not common here.

In spite of the tolerant and generally interconnected society, cases of abuse and violence against children have been reported. Child Protection Units received 9,416 cases of different types of child rights' violations in 2011. Categories include orphans 2,968 (boys 1,577, girls 1,391), children with disabilities 722 (353 boys, 369 girls), child labourers 166, (144 boys, 22 girls), child victims of mental/ abuse 3,419 (1,659 boys, 1,760 girls), neglect and discrimination 495 (43 boys, 452 girls). Street children in urban areas are visible; particularly rag pickers, mostly of Afghan origin in AJK. MICS 2008-09 indicates the prevalence of early marriages, with the highest number of cases reported in Neelum and the lowest in Muzaffarabad.

A situational analysis conducted by SCUK, UNICEF AND RSPN in 2006 revealed the following issues related to child protection and well being:

- Psychological problems
- Corporal punishment
- Domestic violence

- Early marriages
- Physical and sexual harassment
- Child Labour
- Children with disabilities
- Parental loss
- Lack of birth registration, and
- Physical health

Corporal Punishment

Corporal punishment is widespread in schools, homes and other institutions, despite an official restriction on physically punishing children through a circular issued by the Department of Education AJK. As many as 94 per cent children reported some form of physical punishment and 6 per cent reported verbal abuse (39). Although at a lower scale, domestic violence was reported by 46 per cent children. Children complained of being slapped, whipped and pulled by hair as forms of corporal punishment in the home.

Child Sexual Abuse

Limited research by NGOs shows that sexual abuse is somewhat prevalent in the province. According to Sahil's Cruel Numbers, 35 cases of child sexual abuse were reported from AJK in 2013 and 38 cases in 2014.

Institutionalisation of Children

The worst sufferers of the 2005 earthquake were children. Thousands were dead, injured and homeless and without care givers – having no place to go to and nobody to turn to. A significant number of orphanages and shelter homes were established or expanded to cater to the orphaned or vulnerable child victims. These institutions came under much criticism because of the quality of care being provided to the children. But for the children who had lost everything, these were the only homes where they could find some support and care. There were government run Kashana homes and private orphanages.

The Department of Social Welfare and Women Development carried out, in 2009, an appraisal of child care institutions and of children living there to examine the quality and adequacy of services, review policies and practices and identify gaps and requirements. Of the total 588 children in the 10 child care institutions, only 100 were living in the government run Kashana Homes and 488 were living in NGO run child care institutions. Some of the issues identified were: (i) no proper guidance and counseling services; (ii) absence of child protection policy and mechanisms to identify and respond to violence cases; (iii) more emphasis was providing education, food and shelter and little emphasis on children's emotional development and psychosocial needs; (iv) no individual case plan; (v) no law to regulate child care institutions; (vi) staff was not trained in child care and child protection

The Department of Social Welfare & Women Development has prepared minimum standards for child care institutions, to improve the quality of services provided by institutions and enable individual institutions to develop their own caring techniques for dealing and responding to

children with different needs. These standards have been grouped under the following key topics: (i) planning of care (ii) quality of care (iii) complaints and protection (iv) care and control (v) environment (vi) staff (vii) management and administration (ix) indicators for standardised reporting.

Birth Registration

Statistics in AJK show that birth registration is quite uncommon, with every fourth child, below five years, being registered (40). In Muzaffarabad, which is the main city of AJK, only 12 per cent children are registered. The share of birth registration is highest in Mirpur, at 38 per cent, which is mainly due to the fact that people of this district have links with the UK. In other districts, the range of birth registration is between 23-28 per cent. In rural areas, the situation is even worse.

In addition, NADRA has issued child registration certificates to 766,513 to children by the end of October 2014. These include 383,130 boys and 383,383 girls.

Conclusion & Recommendations

One of the most positive aspects of AJK, as compared to others areas of Pakistan, is its emphasis on education. The overall allocation for education is satisfactory, and this has helped to improve other social indicators such as child labour, gender parity, health care, violence against children. It has also helped to develop a tolerant, cautiously secular society, free of harmful traditions, internal conflict, etc. AJK has remained Polio-free and overall indicators are better than those for Pakistan, on most accounts. This should be maintained and improved at any cost for the welfare and good health of the children.

Approval of a Child Protection Policy is a step in the right direction. The policy should be implemented in letter and spirit if AJK is serious about providing its children protection, safety, security, education, good health, development, and the opportunity to lead a happy and prosperous life.

AJK is in an excellent position to take up issues of child protection and follow-up advances energetically, mainly because they have already made good progress with administration of a smaller region (10 districts). In the aftermath of the 2005 earthquake, a lot of work on child protection and extending child rights such as education, health, child protection has been carried out which should be carried forward vigorously.

The government has developed a good formal referral system for disadvantaged families and children. This system needs to be strengthened and made sustainable so that more needy people benefit and help AJK to improve on its vision for bettering the situation of children.

It is also true that AJK has limited economic resources; small land holdings and a weak industrial base. To improve its economic base, the government should focus on developing its human

resource through education, with emphasis on income generation and livelihood initiatives. If the government continues with its focus on education, health care facilities, enforcing legislation for the protection of children and improving employment opportunities for its adult population, AJK has the potential to become a model for other areas to follow in promising children a secure and happy life.

Recommendations

Approval of the Child Protection Bill

1: It is recommended that the AJK Government approve the AJK Child Protection Bill. The bill aspires to ensure every child's equal and unhindered right to education, health and other rights.

Approval of AJK Plan of Action on Children

2: It is recommended that the AJK Government develop and approve a Plan of Action with district based targets on education, health, and child protection.

Implement the Child Protection Policy

3: It is recommended that the Government of AJK take effective steps to implement, in letter and spirit, the approved Child Protection Policy to promote and protect child rights and to create a protective environment for children.

Enactment and Enforcement of the Compulsory Education Law

4: It is recommended that the government enacts and enforces the Compulsory Education law to provide free and compulsory education to children between 5 to 16 years.

Amendment in the Child Marriage Restraint Act

5: The Child Marriages Restraint Act, 1929 should be amended to increase the marriageable age-limit for girls from 16 to 18 years, and raise the punishment for marrying a child from one month to at least two years, and increase the fine from Rs. 1,000 to Rs. 100,000. It should also delete the provisos in the law, providing exemptions to women if they are accused of an offence under this Act.

Helpline

6: To protect a child from abuse and exploitation, it is important that help is accessible to him/her easily and quickly and for those who wish to help the child victim. A helpline service should be started where children or any other person can call and complain and the service can put them through to relevant agencies, provide guidance and free counselling to children.

Improve Education Environment

7: The government should improve retention, provide quality staff, ban corporal punishment and promote a child-friendly culture and environment in schools that is conducive to effective learning being inclusive, healthy, protective, gender responsive and encouraging for the participation of learners, families, and communities, and make schools friendly for special children in AJK.

Reduce Gender Parity

8: It is recommended that measures like social mobilisation, incentive oriented schemes, should be taken for ensuring safety, easy accessibility of schools with proper infrastructure, such as toilets and boundary walls, to promote education among girls in districts that are lagging behind in these imperatives.

Child Protection Committees in Hospitals

9: It is recommended that Child Protection Committees be set up in all hospitals. It should be made mandatory for all doctors, especially pediatricians, to inform the committee when a case of child abuse has been identified. Doctors and paramedics must be trained on child rights, and should have knowledge to recognise signs of child abuse and exploitation.

Law for Compulsory Immunisation

10: It is recommended that the government enact a law for making immunisation compulsory for all children to reduce the burden of diseases. The data shows that malaria is one of the leading diseases in AJK.

Improve Health Care System for Children

11: The government needs to increase allocations for the health sector and reduce significantly infant, under-5 and maternal mortality rates through adequate antenatal and postnatal care. It should take, as a matter of urgency, measures to address preventable health problems among children, including malnutrition, TB, malaria, diarrhoea, acute respiratory diseases, measles, etc. Interventions to reduce micronutrient deficiencies must be put in place to reduce the burden of malnutrition. Medical staff must be improved and upgraded with incentives to work in remote areas of the region.

Build a Knowledge-base on Children's Issues

12: One of the major impediments to the promotion and protection of children is the sheer dearth of data on child related issues such as child labour, abuse and exploitation, street children, burden of diseases, etc. A comprehensive monitoring mechanism should be established to collect data, disaggregated by sex, age, and rural and urban areas. The unit should be self sufficient in human and financial resources. In addition, all policies, initiatives and services should be monitored and impact assessed. A Research/Statistical Department should be established to carry out authentic and updated surveys and data collection on children's issues.

Promote Birth Registration

13: Birth registration is uncommon in the province. It is recommended that steps must be taken to promote birth registration by simplifying the procedures, free and easy accessibility, and Birth registration systems need to be flexible in recognition of the difficulties and differences in people's lives, and must do more to make the process accessible. In remote rural communities, decentralised birth registration systems and mobile registration can help improve accessibility. Health Workers can be given additional charge since they regularly visits houses for children's polio vaccination.

Social Mobilisation for Special Children

14: It is recommended that social mobilisation and awareness campaigns should be initiated to take special care of children who have become physically or mentally impaired after suffering the trauma of the 2005 Earthquake. AJK should take special measure to facilitate such children in terms of increasing their mobility, education, employment opportunities through vocational and skill trainings.

Develop Child Friendly Justice System

15: In order to develop a child friendly justice system, the police should be trained to treat the child offender in a humane manner, reporting the crime with compassion, and ensuring that the child's security and safety are secured during investigations. The probation system should be strengthened to offset the offender's entry into jail or quick release.

Diversion Schemes

16: The majority of child offenders come from poor and abused backgrounds. To help save these children from further abuse and exploitation, it is recommended that diversion schemes, such as pre-trial release where the child is released without a trial, but with a warning; and limitations, such as release on probation, work in the community for a certain number of hours, etc. are introduced and promoted.

Activating and Strengthening the Courts' Role

17: Going to court can be a difficult and frightening experience for children whether they are victims, witnesses, or offenders. It is recommended that separate courts are notified that deal only with children's issues. Exclusive Juvenile Courts can be notified under the JJS Act by the AJK High Court.

Establish Remand Homes and Borstal Institutes

18: It is recommended that the government establish Remand Homes to protect offenders while an inquiry is pending, who can subsequently be shifted to Borstal Institutes in case of conviction ensuring rights to education, healthcare, development, reformation, and reintegration. The institutions must be closely and strictly monitored to check violations and exploitation.

Set up Exclusive Desks dealing with Children's Cases

19: It is recommended that child rights desks be introduced in all police stations of AJK. The desks would deal exclusively with children's cases (offenders and victims) directly reported to the police station. Preferably, the desks should be set up in a separate space; police officers should not be in uniform when dealing with juvenile offenders, and they should be trained in child rights and how to deal compassionately with children.

Control Child Labour

20: The number of child labourers is not alarming at the moment in AJK and this gives the region an opportunity to make the region child labour free. The government must make concerted efforts to strengthen the labour department, provide staff for vigilance committees, ban hazardous work for children below 18, and implement child related labour laws in letter and spirit.

Financial Support for the Economically Needy

21: The government should ensure that: education is free and exempted from hidden costs; additional financial support to students from economically disadvantaged families is provided; and the value of girls' education is highlighted.

Vocational Training for Children

22: It is recommended that the government set up vocational training centres for children, in the age group of 12 and above, to engage out- of- school children in work and develop a skill based resource for the area. Vocational training can also be provided for children along with education. At the same time, the government needs to create opportunities for employment for skilled youth.

School children as monitors of health services

In Afugiri, Umuahia, Nigeria, inadequate coverage of immunization programmes for children inspired a “child-rights club” at Williams Memorial Secondary School to take steps to raise awareness and change health practices. The “child rights club” organised health discussions, mobilised women to bring their children for immunisation and even, became engaged themselves in following up those children who were defaulting from the immunisation programme. As a result, an average of 328 infants were immunised in each of the following eight months, compared with eight children per month in the period before the project began. Furthermore, health workers engaged mothers during those campaigns in a range of maternal and child health activities including education on safe motherhood; prevention and home management of common illnesses; exclusive breastfeeding and complementary feeding; distribution of oral rehydration salts; and monitoring of the children's growth. These additional services attracted even more women to the facility. Monthly attendance rose from less than 5-7 women before the project began to over 300. Deliveries at the centre rose from less than six per month to 15. Not satisfied with just inspiring mothers to bring their children to receive their first immunisation, the programme followed up school children in several cases, ensuring that they received three doses of the DPT (diphtheria, pertussis and tetanus) vaccine.

Source: Mabala, 2012

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Chapter 12: Conclusion and Way Forward

This report has examined the state of child rights throughout Pakistan. At the beginning of the report, attention has been drawn to the extent of economic decline, poverty and deprivation and its impact on children. The emerging picture is one of a child facing a myriad of socio-economic problems. It has been observed that the declining economic situation has adversely affected the capacity of social institutions to address the problem of alienation and marginalisation of children. The measures taken to address the needs of children including education, health and services have been insufficient and ineffective.

The children of Pakistan score poorly on many of the most important indicators. They continue to experience high rates of infant and child mortality, high rates of childhood diseases, low rates of educational attainment and high drop-out rates. Large numbers of children are at risk of abuse and exploitation. Children in rural and remote areas are especially disadvantaged.

Major Challenges

The economy of Pakistan remains characterised by highly skewed income distribution and absolute poverty with high population growth rate, thus condemning families and children to abject poverty and limiting the capacity of governments to act.

Millions of children have no access to basic services. A considerable number of children and mothers have no or limited access to essential health and education services. Infant mortality, neonatal mortality and under-five mortality remain high.

Violence against children is a pervasive problem. Many children are subjected to harmful traditional practices, including child marriages. Many more are subjected to daily and incessant violence, including rape and harassment, at home, at school and in their communities. Armed conflicts, militancy and terrorism and worst natural disasters have further added to the miseries of children in Pakistan.

Despite the universal recognition of education as a human right and as the key to personal growth and societal development, millions of children do not go to school. In short, despite some progress over the last few decades, life for millions of Pakistan's children remains short, poor, insecure and violent.

A major starting point for action is a genuine political commitment to the progressive realisation of the rights and well-being of children – a commitment that goes well beyond the ritual statements about love for children. There is need to promote strong political will to address the problems facing children. Without genuine political commitment to improving the situation of children, there will be no improvement in resource allocation to policy, programmes and services, and the ability to implement programmes will be constrained.

Pakistan has so far failed to harmonise the national legislative framework with the UNCRC that is instrumental in the implementation of the Convention which would help create a child-friendly environment in the country. There is a need to strengthen child rights legislation both at national and provincial level taking into account the 18th Constitutional Amendment, with necessary human and financial authority to take measures.

Often when we talk about Pakistan, we must also include FATA, GB and AJK as part of Pakistan. We have noticed that in many statistics and researches, these regions are excluded, and our knowledge and understanding about these regions are limited. The government of Pakistan and development agencies should prioritise these regions for building knowledgebase because they have been constantly marginalised in past.

National Plans of Action are important documents and a commitment of the state which provides the basic framework for implementation of child rights. The National Policy and Plan of Action 2006 (NPPA 2006) was a useful instrument as it gives clear direction on priority areas and interventions. But it is a good document on paper only. It is now important for the Federal and Provincial Governments to review the National Plan, and provincial governments should come up with their provincial and district action plans.

The greatest challenge confronting Pakistan in ensuring the full enjoyment of all the rights by all of its children is the sheer numbers involved. Pakistan is a developing country rather than being among the least developed and poorest. It has resources, which it can mobilize, to meet the challenge of ensuring the rights of more than 86 million children.

The situation of child rights in Pakistan is grim, demanding absolute and unconditional attention from the federal and provincial governments in, at least making, an honest attempt to improve the situation of children by implementing plans and policies, formulated for the betterment of children. Education and health are two major sectors wherein, given the precise consideration and commitment, the environment of well being of children can be brought under control and it can have constructive ramifications on other indicators such as, child labour, juvenile justice, poverty and violence.

The state is fundamentally responsible to provide for its citizens, and especially its young citizens, what it requires a citizen to develop into a productive, honest, dynamic member of the society

for his/her own welfare and that of the country. Official estimates suggest that 6.7 million children are out of schools which actually could be well over 10 million children. How can we expect these children to be productive citizens of the country when we don't invest in them today? We must not forget that the future of Pakistan is in its own hands and, most of all, in the hands of its children.

RECOMMENDATIONS: WAY FORWARD

1. Child Rights Policy

The Federal Government should review and develop Child Rights Policy, indicating minimum standards and a framework to be adopted by all provincial governments, with a key focus on education, child protection, health and child labour.

2. Plan of Action on Children

The government should make earnest efforts to implement the recommendations stated in the previous and current editions of this report which presents a factual representation of children's situation in Pakistan by covering the federal areas, provinces and special regions and provincial governments should develop their district and provincial plans of action on children and commit resources to achieve targets to be stipulated therein.

3. National Committee on Children

National Committee on Children has been constituted as an apex body for child rights monitoring. The objective of the Committee is to formulate, monitor and coordinate policies on child rights and child protection as enunciated by the federal and provincial governments and Ombudsmen in Pakistan. The committee will oversee the activities at federal level and provincial Child Rights Steering Committees will play the monitoring role at provincial level. It is also recommended to establish a child rights information system to collect children's data, disaggregated by sex, age, and rural and urban area, with emphasis on the vulnerable, and develop indicators to effectively monitor and evaluate progress achieved in the implementation of child rights. It is recommended to allocate funds for a periodical collection of quantitative and qualitative data.

4. Strengthening Office of the National Commissioner on Children

The National Commissioner's Office is the first of its kind not only in Pakistan but in South Asia, established as a public forum to provide an opportunity to the children to raise their voice in matters relating to them. The ONCC receives complaints, investigates and resolves problems of children and is also working on addressing the systemic issues to improve the state of children in Pakistan. The ONCC is operating in all the parts of Pakistan through provincial ombudsman. It is recommended that, in order to institutionalise the ONCC's work, the government must secure resources for its smooth functioning and sustainability. To

further help children in Pakistan, an exclusive children's ombudsman must be appointed to work exclusively for the welfare and well being of children. The ONCC can also coordinate its functions with NCCWD, which is working under the Ministry of Human Rights.

5. Child Rights Commission

Pakistan needs a strong focal body at federal level with statutory powers. It is recommended to establish a Child Rights' Commissions at federal and provincial levels to better implement the UNCRC and protect children by establishing effective monitoring mechanism for the promotion and protection of human rights.

6. Legislative Reforms

The federal and provincial governments are recommended to enact new laws or those which have been pending for many years. These include:

- i. Introduction and enactment of Provincial Bills on Compulsory and Free Education;
- ii. Introduction and enactment of a Law on Mandatory Reporting;
- iii. Enactment of Charter of Child Rights Bill;
- iv. Enactment of The Child Protection (Criminal Laws Amendment) Bill;
- v. Enactment of The National Commission on the Rights of the Children (NCRC) Bill;
- vi. Enactment of Prohibition of Corporal Punishment;
- vii. Amendments in Juvenile Justice System Ordinance 2000, Employment of Children Act 1991, Child Marriages Restraint Act 1929, Majority Act 1875, Sindh Children Act 1955, Punjab Destitute and Neglected Children's Act 2004, Khyber-Pakhtunkhwa Child Protection & Welfare Act 2010; and
- viii. Extension of Laws and Rules to FATA

7. Strengthening Local/ District Governments

The ability to deliver at the local level is directly linked with the capacity of the local government to administer and put in place the management cadre. There is an urgent need to have stronger and more efficient systems, particularly at local government level, cognizant of the actual needs and the resources required to deliver them. It is vital to ensure that child protection issues are not separated into vertical programmes between departments, but rather integrated across sectors and agencies among local government bodies responsible for health, education, labour, police, justice and social welfare. This will require institutionalised inter-agency mechanisms for coordination, shared data systems and integrated case management.

8. Review of National Education Policy 2009

The Federal government must review the National Education Policy with the input of provincial governments, while taking into account the 18th Constitutional Amendment.

Provincial governments should develop action plans in order to achieve Policy objectives. In order to bridge the public-private divide, a common curriculum framework should be devised in the policy for both public and private educational institutions. Minimum National Standards for educational inputs, processes and outcomes must be established.

It is highly recommended to the federal and provincial governments to ensure free and compulsory education through enactment and enforcement of laws; ensure adequate resources; eliminate disparities between girls and boys and urban and rural areas for educational opportunities; halt high dropout rate; abolish corporal punishment; and reactivate non-functional schools. Provincial government should give special attention to the enrollment of girls and children-out- of- schools, affected by the armed conflict, including internally displaced and refugee children and to prioritise construction and reconstruction of school infrastructure in the disaster affected areas. Safety nets should be linked with schools, and support should be extended to needy children. The government should eliminate sectarian teaching and streamline madaris education with regular public education. Standards_based_education can be introduced. Examinations systems must be standardised to reduce differentials across the various boards of examinations. A framework setting out the basic standards for school facilities and teaching aid materials should be established. Curriculum Wing of the Ministry of Education should be retained as supervisory body and provincial textbook boards should ensure elimination of all types of gender biases from textbooks.

9. Birth Registration

It is recommended to initiate cost-free birth registration campaigns and simplification of birth registration procedures to cover all persons, regardless of sex, religion, status or nationality. Registration should be made accessible and should be available in hospitals at district/tehsil level. It is also recommended to link Union Council Data System with NADRA.

10. Corporal Punishment

The government should adopt measures to prevent children from being subjected to torture and degrading treatment; provide access to an appeal procedure; define torture and cruel, inhuman or degrading treatment in relevant laws; investigate and prosecute such cases; provide services for recovery and reintegration; and hold public education campaigns.

It is recommended to repeal section 89 of Pakistan Penal Code and explicitly prohibit all forms of corporal punishment in all settings; set up monitoring system, and introduce public education, awareness-raising and social mobilisation campaigns on harmful effects of corporal punishment.

11. Right to an adequate standard of living

It is recommended that the government provide support and material assistance to economically disadvantaged families; guarantee the right of children to an adequate standard of living and strengthen the social security system to take targeted measures to protect children from the harmful impact of poverty and provide vocational skills to children while respecting the age limits set by the ILO.

12. Abuse and Neglect

Child abuse and neglect is an important dimension of children's experience of poverty and vulnerability, but this has received inadequate attention in Pakistan. It is important that social protection policy frameworks and programmes must recognise the diversity of vulnerabilities and risks that children face and how these impact on their life cycle. It is recommended to adopt strategies and initiate services which provide easy accessibility to report violations, changing attitudes, counseling parents, sanctions against perpetrators; services for physical and psychological recovery and social reintegration. Although the task is huge and requires much budget/finances, yet it can be made possible through public-private partnership.

13. Improving Child Health

It is recommended to increase allocations to the health sector by federal and provincial government, set clear priorities and emphasise the role of preventive health care; strengthen health-care services; take urgent action to address preventable diseases; reduce infant, child and maternal mortality rates; address operational obstacles in EPI and Polio, and upgrade and enforce Child Nutrition and Breast Milk Ordinance 2002; and strengthen Rural Health Units through infrastructure and human resource support.

14. Harmful Traditional Practices

It is recommended that government take measures to enforce laws, improve investigations, prosecute perpetrators, provide physical and psychological services for recovery and social reintegration of victims; take legislative and awareness-raising measures to prohibit and eradicate harmful practices and carry out sensitisation programmes to change negative traditional attitudes.

15. Ending Child Labour

In order to strategise and develop specific interventions to prohibit children's employment, government should consider dividing children in three age-groups. The first age group, 5-8 years old, which constitutes the new entrants in the job market as being vulnerable to be exploited economically. This age group should go to formal mainstream schools. The second group, 9-13 years old, should be mainstreamed through non-formal education. The age group of 14-17 should be provided literacy/education and vocational training.

It is recommended that Federal and Provincial governments make concerted efforts to eradicate child labour; provide access to education; review legislation and harmonise it with international standards; implement ILO Convention and ratify Minimum Age Convention 1973 (No. 138); develop child labour monitoring system; conduct a survey to assess prevalence of child labour, including bonded and forced labour and strengthen the labour inspectorate. The role of labour inspectors should go well beyond that of law enforcer. Labour inspectors should be involved in projects so that they spread awareness about the consequences of child labour, work with employers to improve the situation and work with trade unions and NGOs to ensure that children withdrawn from work receive appropriate support and rehabilitation and that alternate means of earning for people are also developed. Hazardous professions should be banned strictly and skill development programs, with monetary benefits, should be started as a practical alternative.

Linking Cash for Work (CFW) with Efforts aiming to reduce and Eliminate Child Labour

Child Labour raises a number of child protection issues which seriously affect children's security and well-being. Children want protection from harmful behaviours and practices. So far elimination of child labour is not CFW's goal. But considering the scale of child labour and its linkage with poverty and issue of survival, CFW can contribute in preventing and eradicating child labour through different CFW project settings.

The Cash for Work Programme and interventions aiming to eliminate child labour share common overarching development objectives: to protect vulnerable populations and improve the welfare of the poorest, most marginalised members of the society. Using conditional Cash for Work programme is a potential way to help prevent/reduce child labour, although it may not become the main instrument for doing so. Depending upon the programming, it can target children who started work as a result of disaster and even reach out to those child labourers who were working before the emergency.

The cross-cutting nature of child labour necessitates a range of strategies, including reducing poverty, educating children, providing skills, raising awareness on harms and impact of labour, etc. The combination of cash and conditionality allows CFW programmes to boost household consumption in the short-term while providing an incentive, and helping to offset the costs, for poor families to invest in long-term human capital development.

16. Freedom of thought, conscience and religion

It is recommended to the state to ensure the right of the child to freedom of religion and the full respect of the rights and duties of parents to give guidance to their children in the exercise of this right. The government must ensure that religious minorities are governed exclusively by secular law and that children may choose to participate or not in religion classes.

17. Child Sexual Exploitation and Sexual Abuse

It is recommended to review legislation in order to define child sexual abuse and child sexual exploitation; also take measures to provide justice to acid throwing victims and to introduce child friendly investigation ensure confidentiality of the victim, take measures to end this practice through a comprehensive strategy and provision of rehabilitative services for the victims.

18. Child Trafficking

It is recommended to protect children from international and internal trafficking and sale; provide social and psychological assistance to victims, collect disaggregating data on the sale and trafficking of children; introduce amendments in Pakistan Penal Code to include punishment for child trafficking, and carry out awareness-raising activities.

Options of Diversion under Pakistani Law

Diversion of children from the formal criminal justice system is the essence of the UN Committee on the Rights of the Child recommendation to the Pakistan State Party, "...deprivation of liberty is only used as a measure of last resort and for the shortest possible period of time, and ensure that all children benefit from bail and the non-custodial provisions of JJSO".

Police

The ideal time for diverting children who come into conflict with the law should be the stage on their first contact with the law. The JJSO authorises the Police to release a child accused of a bailable offence on bail and he or she cannot be kept in a police station or jail under any circumstance in such cases. It further specifies with regard to a child under the age of fifteen years who has been accused of committing an offence punishable with imprisonment of less than ten years that such offence will be treated as a bailable offence for children of that age. And the Sindh Children Act, 1955 (SCA) empowers the Police to release children who come in conflict with law on bail even in non-bailable offences.

Prosecution

By virtue of section 494 of the Criminal Procedure Code, 1898, the prosecution agency has been vested with the legal authority to divert children from formal criminal justice system. The public prosecutor with the consent of the court can withdraw from prosecution at any stage, and in such a case it shall result in discharge or acquittal of the accused person from the charges against him or her.

Probation

The JJSO provides for the release of children on probation or send children to Borstal Institutions. Under the Probation of Offenders Ordinance, 1960, another course, which can be used as a measure of alternative sanctioning of first time offenders convicted for offences punishable with imprisonment up to two years, is the conditional discharge.

Courts

The SCA 1955 and JJSO 2000 authorise courts to release children on probation, as an alternative to placement in a juvenile institution. The SCA also establishes a liberal parole system. A child who has spent six months in a certified or Industrial school is eligible for release, either on recommendation by visitors or managers of the school, or on application by a family member or guardian, supported by "local inquiries made by the probation officer. Under the Khyber Pakhtunkhwa Child Protection and Welfare Act, 2010, a child above the age of twelve years and below the age of fifteen years when convicted can in the alternative be ordered to perform a community service, through probation officer or be fined. The fine in case of destitute and without parental care children will be payable from the Fund established under the said Act.

19. Juvenile Justice

It is recommended that the minimum age of criminal responsibility should be raised to an internationally acceptable level; child offenders be not treated as adults; detention be only given as a last resort; right to proper legal aid and defense be ensured, juvenile courts, separate remand homes for juvenile offenders be set up; offenders should remain in contact with the family; death term for children under 18 be prohibited ; and juvenile justice standards, convention and other UN standards be implemented. Juvenile Justice System Ordinance should be amended to: set up institutions for the execution of law; incorporating the concept of diversion, restorative justice mechanism and provisions about the rights of victims and witnesses of crime, as well. The Provincial Governments must amend respective Juvenile Justice Rules to include clear guidelines set out by the apex Courts for the age determination of accused juveniles for the police, prosecution services, trial courts and Juvenile Courts all over the country. The Provincial Governments should make provisions for the appointment of specialised Child Protection Officers, at all police stations in Pakistan, to deal and investigate the cases by or against children. This is pertinent here to mention that laws are already there in place but implementation is at a minimal level.

20. Protection of witnesses and victims of crimes

It is recommended that, through legal provisions and procedures, all child victims and/or witnesses of crimes, e.g. child victims of abuse, domestic violence, sexual and economic exploitation, abduction and trafficking and witnesses of such crimes, have effective access to justice and are provided protection.

21. Children in armed conflict

It is recommended to the government to ensure that children under 18 years are not involved in hostilities; take preventive measures, develop a comprehensive system for the reintegration and recovery of children who have participated in hostilities and carry out intensive awareness campaigns against recruitment and consider ratifying international instruments relevant to protecting children in armed conflict.

22. Children with disabilities

The government should make efforts to integrate children with disabilities in all spheres of life by improving their access to public service buildings, including schools.

23. Activating Role of Courts

In a country where there are so many specialised courts, there is no reason why juvenile courts cannot be constituted in every district with broader mandate of child protection and to try cases of child abuse, custody and juvenile offenders who are involved in criminal

litigation. One quick way to resolve this issue is by allocating afternoons to the hearings of juvenile offenders in the existing courts.

24. Protection through Curricula

Children are not aware of their issues or how to deal with them. One effective way to educate children is to incorporate child protection issues in the curriculum, as to whom they should report and how they can avoid such issues.

25. Coordination and Resource Sharing

It is recommended that government agencies working for children at federal, provincial and district level should coordinate and collaborate with each other. They should also consider sharing resources (financial and human) to achieve their objectives, in particular when the nature of their intervention is service oriented. This will save resources, such as an agency running a help-line can receive calls on all issues of different department dealing with children, and can be linked to relevant services be it related to counseling, reporting of a violation, seeking information, etc.

26. Allocation of adequate Resources and Expenses Tracking

Ensuring sufficient investment for children is critical for the realisation of different aspects of their rights. It has to be based on a continuous analysis of the existing budget mechanisms, allocations and efficiency of the expenditures in key areas, such as basic health services for children, compulsory education, support to children in need of care, etc. Publicly available budget data does not provide the necessary details for such analysis. It is therefore required to disclose budget items directly related to children or generate such items in order to track expenditures directed to investment in children. This will allow assessing the efficiency of these investments, identifying the bottlenecks and addressing them.

27. Child/forced marriages

It is recommended to amend and implement Child Marriages Restraint Act, 1929; investigate complaints of early and forced marriages, provide protection to girls and women who resist such marriages, punish perpetrators; address poverty-related parental pressure on girls to marry at an early age, and continue awareness-raising campaigns. The provision of education, health facilities and employment will help in restraining the issue and creating awareness.

28. Street Children

It is recommended to develop national and provincial strategies to counter increasing number of street children, and provide adequate nutrition and shelter, health care and educational opportunities.

29. Definition of a Child

It is recommended to raise minimum age limit for employment to 15 years (non-hazardous labour), raise the minimum age limit of criminal responsibility to an internationally acceptable level and raise the minimum marriageable age limit for girls to 18 years.

The above recommendation needs, however, to be implemented in a phased manner by providing health, education and employment opportunities to children as it would, otherwise, be very difficult for a family depending on children to help in earning their bread and butter for living.

30. Non-Discrimination

Pakistan should make greater efforts to ensure that, all children enjoy all the rights without discrimination. The government needs to legislate to prevent and eliminate discrimination, introduce conditional cash transfer schemes promoting enrollment of girls, women attending prenatal and post-natal clinics and parents must be encouraged to invest in girls, and masses should be sensitised and educated against discriminative attitude towards girls. Ethics/Moral Education should be taught in lieu of Islamiyat to non-Muslim children and subject specific teachers should be appointed, according to the situational requirements.

31. Follow Good Practices

Each province of Pakistan has been following some good practices in the promotion and protection of child rights and in their efforts to improve social indicators on health, education, child labour, juvenile justice, violence against children. These good practices have been mentioned in the report in respective provinces. It is recommended that the government departments should take note of these good practices, and given similar situation, replicate or further improve them, where ever possible, for the benefit of children.

Wafaqi Mohtasib Secretariat

Head Office

Constitution Avenue
Islamabad
Tel: 051-9217251
Fax: 051-9217224
Email: complaints@mohtasib.gov.pk

Provincial Ombudsman (Mohtasib) Secretariat

Khyber Pakhtunkhwa,

Rehman Baba Road,
University Town,
Peshawar.
Tel: +92-91-9216768

Provincial Ombudsman (Mohtasib) Secretariat

Balochistan,

47-A Zarghoon Road.
Quetta.
Tel: +92-81-9201827

Provincial Ombudsman (Mohtasib) Secretariat Sindh,

Kamal Ataturk Road,
Near Tughlaq House,
Sindh Secretariat,
Karachi.
Tel: +92-21-99211026

Provincial Ombudsman (Mohtasib) Secretariat

Punjab,

2-Bank Road,
Lahore.
Tel: +92-42-9921173



United Nations Children's Fund

Pakistan Country Office
90, Margalla Road, F-8/2
P.O. Box 1063
Islamabad - Pakistan
www.unicef.org/pakistan



Head Office of Wafaqi Mohtasib (Ombudsman's) Secretariat & Children's Complaint Office

Constitution Avenue, Islamabad - Pakistan
Tel: +92-51-9217251, +92-51-9217260, Fax: +92-51-9217261
WMS Homepage: <http://www.mohtasib.gov.pk>
CCO Homepage: <http://www.mohtasib.gov.pk/cco>
CCO Facebook Page: <http://www.facebook.com/CCO.Pakistan>