NATIONAL PLAN OF ACTION FOR CHILDREN

CABINET DECISION
Case No: 075/05/2006-1
Dated: 24/05/2006
The Cabinet Considered the Summary, Dated 6th April, 2006 submitted by the Ministry of Social Welfare and Special Education on “Draft National Plan of Action for Children” and granted approval to the proposed National plan of Action for Children as proposed at Para 5 (five) of the Summary.

Ministry of Social Welfare and Special Education
National Commission for Child Welfare and Development (NCCWD)
Government of Pakistan
Islamabad
TABLE OF CONTENTS

List of Abbreviation....................................................................................................... iii-v

Preface........................................................................................................................ 1

Executive Summary........................................................................................................... 2-5

Background ...................................................................................................................... 2-5

Introduction..................................................................................................................... 9-11

Situation analysis – State of Children........................................................................ 12-43

A. Health.................................................................................................................... 12
B. AIDS/HIV ............................................................................................................ 19
C. Education .............................................................................................................. 20
D. Protection .............................................................................................................. 37
E. Commercial and Sexual Exploitation ................................................................. 42

Plan of Action.............................................................................................................. 44-100

A. Promoting Healthy Lives ...................................................................................... 44
B. Combating AIDS/HIV .......................................................................................... 57
C. Education .............................................................................................................. 62
D. Protection .............................................................................................................. 76
E. Commercial and Sexual Exploitation .................................................................... 87

National Plan of Action for Children Matrix............................................................. 89-109

Monitoring and Evaluation Mechanisms ................................................................. 110-111

Annexure .................................................................................................................... 112-125

1. National Child Policy............................................................................................. 112
2. A World Fit for Children......................................................................................... 118
3. The Yokohama Global Commitment ..................................................................... 121
4. Stockholm Declaration and Agenda for Action................................................... 124
List of Abbreviations

- **AEPAM**  Academy for Educational Planning and Management
- **AIDS**  Acquired Immunodeficiency Syndrome
- **AJK**  Azad Jammu and Kashmir
- **ARI**  Acute Respiratory Infection
- **BFHI**  Baby Friendly Hospital Initiative
- **BHU**  Basic Health Unit
- **BLC**  Bunyad Literacy Community Commission
- **BPEP**  Balochistan Primary Education Project
- **CCF**  Care Foundation of Pakistan
- **CDC**  Communicable Disease Control
- **CDD**  Control of Diarrhoeal Diseases
- **CEA**  Community Education and Action
- **CPNE**  Council of Pakistan News Papers Editors
- **CRC**  Convention on the Rights of Child
- **DBMS**  District Based Monitoring System
- **DFID**  Department for International Development
- **DWE**  Directorate of Workers Education
- **ECE**  Early Childhood Education
- **EDGs**  End-Decade Goals
- **EDRs**  End Decade Review
- **EFA**  Education For All
- **EFP**  Employers’ Federation of Pakistan
- **EFYP**  Eight Five-Year Plan
- **EMIS**  Education Management Information System
- **EPI**  Expanded Programme of Immunization
- **ESR**  Education Sector Reforms
- **FANA**  Federally Administered Northern Areas
- **FATA**  Federally Administered Tribal Areas
- **FBS**  Federal Bureau of Statistics
- **FWCW**  Fourth World Conference on Women
- **GAVI**  Global Alliance for the Vaccines and Immunization
- **GEUP**  Gender Equality Umbrella Project
- **GOP**  Government Of Pakistan
- **HIV**  Human Immunodeficiency Virus
- **HMIS**  Health Management Information System
- **ICPD**  International Conference on Population and Development
- **IDA**  International Development Agency
- **IDD**  Iodine Deficiency Disorders
### National Action Plan for Children

- **IEC** Information Education Communication
- **IMC** Implementation and Monitoring Committee
- **IMCI** Integrated Management of Childhood Illnesses
- **IPC** Inter Personal Communication
- **ISP** Internet services providers
- **LG&RDD** Local Government & Rural Development Department
- **MDG** Mid Decade Goals
- **MDR** Mid Decade Review
- **MICS** Multiple Indicator Cluster Survey
- **MOH** Ministry Of Health
- **NCC** National Coordinating Committee
- **NCC** National Core Committee
- **NCCWD** National Commission for Child Welfare and Development
- **NCHS** National Centre for Health Statistics
- **NCRDP** National Council for Rehabilitation of Disabled Persons
- **NEAs** National Education Assessment System
- **NEP** National Education Policy
- **NFE** Non Formal Education
- **NGO** Non Government Organization
- **NIDs** National Immunization Days
- **NIH** National Institute of Health
- **NPA** National Plan of Action
- **NPA** National Programme of Action
- **NTCDP** National Training Center for Disabled Persons
- **NTD** National Trust for the Disabled
- **NWFP** North West Frontier Province
- **ORT** Oral Rehydration Treatment
- **PBM** Pakistan Baitul Maal
- **PCCWDs** Provincial Commissions for Child Welfare and Development
- **PCRDP** Provincial Council for Rehabilitation of Disabled
- **PDHS** Pakistan Demographic and Health Survey
- **PEACESs** Provincial Education Assessment Centers
- **PHC** Primary Health Care
- **PIHS** Pakistan Integrated Household Survey
- **PILER** Pakistan Institute of Labor Education and Research
- **PLC** Pakistan Literacy Commission
- **PPA** Pediatric Association of Pakistan
- **PRS** Poverty Reduction Strategy
- **PTA** Parent Teacher Association
- **PTSMCs** Parent Teacher Management Committees
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWP</td>
<td>Population Welfare Program</td>
</tr>
<tr>
<td>SAARC</td>
<td>South Asian Association for Regional Co-operation</td>
</tr>
<tr>
<td>SAP</td>
<td>Social Action Programme</td>
</tr>
<tr>
<td>SCCI</td>
<td>Sialkot Chamber of Commerce and Industry</td>
</tr>
<tr>
<td>SCs</td>
<td>School Councils</td>
</tr>
<tr>
<td>SIMA</td>
<td>Surgical Instruments Manufacturing Association</td>
</tr>
<tr>
<td>SMCs</td>
<td>School Management Committees</td>
</tr>
<tr>
<td>SPARC</td>
<td>Society for Protection of the Rights of the Child</td>
</tr>
<tr>
<td>SSC</td>
<td>Special Session on Children</td>
</tr>
<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
</tr>
<tr>
<td>TGMs</td>
<td>Technical Group Meetings</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms Of Reference</td>
</tr>
<tr>
<td>TT</td>
<td>Tetanus Toxoid</td>
</tr>
<tr>
<td>TTP</td>
<td>Teachers Training Program</td>
</tr>
<tr>
<td>UCI</td>
<td>Universal Children Immunization</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Family Planning Association</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>WCEFA</td>
<td>World Conference on Education for All</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WSC</td>
<td>World Summit for Children</td>
</tr>
</tbody>
</table>
PREFACE

Pakistan was one of the six initiators of the World Summit for Children 1990 which gave the “first call for children” and set goals for the development of children. In the end decade review process, progress on the achievement of these goals was assessed and a brief report on the achievements was present to the UN Secretary General in 2001. On the basis of these progress reports presented by the nations of the world considered in the UN Special Session for Children held on 8-10 May 2002, an Out-come document “A World Fit for Children” comprising declaration, follow up action and Guide lines for plan of action for children was adopted. The nations of the world have shown their commitment for following this out-come document to accomplish the un-met agenda of World Summit 1990.

The NPA for children 2005 is the Second Plan of Action for Children. The first National Plan of Action for Children received criticism for being un-participative. The process of NPA formulation was quite limited. It was completed in a relatively short period by a small team of people without much consultation, provincial participation was virtually nil, because of which people workings with children at various levels in the state were unable to contribute towards developing the action plan, why no provincial level Plan of Actions was formulated”. The National Plan of Action 2005 is a comprehensive document papered in consultation of all the relevant stakeholders from grass roots to the top, and the main parties to the plan of action I mean children from deferent walk of life were consulted. Requirements of all regional and international commitments are given space in this NPA. The child protection issu es specially recommendations of Second World Congress against Child Abuse and Commercial sexual Exploitation “Yokohama Global Commitments” are also covered in the NPA.

I believe that political stability guaranties continuity in policies, resulting in economic growth, national development, progress and prosperity. We have achieved political stability and continuously following dynamic polices and have reached self sufficiency in many areas of interest. With the implementation of the NPA for Children 2005 we would succeed in bringing substantial change in life standard of our children and will move forward in making Pakistan a child friendly state of the world. It is our commitment and we are ready to do all that required for the prosperity of our present and future generation.

ZOBAIDA JALAL
Federal Minister for Social Welfare and Special Education
Executive Summary

Children in Pakistan remain among the most vulnerable part of the population. Most indicators confirm that they face serious disadvantages in the realm of economic and social development. There is a close relationship between poverty and children. Reducing child poverty is essential for beginning of poverty reduction in the community as a whole. Another reason to focus on children is that early childhood offers a critical opportunity to influence the intellectual, physical and emotional development of human beings. An important reason why poverty reduction must begin with children is that they are powerless. Young children depend on adults to make decisions on their behalf and rarely have the means to challenge such decisions.

The World Summit for Children held on 29-30th of September 1990 was the largest gathering of the world leaders in history assembled at the United Nations. The outcome was the World Declaration and Plan of Action, which established guiding principles and a set of goals for the year 2000. The First National Plan of Action was prepared on the basis of the targets set by World Summit for Children (WSC) 1990. In the End Decade Review Report (EDR) released by the UN Secretary General in May 2001, the statistical indices in the report demonstrated that Pakistan's progress fell significantly short of the targets set by the World Summit for Children. The report stressed that in order to overcome these shortcomings it needs to elicit participation from all regional resources working with children such as district officials and the civil society.

The Second Plan of Action for Children that has now been developed by the government with the assistance of the United Nations Children's Fund (UNICEF) aims to use a new approach whereby the new NPA has been formulated through elaborate consultations at the regional, provincial and district levels. UNICEF has provided technical support and consultants to assist the provincial social welfare departments in development of their respective plan of Action. On December 28-29 2004 and 29-30 January 2005, the Government organized final consultation of stakeholders to look at depth into the draft National Plan of Action and make recommendations for fine tuning of the NPA. The stakeholders made specific recommendations in the areas of education, health, HIV/AIDS, Special and General Protection. This National Plan of Action (NPA) for children has set targets and indicators to assess progress towards the achievement of the Goals and also envisaged a process of monitoring progress towards the achievement of the Goals. The National Plan of Action works in close collaboration with governmental and non-governmental agencies. The NPA has sets of goals that are to be met under a given time frame. These include:

Reduction of Infant Mortality Rate and under five Mortality Rate to 30 and 42 per 1000 live births respectively by 2015. These targets will be met by using improved quality of service under Primary Health Care and ongoing programs like breast feeding, nutrition, EPI and Tetanus vaccination to pregnant mothers, TB, Malaria, ARI, CDD, antenatal and postnatal care at health outlets and deliveries by trained TBAs.

Reduction in the Maternal Mortality Rate (MMR) at least three quarters by 2015. The current position is 530 per 100,000 live births and reducing it to 133 per 100,000 live births by 2015. The target will be met by Improving the Maternal Nutrition and by
National Action Plan for Children

strengthening existing health services. Promoting reproductive health and child spacing. Tetanus vaccination to pregnant women and health education through health staff and LHWs.

Reduction of child malnutrition among children under 5 years of age, by at least 1/3, with special attention to children under two years of age, and reduction in the rate of low birth weight to at least 1/3 of the current rate. The above stated target will be met by creating awareness through media and health staff, stressing exclusive breast feeding, supplementary feeding to infants and lactating mothers.

Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third of the current level. The target is to provide safe drinking water to 95 percent population and hygienic sanitation facilities to 82 percent population by 2015. Public awareness about benefits of clean drinking water, benefits of sanitation and hygienic disposal of excreta and sanitary environment through media and IPC.

Development and implementation of national health Policies and Programs for adolescents, to promote their physical and mental health. The main objective is to provide adolescents awareness during the important phase of life in personality and character building and channelize their energies and initiatives positively towards construction. This can be done by improving the quality of formal education at middle and secondary level, arrange non-formal education opportunities for out of schools or dropped out students in adolescent stage, especially in rural areas and for females.

Increasing access to the primary health care system for reproductive health for all individuals of appropriate ages by 2015. The reduction in low birth weight of newborns can be made improved through the nutrition of pregnant mothers, by developing supplementary feedings and raising awareness about reproductive health, nutrition, antenatal and post-natal care by trained and skilled attendants.

Reduction in HIV prevalence, among young men and women aged 15 - 24 years by 25 percent by 2008 and a further 25 percent by 2015. This target will be met by 2010 through intensification of diagnostic and treatment services and using media education and awareness campaigns with special approach to vulnerable target groups and counseling on appropriate sexual behavior and use of safety methods. Establishment of HIV/AIDS diagnostic set up with availability of all concerned equipment and chemicals at all teaching hospitals, DHQ hospitals and THQ hospitals. Development of a comprehensive package to ensure screening of all blood and its products for HIV and Hepatitis B, both in public and private sector, free of cost.

Reduction in the proportion of infants infected with HIV by 25 percent by 2008 and further reduction of 25 percent by 2015. The target will be achieved by educating about AIDS to 80 percent pregnant women, visiting health facilities for antenatal care and through LHWs. Extended training to health services staff, Education (teachers), Social Welfare, Local Government staff, Community leadership and NGOs for raising awareness among pregnant women.
National Action Plan for Children

Expansion and improvement in early childhood care and education for girls and boys especially for the most vulnerable and disadvantaged children. The target will be met by mean of Katchi class regularization with the involvement of health, education, social welfare departments. The 50 percent target will be achieved by 2010 and next 50 percent target will be achieved by 2015. The pre-primary class will be awarded as part of primary education and children less than five years to be encouraged for enrolment in Katchi class.

Reduction in the number of primary school age children who are out of school by 50 percent and increase net primary school enrolment or participation in alternative, good primary education programs to at least 90 percent by 2010. The main objective is to provide universal access to compulsory primary education to all children by 2015. This can be achieved through rehabilitation and up-gradation of physical facilities in existing schools.

Eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015, with a focus on ensuring girl’s full and equal access to and achievement in basic education of good quality. The target is to eliminate gender disparities by 2005 and achieve gender equality by 2015 through construction of new schools for girls, training of female teachers especially for rural areas, promoting education for all and non formal education classes to eliminate disparity in girls education.

Improving all aspects of quality of education so that children and young people achieve recognized and measurable learning outcomes especially in numeracy, literacy and essential life skills. The target is to improve all aspects of quality education to enable children and young people to achieve recognized and measurable learning outcomes especially innumeracy, literacy and essential life skills universally by 2015. These objectives can be met through construction of new schools, addition to existing schools, repair and provision of more facilities in the existing schools.

Ensuring that the learning needs of all young people are met through access to appropriate learning and life skills programmes. The target is to provide an attractive school environment with improved and improvised curriculum covered by adequately qualified, trained and devoted teachers and providing universal access to children with free primary education. The need is to develop a curriculum in harmony with the needs and mental growth of the children and in relevance to the needs of the community.

Achieving 50 percent improvement in the levels of adult literacy, especially for women, by 2015. The gender equity, 86 percent literacy rate both for male and female is targeted by 2015. More focus would be on rural areas and literacy rate would be increased from the existing 37 percent to 83 percent by the year 2015. These objectives can be met by establishing field offices, selection of NGOs and training of master trainers, field functionaries, trainers, and teachers.

Protecting children from the impact of armed conflict and ensure compliance with international humanitarian law and human rights. The target is set to achieve these objectives by 2005. The harmonization of child labour programmes through extensive
coordination among ministries and relevant provincial departments. Progressively prohibit, restrict, and regulate child labor with a view to its ultimate elimination through a phased and multicultural strategy.

Improving the plight of millions of children who live under especially difficult circumstances. This can be made possible by the creation of mass awareness through social counseling with families, shelter for disowned, kidnapped and lost children. The target must be achieved by 2015.

Protecting children from all forms of exploitation, including pedophilia, trafficking and abduction. The ultimate target is to protect the children from all forms of exploitation by the year 2015. A general awareness of the existing laws regarding protection of the children through media and advocacy seminars.

Develop systems to ensure the registration of every child at or shortly after birth, and fulfill his or her right to acquire name and nationality, in accordance with national laws and relevant international instrument. Actions, effective coordination among the relevant agencies, awareness raising campaign, capacity Development.

Encourage all countries to adopt and enforce laws, and improve the implementation of policies and programmes to protect children from all forms of violence, neglect, abuse and exploitation, whether at home, in school or other institutions, in the work place or in the community. Strategies/Actions: Review and develop new and comprehensive law, awareness raising sensitization and capacity development.

End impunity for all crimes against children by bringing perpetrators to justice and publicizing the penalties for such crimes. Actions: publicity of the consequences of perpetration of violence against any of rights of the victim and facilities and services available for the assistance to victim, community organization against violence against children, Capacity Development of the Law enforcing agencies.

The strategic elements of the government’s CSEC interventions consist of five programmes. These are: prevention; protection; recovery and reintegration; participation; monitoring and coordination. Action: Increase children’s awareness regarding their rights and the issues surrounding child sexual abuse and exploitation, protect children from being exposed to and be used in the production of pornographic material. Build capacity of relevant instructional structures and individuals to ensure children’s participation in matters related to their protection. Encourage appropriate participation. Enhance the effectiveness of efforts through strengthened coordination and cooperation.
BACKGROUND

Children in Pakistan remain among the most vulnerable part of the population. Most indicators confirm that they face serious disadvantages in the realm of economic and social development. However it is possible to improve the coverage and quality of social services for children through firm political commitment and action, in partnership with domestic and international partners. The pay-off of interventions – ensuring long-term Economic growth in Pakistan, achieving the social goals of the Millennium Declaration and realizing the rights of every child – makes investing in children excellent economic sense.

There is a close relationship between poverty and children. Reducing child poverty is essential for beginning of poverty reduction in the community as a whole. A second reason to focus on children is that early childhood offers a critical opportunity to influence the intellectual, physical and emotional development of human beings. The detrimental effects of missing this one-time opportunity are often irreversible. For example, nutrition in uterus and in early childhood is closely connected with brain development. The nutrition, children receive in the early months and years, determines to a large extent their cognitive skills and educational performance later in life. Similarly, effects of disease in the early years can prevent children from reaching their full intellectual and physical potential.

The third argument in favor of investing in children is that poor children usually grow up to raise poor children of their own. When children start life with all the disadvantages of poor health, inadequate nutrition and low education, there are fewer opportunities for them to move out of poverty. When they start new families, their own poverty will manifest itself in the next generation. For example, malnourished women tend to have babies with low birth weight, and illiterate parents cannot assist their children with schoolwork. A fourth reason why poverty reduction must begin with children is that they are powerless. A good indicator of a country’s level of development is the way it treats its most vulnerable members. Young children depend on adults to make decisions on their behalf and rarely have the means to challenge such decisions. They are not only the most vulnerable to poverty related problems but also disproportionately pay the price of being poor. There is, therefore, a moral imperative for governments to reduce the burden borne by children. A fifth and critical reason is that investing in children is not an option. The Convention on the Rights of the Child, ratified by 191 countries, obliges those governments to ensure that the children’s rights it specifies are fully met. These include the right to good health, nutrition, education an adequate standard of living and protection. The task of ensuring that all children fully enjoy their rights appears daunting, but Pakistan has the capacity to make it happen. What is required is a move from political rhetoric to resource mobilization and action for all children. Stated political commitment must translate into financial resources, policy reform and operational programs if children’s rights are to be realized and the inter-generational cycle of poverty broken. Of course, government action alone will not end poverty for children. However, by ensuring universal access to basic social services of good quality, governments can provide the foundation to ensure that all children get the best possible start in life. Increased investment in children should occur in the context of administrative and legal reforms to support child friendly initiatives, greater participation of people in social and
economic activities and enhanced access of populations to the means of production and micro-credit.

The National Plan of Action for children (NPA) is a commitment of the Pakistan government towards its children for the next decade. The First National Plan of Action for Children was implemented in the 1990s on the basis of the targets set forth in the 1990 World Summit for Children. In the End of Decade Review Report (EDR) released by the UN Secretary General in May 2001, Pakistan's first National Plan of Action for Children received criticism for being extremely un-participative during its formulation because of which people working at various levels in the state with children were unable to contribute towards developing the action plan. Moreover, the action plan was also evaluated as not being rights-based and rights-focused. The statistical indices in the report demonstrated that Pakistan's progress fell significantly short of the targets set by the World Summit for Children. Except for access to the potable water (coverage close to 83 per cent), "all the indicators lag substantially behind the NPA targets and those set out in the 1990 World Summit for children, and are unlikely to be met in the next several decades at the current rate of development," the report remarked. The report stressed that in order to overcome these shortcomings, it needs to elicit participation from all regional resources working with children such as district officials and the civil society.

The Second Plan of Action for Children that has now been developed by the government with the assistance of the United Nations Children's Fund (UNICEF) aims to use a new approach whereby the new NPA has been formulated through elaborate consultations at the regional, provincial and district levels. UNICEF has provided technical support and consultants to assist the provincial social welfare departments in development of their respective plans of action. The government has also conducted workshops to evolve a process and methodology for the provincial and district planning workshops to ensure that these are focused, participatory, objective and outcome driven and task oriented. The workshops were designed to ensure the child participation in the planning process. With committed efforts by the Pakistan government to rectify the shortcomings of the first national plan of action for children, the second plan now holds a lot of promises for children in Pakistan. To ensure that the new NPA fully rectifies the earlier shortcomings, it now elicits participation of the new players including district governments, TMA and civil society. NPA was being dovetailed to the Poverty Reduction Strategy Papers (PRSP), which too are being prepared by the provincial and federal governments and would reflect major policy commitments for economic development in the medium term (3 to 5 years). Government of Pakistan has shown its strong commitment to the rights of children, as during the preceding years Pakistan actively participated in the SAARC Girl child symposium in July 2001 and UNGASS in May 2002. Government along with full participation of all stakeholders including children themselves has launched various interventions, based on a “World Fit for Children” special session outcome document in the first half of year 2002. During the preceding years, Government has committed a lot of efforts in favor of children e.g.;

1. Public debate on issues such as child labor, basic health and education, children need, child abuse and juvenile justice.
2. School & health institution campaign on CRC rights awareness.
3. Introductory orientation on children issues of all district Governments, elected councilors and administration. Appreciable work has been undertaken with these initiatives e.g. a journalist grassroots network is in place and functioning.

4. Media development forum meetings held at different places of the country.

5. Orientation meetings forum for local NGOs on juvenile justice, child labor and registration at birth.

6. District level promotional level competition programs on the awareness of CRC among school children.

7. Celebration of universal children day.

On December 28 and 29 2004 the Government organized a consultation of stakeholders to look at depth into the draft National Plan of Action and make recommendations for fine tuning the NPA. The stake holder represented civil society, academia, donors, policy makers and children. The stakeholders made specific recommendations in the areas of education, health, HIV/AIDS, Special and General Protection. This document reflects the recommendations made by the different groups. Similarly another national consultation was organized on 28th – 29th January, 2005 to discuss the issues of child protection with specific emphasis on child abuse and commercial sexual exploitation of children. The recommendations were prepared in light of Stockholm Declaration and Agenda for Action, Yokohama Global Commitment Against Commercial Sexual Exploitation of Children and other Regional International Instruments on the issues of children. The recommendations of the consultation were adopted in the NPA for children, thus a comprehensive document is developed to promote the survival, protection, development and participation of children in the next decade.
INTRODUCTION

On 29-30 September 1990, the largest gathering of the World Leaders in history assembled at the United Nations to attend the World Summit for Children. Pakistan was one of the six-initiator countries for the World Summit for Children. The outcome was the World Declaration and Plan of Action, which established guiding principles and a set of goals for the year 2000. The Convention on the Rights of Child though is a Charter of Human Rights because it elaborates the rights of the children, but in itself, it does not have the legal status of domestic or international law. However for meeting with the committed obligations to implement the convention, countries mostly introduced domestic legislation for implementing the aspects of the convention. Pakistan ratified the Convention in September 1990 with the reservation that any clause should not be contradictory to the Islamic Law. A group of eminent scholars and researchers examined and compared clauses of the Convention and declared that no CRC clause was in any conflict with Pakistan law and relevant Islamic Laws. Subsequently on recommendation of the Ministry of Religious Affairs, the Council of Islamic Ideology and decision of the Federal Cabinet, the Pakistan Government withdrew the reservation on 23rd July 1997 and actively accelerated follow up and implementation of the obligations undertaken in the Convention.

The Outcome of the WSC was Declaration on Survival, Protection and Development of Children and a Plan of Action for implementing the declaration in the 1990s. As Follow up to the WSC and to transform the international commitments of WSC, NPA was prepared. National indicators and targets to achieve WSC goals were tabulated with indication of financial resources required. NPA was not a special or additional programme for children but represents the longer term perspective for planned response to their unmet basic human needs conceived in context of SAP which was among main thrust of the 8th plan.

The Government of Pakistan and UNICEF jointly undertook a Multiple Indicator Cluster Survey (MICS) for End Decade Review in 2001. Ministry of Health administered the survey being the focal point. Federal Bureau of Statistics, Planning Division and other related ministries were involved in finalization of the technical details.

The End Decade Review is an important follow-up because it assessed the fulfillment of development goals set at the 1990 World Summit for Children. The objective was to advance children’s basic survival, protection, development and participation by completion of the unfinished agenda of the 1990s and through identification of future strategies and interventions.

All civil society players have actively engaged and played a central role in the EDR and in development of SSC 2001 activities. The major NGOs were on National and Provincial Steering Committees. National NGOs contributed to the Report through their response in the matrix questionnaire. NGOs also conducted a number of activities to raise awareness of child rights.

EDR tabulated the national indicators and targets and also identified the financial resources required for this. The policy planners framed the NPA, not as a “special or
additional programme for children”. The process of NPA formulation was quite limited. It was completed in a relatively short period by a small team of people without much consultation. Provincial participation was virtually nil. Various sectoral activities envisaged in the NPA were incorporated in the Social Action Program (SAP), which were part of the national planning process. In this sense NPA was able to influence the national planning process, although NPA itself was not fully internalized. It may be the reason why no provincial level PAs were formulated. The reasons for slow progress in implementation of NPA were resource constraints and an unstable security environment in the region. This meant that resource allocation for a number of development goals did not correspond with the political commitment. The situation was further complicated because of the political uncertainty in the country during most of the period under review.

It was realized that the next NPA must elicit participation of the new players including district governments and civil society. Initial plans need to be attempted in all provinces and some districts. The NPA should take a cognizance of and be approached from a rights based perspective. NPA development must involve Planning and Development Departments and Finance Departments under the provincial governments and respective Ministries to ensure that the goals and strategies being incorporated in the NPA and the national child policy are in line with the “perspective Plans” and are backed by financial commitments.

This National Program of Action (NPA) for children in Pakistan has developed set targets and indicators to assess progress towards the achievement of the Goals and will also envisage a process of monitoring progress towards the achievement of the Goals through the development of a system to measure changes in the status of the indicators. The basic aims of developing this NPAC (National Plan of Action for Children) are the following:

- Put children first
- Fight poverty: invest in children
- Leave no child behind
- Care for every child
- Educate every child
- Protect children from harm and exploitation
- Protect children from war
- Combat HIV/AIDS
- Listen to children and ensure their participation
- Protect the earth for children

Along with the NPAC, a National Child Policy has also been evolved [please see the Annexure].

This NPA is in line with the Child Survival Strategy for Pakistan 2005 and the National Nutrition Strategic Plan 2005, prepared by the Ministry of Health. The elements of the Child Survival Strategy for Pakistan 2005 and the interventions pertaining to children in the National Nutrition Strategic Plan 2005 are assumed to reinforce the strategic thrust of the NPA.
The NPA works in close collaboration with governmental and non-governmental agencies. The NPA is composed of comments/recommendations of government representatives from the Ministries of Finance, Planning and development, Social Welfare and Special Education, Women Development, Information, Interior, law Justice & Human Rights, Health, Education, Labour, Local Government, as well as NGO coalition representatives and UNICEF. The NPA envisages: The area of child protection has been given special space in the NPA for children and the requirements of International obligations like Stockholm Declaration and Agenda for Action, Yokohama Global Commitment Against Child Abuse and Commercial Sexual Exploitation of Children, SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution and SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia are consider for action in the NPA. The implementation of NPA will provide base for regional cooperation and context of SAARC Convention.

CABINET DECISION
Case No: 075/05/2006-1
Dated: 24/05/2006

The Cabinet Considered the Summary, Dated 6th April 2006 submitted by the Ministry of Social Welfare and Special Education on “Draft National Plan of Action for Children” and granted approval to the proposed National plan of Action for Children as proposed at Para 5 (five) of the Summary.
SITUATION ANALYSIS – THE STATE OF CHILDREN

A. HEALTH

Despite a grim economic picture, the country has been striving to achieve targets set for child survival, protection and development. Malnutrition has been marginally reduced; immunization levels are generally being maintained or increased, measles deaths are down by 80% compared to pre-immunization levels, large areas of the country have become free of polio. Iodized salt and Vitamin A administration have been introduced at a mass scale, the use of oral re-hydration therapy (ORT) is rising, hospital facilities are actively supporting breastfeeding and progress in health education has been encouraging. Access to safe drinking water and sanitary means of disposal has raised both in the urban and rural areas.

Table 1: Important Health Indicators:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate (2002)</td>
<td>74 per 1000 live births</td>
</tr>
<tr>
<td>Under 5 Mortality Rate (2002)</td>
<td>98 per 1000 live births</td>
</tr>
<tr>
<td>Maternal Mortality Rate</td>
<td>350-400 per 100,000 live births</td>
</tr>
</tbody>
</table>

Source: Pakistan Economic Survey 2004-05

Table 2: Public Sector Expenditure on Health and Population Welfare

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Development Expenditure</td>
<td>5944</td>
<td>6688</td>
<td>6609</td>
<td>8500</td>
<td>11000</td>
</tr>
<tr>
<td>Current Expenditure</td>
<td>18337</td>
<td>18717</td>
<td>22205</td>
<td>24305</td>
<td>27000</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>24281</td>
<td>25405</td>
<td>28814</td>
<td>32805</td>
<td>38000</td>
</tr>
<tr>
<td>Percent of GNP</td>
<td>0.7</td>
<td>0.7</td>
<td>0.8</td>
<td>0.84</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Source: Economic Survey of Pakistan 2002

Health Care Programs

Following primary health programs have continued for survival and development of the children:

1. Expanded Program on Immunization (EPI)
2. Control of Diarrhea Diseases (CDD)
3. National Program for Family Planning and Primary Health Care
4. National Nutrition Programme
5. Acute Respiratory Infections (ARI) control Program
6. Malaria Control Program / Roll Back Malaria
7. National Tuberculosis Control Program
8. Baby Friendly Hospital Initiative / Breast Feeding Promotion
9. IDD Control Program
10. Vitamin A Deficiency Control Program
11. Integrated Management of Childhood Illnesses (IMCI) in Pakistan
12. Reproductive Health Program (Maternal and Child Health)

Health Services in Pakistan

The Health Sector in Pakistan consists of the public sector and the private sector. Total Spending on health care exceeds 3% of GDP of which 70% is through private sector and 30% through the public sector.

More than 75% people use private sector health services for their outpatient care needs. Those practicing allopathic system of medicine dominate the private sector, but it also includes homeopaths, hakims (indigenous / traditional healers).

There are more than 12,454 health facilities in the country. A well developed network of Primary Health Care (PHC) facilities include 4507 Basic Health Units (BHUs), 541 Rural Health Centers (RHCs), 879 Maternal & Child Health (MCH) Centers, 4625 Dispensaries. At the secondary level, there are 907 Hospitals.

More than 70% of the patients utilizing primary health facilities are women and children.

Immunization

EPI (Expanded Program on Immunization) program is running effectively, with broader but variable coverage in various districts of the country. EPI aims to reduce morbidity and mortality amongst children under 1 year of age, due to vaccine preventable diseases namely Poliomyelitis, Diphtheria, Pertussis, Tuberculosis, Tetanus, Hepatitis & Measles. Hepatitis B has been introduced countrywide in EPI program since 2002. Polio is near eradication because of intense supplementary immunization activities (NIDs and SNIDs) in addition to regular EPI program. The access of the program has increased and the coverage figures are given in table 3.

Table 3: Coverage of EPI

<table>
<thead>
<tr>
<th>ANTIGEN</th>
<th>Coverage 1996</th>
<th>Coverage 2001</th>
<th>Coverage 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT3-OPV3</td>
<td>77%</td>
<td>76%</td>
<td>69%</td>
</tr>
<tr>
<td>BCG</td>
<td>93%</td>
<td>93%</td>
<td>86%</td>
</tr>
<tr>
<td>Measles</td>
<td>78%</td>
<td>76%</td>
<td>68%</td>
</tr>
</tbody>
</table>

Source: GAVI & Federal EPI cell Islamabad

Polio Eradication in Pakistan
National Action Plan for Children

Interruption of polio virus transmission in Pakistan is critical to the success of the global effort. Pakistan is part of the largest global poliovirus reservoir that includes India, and Afghanistan, also. Virus transmission within Pakistan and across open borders with Afghanistan has been a source of virus importation into neighboring Iran and other Polio-free countries in the Middle East as recently as mid 2000.

There were 90 polio confirmed cases in 2002 that included 74 wild P1 isolates and 24 wild P3 isolates. Districts with wild poliovirus isolates were 33. Distribution of confirmed polio cases by province was Punjab-11, Sindh- 39, NWFP-33 and Balochistan-7.

There were four districts, which had a polio compatible case but no wild poliovirus isolate. These are Chitral (NWFP), Pishin (Balochistan), Shikarpur and Badin (Sindh). For the year-to-date, the surveillance system has detected 1790 acute flaccid paralysis cases. Key surveillance indicators for the country are satisfactory with non-polio AFP rate of 2.5 and adequate stool collection rate of 86% for 2002, and 1.4 and 91% for 2003 in the same order.

In addition to routine polio vaccination under EPI, there had been National Immunization Days through the country at the rate of 2 rounds per year since 1994 to 2002. Moreover there have been two SNIDs during 2001 and one SNID, two rounds of HRAC and one mop up round during the year 2002.

Introduction of Hepatitis B Vaccination

Vaccination of Hepatitis B was introduced in EPI with effect from July 2001- with the help of grant assistance from Global Alliance for Vaccines and Immunization (GAVI). Pakistan is the first country selected for such assistance. Hepatitis B vaccination has become an integral part of routine EPI since 2002 in the whole country.

Food and Nutrition

Great threat to the physical & mental well being of children comes from malnourishment. Malnutrition early in life is linked to deficits in children’s intellectual development, leaving them ill prepared to take maximum advantage of learning opportunities at school. Malnourished children are also more likely to die as a result of common childhood diseases than children who are adequately nourished.

The recent National Nutrition Survey 2001-02 (Government of Pakistan, UNICEF & PIDE) shows an improvement in levels of malnutrition, with an average of 41.5% underweight compared with 51.5% in National Nutrition Survey of 1985-86.

Table 4 shows the different indicators reflecting malnutrition conditions in Pakistan

**Table 4: Prevalence of Malnutrition in Pakistan**
Low Birth Weight
Proportion of live births that weigh below 2500 gms.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>1985-87</th>
<th>2001-02</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUNTING PREVALENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of under 5 who fall below 2 and below minus 3 standard deviations from median height for age of NCHS/WHO reference population.</td>
<td>42</td>
<td>40</td>
</tr>
<tr>
<td>UNDERWEIGHT PREVALENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of under 5 who fall below minus 2 and below minus 3 Standard deviation from median weight for age of NCHS/WHO reference population.</td>
<td>48</td>
<td>37</td>
</tr>
<tr>
<td>WASTING PREVALENCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of under 5 who fall below minus 2 and below minus 3 Standard deviation from median weight for height of NCHS/WHO reference population.</td>
<td>11</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: National Nutrition Strategic Plan (2005)

Breast Feeding

A UNICEF supported programme of promotion, protection and support of breast-feeding was started through Baby Friendly Hospital Initiative (BFHI) in teaching hospitals and health facilities of the provinces during 1995. It was expanded to district hospitals in the following years. There is no separate budget allocation for breast-feeding promotion, as it is an integral part of health education. Proportion of breastfed children is given in Table 5.

Table 5: Percentage of Breastfed Children 2000:

<table>
<thead>
<tr>
<th>Percentage of Breastfed Children 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusively Breastfed (0-3 months)</td>
</tr>
<tr>
<td>Breastfed with complimentary food (6-9 months)</td>
</tr>
<tr>
<td>Still breast feeding (20-23 months)</td>
</tr>
</tbody>
</table>

Diarrhea incidence and Oral Rehydration therapy

Diarrhea is a major killer of children under 05 years which is closely followed by acute respiratory infections (ARI). Program to effectively control the Diarrhoeal diseases and ARI was initiated with the assistance of international agencies. Under this program following activities have been undertaken:

1. Development of simplified and specific treatment protocols
2. Printing and wide distribution of these protocols
3. Training to all level of services providers for better patient management
4. Development / modification of information system for these diseases for better data management.

Incidence of diarrhea is reported in table 6.
Table 6: Diarrhea Incidence and ORT use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Indicator Definition</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five deaths from Diarrhea</td>
<td>Annual number of under five deaths due to diarrhea</td>
<td>173,000</td>
</tr>
<tr>
<td>Diarrhea cases</td>
<td>Average annual number of episodes of diarrhea per child under five years of age</td>
<td>16.0</td>
</tr>
<tr>
<td>ORT Use</td>
<td>Proportion of children 0-59 months of age who had Diarrhoeal in the last 2 weeks who were treated with Oral Rehydration Salt or an appropriate household solution.</td>
<td>54.00</td>
</tr>
</tbody>
</table>

Acute Respiratory Tract Infections

Acute respiratory tract infections account for more than quarter of all the childhood illnesses incidence of ARI. In the year 2000, 43.7% of all the health problems (Priority Diseases) were related to upper respiratory tract. ARI can be life threatening to infants and young children if timely and appropriate treatment is not provided. A national program for ARI control has been launched with emphasis on adopting WHO standardized guidelines of treatment, awareness on seeking medical care once respiratory symptoms appear in a young child.

Population Welfare Program (PWP)

Population Welfare Program is providing information and services to the target population to encourage voluntary adoption of birth spacing. The situation regarding the contraceptive prevalence has been increased in Pakistan as the table 7 reflects it;

Table 7: Contraceptive Prevalence and Fertility Rate in Pakistan:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Base Line 1990</th>
<th>Latest 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive Prevalence Rate</td>
<td>Proportion of women aged 15-49 who are using (or whose partner is using) a contraceptive method</td>
<td>12.0</td>
<td>23.9</td>
</tr>
<tr>
<td>Fertility Rate for Women (15 – 19)</td>
<td>Number of live births to women aged 15-49 per one 1000 women aged 15-19</td>
<td>84.0</td>
<td>61.0</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>Average number of life births per woman who has reached the end of her child bearing period</td>
<td>6.2</td>
<td>4.9</td>
</tr>
</tbody>
</table>


Major activities undertaken under the head of population welfare are:

1. Service Delivery Infrastructure,
2. Social Marketing and Civil Society
3. Advocacy, information, education, and communication.
4. Capacity building
5. Research programme
6. Monitoring and Evaluation
Budget Allocation for Population Welfare Programme

During the previous five years there is an increase of 11 percent in budget provision for population welfare programme as is depicted by the table 8;

Table 8: Comparison of Budget Provision for Population Welfare Programme during 1995-96 and 2004-05:

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995-96</td>
<td>1.98 billion</td>
</tr>
<tr>
<td>2000-01</td>
<td>2.20 billion</td>
</tr>
<tr>
<td>2004-05</td>
<td>2.59 billion</td>
</tr>
</tbody>
</table>

*Source: Ministry of Population / Economic Survey of Pakistan 2004*

National Program for Family Planning and Primary Health Care (Lady Health Workers Program)

The Program was launched in 1994 and Rs.1791 million were allocated for 2002-03. Program aims at delivering basic health services at doorsteps of unprivileged segment of society through development of LHWs living in their own localities. It has recruited 69,254 LHWs to achieve Universal health coverage in providing preventive and curative services at the doorstep of the community.

Expansion of the Tuberculosis Control Program:

Pakistan has the sixth largest burden of tuberculosis in the world. The TB incidence at present is 177 per 100,000 populations.

National Malaria Control Program/Roll Back Malaria

Main objective of program is to reduce malaria morbidity and mortality to a level where it is no longer considered as a major health problem in Pakistan. The current provisional figures show annual parasite incidence as 0.62 cases per 1000 population. Over 500,000 malaria cases occur annually.

Target: Reduce malaria morbidity (annual parasite incidence) by 50% over the next five years.

Women Health Project

The project has been launched throughout the country with total outlay of Rs.3750 million in July 2000 with the Asian Development Bank assistance. The project aims at improving the health nutrition and social status of women and girls by developing Women – Friendly Health Systems in 20 Districts of Pakistan.

Tawana Pakistan Program

The Program has been initiated for school going girl child and aims at improving the nutritional status through providing cooked food at home, de-worming tablets and nutritional information and education. The program has been started in extremely
National Action Plan for Children

marginalized areas 20 districts of Pakistan. This project will not only enhance nutritional status of girls but will also lead to increased enrollment of girls in primary schools. This is a sustainable program, based firmly on family and community support.

DRINKING WATER AND SAFE SANITATION

Universal access to clean drinking water and safe sanitation has been increased remarkably during the past few years. Safe water, clean environment and adequate sanitation are crucial to ensure the survival and health rights of children. Providing universal access to safe drinking water and sanitary excreta disposal; and to control water-borne diseases are goals set by the WSC. Many sources of drinking water are utilized in Pakistan, which vary from province to province. Although universal access to clean drinking water and sanitation has not been achieved, but Pakistan has made considerable progress in this field, as is evident from the table 9 and 10:

Table 9: Proportion of population having access to safe drinking water

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline 1990</th>
<th>Latest 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Properties of population who use any of the following types of water supply for drinking:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piped water</td>
<td>Urban</td>
<td>80%</td>
<td>96%</td>
</tr>
<tr>
<td>Public Tap</td>
<td>Rural</td>
<td>45%</td>
<td>84%</td>
</tr>
<tr>
<td>Borehole/pump</td>
<td>Overall</td>
<td>66%</td>
<td>90%</td>
</tr>
<tr>
<td>Well (Protected/covered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protected spring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rainwater</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 10: Percentage of population having access to hygiene means of sanitation

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Population Type</th>
<th>Baseline 1990</th>
<th>Latest 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of population who use any of the following types of sanitation facilities:</td>
<td>Urban</td>
<td>55%</td>
<td>94%</td>
</tr>
<tr>
<td>Toilet connected to sewerage system.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connection to septic system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other flush toilet (Private or public)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple pit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilated Improved pit latrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional pit or latrine, open pit latrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pour-flush latrine, bucket latrine.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. AIDS/HIV

Pakistan began testing for AIDS as early as 1986 at the National Institute of Health, Islamabad. There are 1741 HIV infected and 231 AIDS cases reported to the National AIDS programme against 3.526 million tests carried out up till 30th September 2002 on the recommended categories for diagnosis (volunteers, suspected /referred cases), routine blood screening before transfusion and surveillance.

However, on the basis of above figures the present estimated number of HIV positive cases in Pakistan using WHO/UNAIDS computer model may be from 50,000 to 80,000.

Table 11 shows the prevalence of AIDS and table 12 reports the number of HIV positive cases in children in Pakistan.

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Percent of total AIDS cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>00-04</td>
<td>02</td>
<td>03</td>
<td>05</td>
<td>2.16</td>
</tr>
<tr>
<td>05-09</td>
<td>02</td>
<td>-</td>
<td>02</td>
<td>0.87</td>
</tr>
<tr>
<td>10-14</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>15-19</td>
<td>01</td>
<td>-</td>
<td>01</td>
<td>0.433</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>HIV Positive</th>
<th>Percent of total HIV positive cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>04</td>
<td>24</td>
<td>1.38</td>
</tr>
<tr>
<td>05-14</td>
<td>08</td>
<td>0.40</td>
</tr>
<tr>
<td>15-19</td>
<td>14</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Measures Taken by the Government to Combat AIDS

- Forty Six Screening centers have been established, surveillance activities are under progress. 3259 HIV screening kits have been distributed. Messages are being given on media.
- Four voluntary counseling and testing centers is in progress at the following public sector facilities: Services Hospital Lahore, Lady Reading Hospital, Peshawar, District Head Quarters Hospital Sukkur, and Sandamen Hospital, Quetta.
- Following NGOs are also providing voluntary counseling services: ORA Peshawar, Aahang and Fatimid Foundation, Karachi, Lahore, Peshawar and Multan, DARES Quetta and Message, Lahore.
- The government has taken the following preventive measures:
  - The first is public health education. The Government wants to apprise the people through newspapers, radio, television and seminars, of the fatal effects of AIDS. Second they are engaged in legislation concerning safe blood transfusion.
National Action Plan for Children

- Laws would soon be presented in the Cabinet. Under the new laws, only screened blood could be given to the patient. 46 laboratories have been set up which offer free of charge blood test.

C. EDUCATION

Education is a human right with immense power to transform at individual and collective levels. On its foundation rest the cornerstones of freedom, democracy, well-being and sustainable human development. It is truly a multi-sectoral endeavour.

Education and poverty are inextricably linked which is well documented in the Poverty Reduction Strategy Paper (PRSP) analysis for Pakistan. Education develops intellectual capacity and social skills, and children who complete at least five years of schooling, considered as the minimum for achieving basic literacy and numeracy are better equipped to move out of poverty. As households become impoverished, older children are often pulled out of school to supplement family income and support their younger siblings. Levels of education correlate with income levels and with the ability to hold a job in the formal sector. Education statistics is reported in table 13.

<table>
<thead>
<tr>
<th>Table 13: Education Sector Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Literacy</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>GER – Primary (Public + Private)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>NER – Primary (public + Private)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Private Sector Primary enrolment as %age of total</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Percentage of Trained Teachers (public)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pupil Teacher Ratio (Public) *</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
National Action Plan for Children

<table>
<thead>
<tr>
<th></th>
<th>Teachers</th>
<th>100,106</th>
<th>115,029</th>
<th>115,444</th>
<th>109,322</th>
<th>110,415</th>
</tr>
</thead>
<tbody>
<tr>
<td>P/T Ratio</td>
<td>21.2</td>
<td>20.1</td>
<td>20.5</td>
<td>21.8</td>
<td>22.3</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Enrolment</td>
<td>4,054,520</td>
<td>3,975,720</td>
<td>4,033,651</td>
<td>4,230,858</td>
<td>4,357,784</td>
</tr>
<tr>
<td>Teachers</td>
<td>162,835</td>
<td>167,891</td>
<td>170,508</td>
<td>162,368</td>
<td>161,881</td>
<td></td>
</tr>
<tr>
<td>P/T Ratio</td>
<td>24.9</td>
<td>23.7</td>
<td>23.7</td>
<td>26.1</td>
<td>26.9</td>
<td></td>
</tr>
<tr>
<td>Higher Sec</td>
<td>Enrolment</td>
<td>579,179</td>
<td>595,855</td>
<td>611,330</td>
<td>663,498</td>
<td>683,403</td>
</tr>
<tr>
<td>Teachers</td>
<td>20,278</td>
<td>24,205</td>
<td>25,127</td>
<td>23,698</td>
<td>24,101</td>
<td></td>
</tr>
<tr>
<td>P/T Ratio</td>
<td>28.6</td>
<td>24.6</td>
<td>24.3</td>
<td>28.0</td>
<td>28.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Enrolment</td>
<td>16,603,327</td>
<td>16,776,139</td>
<td>17,277,109</td>
<td>18,191,158</td>
<td>18,736,890</td>
</tr>
<tr>
<td>Teachers</td>
<td>613,879</td>
<td>638,923</td>
<td>658,300</td>
<td>625,365</td>
<td>625,714</td>
<td></td>
</tr>
<tr>
<td>P/T Ratio</td>
<td>27.0</td>
<td>26.3</td>
<td>26.2</td>
<td>29.1</td>
<td>29.9</td>
<td></td>
</tr>
</tbody>
</table>

Source: Pakistan Economic Survey (2000-02 to 2003-04)

Girls’ education

Study after study has demonstrated that providing education for girls is one of the best strategies for breaking the cycle of poverty and disempowerment on account of greater externalities. Educated girls have greater capacity to apply their learning to their decision making at home and at place of work. They marry later in life and are more likely to space pregnancies. As a result, they tend to have fewer children and are more likely to seek medical attention for themselves and their children. They are better informed about good nutrition and childcare. Women who were educated are far more likely to enroll their own children in primary school. Educating children, particularly girls, is therefore a central plank to the strategy of breaking inter-generational cycle of poverty.

Despite Islamic injunctions, which makes the requisition of knowledge obligatory for Muslims, our low educational status is reflected in our literacy rate, which is merely 54%. About 25% of our primary age group children are not enrolled in schools and 50% of those enrolled in government schools drop out, shifting either to non-state providers or altogether abandoning education. The participation rate at the middle and high schools level is 46% and 31% respectively. Pakistan ranks 138 out of 175 in the Human Development Index (UNDP). On account of poverty and poor quality of provision in rural and urban areas alike, parents either do not send their children or withdraw them prematurely, with a bias against their girls compared to the boys. This discrimination accounts for low participation rate of girls in primary schools and also literacy, particularly in rural areas. The government is cognizant of ensuring higher investment in human resource development for sustainable economic stability as has been illustrated in the mobilization for Education Sector Reforms and Education For All action plans which cater to education at the primary, secondary, technical and higher levels as well as madaris mainstreaming and literacy programs.

In the education sector, the current emphasis is on a sector wide approach to address education at all levels in general but with a particular focus on Universal Primary Education (UPE), Early Childhood Education (ECE), and Youth & Adult Literacy. A key
area of attention is to improve quality and reduce dropout rates. The National Education Policy (1998-2010) seeks to ensure 100% literacy rate in the country. Ministry of Education has initiated Education Sector Reforms (ESR) Action Plan 2001-2005 aimed at qualitative and quantitative improvements in all sub-sectors of the education. Budget for education has increased considerably and international organizations are also assisting to support EFA and ESR targets through gender sensitive and child-centred strategies for comprehensively addressing literacy among children and youth of Pakistan. A concerted effort for promoting female education is being made at all levels as illustrated by several incentives to girl students in the form of stipends at middle level, free textbooks distribution to all primary schools and a school feeding program.

The Policy framework of the Government of Pakistan for education draws upon provincial, national and international building blocks. Consolidation of policies occurs at the Federal level increasingly through a consensus based approach:

The core reference documents for policy and action plans that are under implementation include:

- The 1998-2010 National Education Policy.
- ESR Action Plan 2001-2005
- EFA National Plan of Action
- PRSP (Ministry of Finance led with well integrated ESR/EFA priority areas)
- The 10 Year Perspective Plan (Planning Commission led)
- Ninth Five Year Plan (Planning Commission led)


The policy documents summarily described below serve as an interface to the NPA with respect to education for children up to 18 years.

**National Education Policy – 1998-2010:**

The main features of the Education Policy (1998-2010) are given in the following:

- Every child of six to twelve year age group will be in a school within five years.
- Kachi class (the class prior to class-1) at primary level shall be introduced as an effort to improve the achievement of pupils.
- Access to elementary education shall be increased through effective and optimum utilization of existing facilities and services as well as provision of new facilities and services.
- Non-formal system shall be adopted as complementary to formal systems.
- Female education will be given greater emphasis in rural areas.
- High priority shall be accorded to the provision of elementary education to the out of school children.
Education Sector Reforms (ESR)

Ministry of Education initiated the Education Sector Reforms (ESR) Action Plan 2001-2005 which aims at qualitative and quantitative improvements in all sub-sectors of the education.

A sector wide strategy has been adopted for a holistic approach to education and the guiding principles of ESR are derived from the linkages between poverty and literacy. The imperative of need-based programmes, budget allocations and creating gender balance in education at all levels are well anchored in ESR. The Educations Sector Reforms Action Plan is a strategic plan containing targets, implementation strategies, programme summaries and innovative programmes. Implementation strategies stress mobilization of political will, Education for All (EFA), poverty reduction strategies in the Education Sector, good governance and recognition of private sector and partnerships between private institutions, NGOs and government.

<table>
<thead>
<tr>
<th>Education Sector Reform Targets for each Sub-Sector from 2001-2004:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy from 49% to 60%</td>
</tr>
<tr>
<td>Gross Primary Enrollment from 83% to 100%</td>
</tr>
<tr>
<td>Net Primary Enrollment from 66% to 76%</td>
</tr>
<tr>
<td>Middle School Enrollment from 47.5% to 55%</td>
</tr>
<tr>
<td>Secondary School Enrollment from 29.5% to 40%</td>
</tr>
<tr>
<td>Higher Education from 2.6% to 5%</td>
</tr>
</tbody>
</table>
National Action Plan for Children

The target of increase in literacy will be achieved by opening of Literacy Centres, opening of Non-formal Basic Education Schools, Vocational and Trade Schools, Quranic Literacy Centres, and Community Viewing.

In order to meet the target of increasing enrolment, 8,250 new primary schools will be opened. Physical facilities of 100,000 primary schools will be upgraded. Moreover, double shift in existing primary schools will be introduced in addition to opening of new primary schools in the private sector.

The targets of Early Childhood Education (ECE) will be met by accommodating children in 2,500 ECE centres in selected primary schools and 1,500 centres will be opened in private sector during each year of the plan. The ESR Action Plan includes the following innovative programmes;

- Early Childhood Education (ECE)
- National Adult Literacy Campaign
- Examination Reforms including deregulation
- National Education Assessment System (NEAS)
- Video Textbook Libraries
- Good Governance and decentralization in Education

EFA national Plan of Action

The main objectives of EFA national plan of action are following:

- To reach the disadvantaged population group in rural and urban areas with emphasis on out of school girls and illiterate girls and women
- To promote community participation and ownership of basic education programs at the grass roots.
- To improve relevance and quality of basic education through enhancing learning achievements of the children, youth and adults.

The order of the priority of the plan is Elementary Education, Adult Literacy and Early Childhood Education.

In order to achieve the objectives of EFA National Plan of Action, projected additional cost requirements are Rs 202 billion for primary education, Rs 180 billion for adult literacy and Rs 48 billion for ECE. Total cost worked out to be Rs 430 billion. Out of which, Rs 178 billion is estimated to be provided through country’s own resources whereas the gap of Rs 253 billion may be bridged by the international development partners and bilateral and multilateral agencies.

Education Policy is informed by monitoring key indicators. This is being undertaken through the education management information system (EMIS) at the provincial and national levels since 1990.

Education Management Information System (EMISs):
The Education Management Information Systems (EMISs) have been established to support planning, management and implementation in the education sector. These systems are now operating under separate EMIS Cells in all the provinces, AJK, Northern Areas and FATA. At the federal level, the Academy for Educational Planning and Management (AEPAM) is providing support, and is also responsible for developing a national database on key indicators of the education sector. Annual school census organized by the EMIS cells are conducted in all the provinces and areas for the last eight years. Use of EMIS data for evidence based decision making by policy makers and managers has started, although on a small scale. In provinces / areas, EMIS results are being used for a number of activities such as identifying schools which require additional classrooms, for upgrading of primary schools to middle level, provision of physical facilities and non salary inputs to schools etc. Currently EMIS is being strengthened for ensuring standards and reliability through UNESCO Institute of Statistics (UIS) supported by European Union as the G-8’s commitment to the Fast Track Initiative (FTI) for meeting EFA goals.

### Budgetary Allocations on Education

A review of the table below reveals that Government of Pakistan has tried to gradually enhance the Budgetary Allocation for education. The MoE has undertaken a multilevel financing exercise to map all resource allocations to education from all Ministries and Divisions as well as provinces and districts to give a more realistic flow of resources to education. The challenge however, lies in the capacity to utilize these in a timely and appropriate manner.

The current allocation of 2.2 percent of the GDP (Gross Domestic Product) is an improvement over the past but is still far below the five percent recommended by UNESCO. Total education budget during the fiscal years 2001-02 to 2003-04 is given in table 14.

#### Table 14: National Education Budget during (2001-04)

<table>
<thead>
<tr>
<th>Years</th>
<th>Recurring Budget</th>
<th>Development Budget</th>
<th>Total Education Budget</th>
<th>% of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>69.509</td>
<td>6.378</td>
<td>75.887</td>
<td>1.96</td>
</tr>
<tr>
<td>2001-02</td>
<td>70.400</td>
<td>8.537</td>
<td>78.925</td>
<td>1.98</td>
</tr>
<tr>
<td>2002-03</td>
<td>79.459</td>
<td>10.368</td>
<td>89.827</td>
<td>2.14</td>
</tr>
<tr>
<td>2003-04</td>
<td>90.201</td>
<td>30.287</td>
<td>120.488</td>
<td>2.70</td>
</tr>
</tbody>
</table>

Source: Ministry of Education

### Education Provision in this Plan of Action

The age group for which education needs have to be catered is that of 0-18 years. This includes education options which span:

- Early Childhood Care and Development (ECCD) / Early Childhood Education (ECE)
- Elementary (I-VIII) Education through formal and non-formal delivery systems
- Secondary and Higher Secondary Education (IX-XII)
National Action Plan for Children

- Technical Vocational Education at Secondary and Post Secondary level
- Literacy and integrated literacy programs for youth.

It is important to recognize and support transition opportunities for children from primary to middle and secondary levels so that Pakistan can secure higher percentage of the target group for tertiary as well as technical and vocational education, which are currently hovering at a meagre 3 percent and 2 percent respectively. Similarly there must be a linkage of literacy programs for skill or pre-vocational training and micro-credit so that protection rights of the children can be well ensured through such integrated programs.

Structure for Implementation of NPA

The structure for Implementing the EFA/ESR/MDG/PRSP/CRC Goals in a federal system is straddled across federal, provincial and now district levels. A glimpse of the structure is presented below.

The machinery which deals with the above education options has been restructured recently on account of the Devolution Plan 2001 with implementation and planning increasingly been relocated at the district level and with distinct responsibilities at the provincial and federal levels:

The Federal Ministry is charged with:
- Policy and planning including EFA planning and reporting
- Curriculum and textbook finalization
- Quality Assurance
- Resource mobilization including donor coordination
- Technical Education,
- Mainstreaming Madaris Education
- Special Initiatives through specific projects

Ministry of Education has been recently restructured and has the following Wings to handle the above areas for the national level work and implementation in federal areas.
Provincial Level Structure:

It is only correct to point out that there are variations at the provincial and also the district level on account of human resource and financial constraints. These variations although aligned to provincial diversity also create problems for lack of standardized approaches and predictability in the norms and practices of implementation.

In the province of Punjab the Departments of Education and Literacy are separate whilst in the rest of the provinces Literacy and NFE are subsumed under education. All EFA planning and reporting activities currently lie with the Literacy and NFE departments/sections, whilst the bulk of the EFA implementation is with the mainstream Department of Education. This anomaly has been created as a result of decisions at the federal and provincial level regarding focal persons/officers for EFA related activities.

Enrollment Trend in Schools

Table 15 shows trend of growth rates at elementary level from 1993-94 to 1999-2000. For primary level (classes 1-5), the growth rate for boys is 1.25 % and for girls is 2.83 %. At middle (classes 6-8), trend growth rate for boys is 1.84 % and for girls is 4.80 %.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Trend Growth Rate 1993-94 to 1999-2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Enrollment – government school (k-5)</td>
<td>1.85%</td>
</tr>
<tr>
<td>Boys</td>
<td>1.25%</td>
</tr>
<tr>
<td>Girls</td>
<td>2.83%</td>
</tr>
<tr>
<td>Total Enrollment – Government schools (6-8)</td>
<td>2.84%</td>
</tr>
<tr>
<td>Boys</td>
<td>1.84%</td>
</tr>
<tr>
<td>Girls</td>
<td>4.80%</td>
</tr>
</tbody>
</table>

Gross Enrollment Rate (GER) and Net Enrollment Rate (NER):

A basic indicator of progress towards universal primary education (UPE) is gross enrollment rate (GER). The GER is a measure of the total number of children at the primary level divided by the total number of children of primary school age. The PIHS has taken school age (5-9 years old). Table 16 shows GER and NER in schools.

<table>
<thead>
<tr>
<th>Primary</th>
<th>Middle</th>
<th>Matric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GER</td>
<td>NER</td>
</tr>
<tr>
<td>1995-96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>85</td>
<td>49</td>
</tr>
<tr>
<td>Girls</td>
<td>64</td>
<td>38</td>
</tr>
<tr>
<td>1998-99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>80</td>
<td>47</td>
</tr>
<tr>
<td>Girls</td>
<td>61</td>
<td>37</td>
</tr>
<tr>
<td>2001-02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>83</td>
<td>46</td>
</tr>
<tr>
<td>Girls</td>
<td>61</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: PIHS (2001-02)
Note: GER at primary level does not include enrolment in katchi classr

**Net Enrolment Rates by Gender**

In order to understand progress amongst children 5-9 years old, the indicator of net enrollment rate (NER) was used. The net enrollment rate shows all children of eligible age (5-9 years old) attending primary level as percentage of all children of primary school age. The enrollment rate is better measure of population’s access to and uptake of basic education. This indicator for Pakistan as a whole is considerably lower than the gross enrollment rate, as a result of over-age children attending primary school. Table below shows that NER marginally declined for boys in 1998-99, i.e., 47 per cent 1998-99 from 53 per cent in 1991. Similarly NER for girls was 39 per cent in 1991 whereas it marginally declined to 37 per cent in 1998-99. for details see tables 17 and 18.

<table>
<thead>
<tr>
<th>Year</th>
<th>Gross Enrollment Rates (GER)</th>
<th>Net Enrollment Rates (NER)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>1990-91</td>
<td>86</td>
<td>59</td>
</tr>
<tr>
<td>1998-99</td>
<td>78</td>
<td>61</td>
</tr>
<tr>
<td>2001-02</td>
<td>84</td>
<td>63</td>
</tr>
</tbody>
</table>

Source: PIHS (2001-02)

**Percentage of Girls Enrollment in Total Enrollment**

It is important to see percentage of girls’ enrollment in total enrollment. Table below shows that girls enrollment is 40 per cent of total enrolment (39 per cent in government schools and 43 percent in private schools) [see table 19].

| Indicator                                                      | 1999-2000 Percentage |
|                                                               |                      |
| Girls Enrollment as % of total (Govt. Schools)                | 39%                  |
| Girls Enrollment as % of total (Private Schools)              | 43%                  |
| Girls Enrollment as % of total (Government + Private Schools) | 40%                  |

Source: PIHS (2001-02)

**Addressing Gender Equity through Compensatory Initiatives:**
The following innovations have been adopted by the Government.
National Action Plan for Children

1. Co-education

All provinces and areas have shown progress in the area of coeducation. Mixed gender schools have been in existence practically in all the provinces / areas through their proportion vary from one province to the other.

2. Katchi Class (Pre School)

Strategy involves developing plans to institutionalize “Katchi” class. Provinces are beginning to include Katchi in their official definition of primary school.

3. Incentives for Recruitment of Female Teachers

A number of specific incentives have been introduced to attract females into the teaching profession at primary level. These incentives are generally restricted to rural areas. (1) The Govt. has also introduced the policy of posting female teachers, as far as possible, in their own villages. (2) The cadres of primary teachers have been restricted to the district level, implying that posting or transfer of any place within the district is still possible.

4. Incentive schemes Promoting Girls Participation in Primary/Elementary Levels

Some provincial Governments have introduced certain incentives to attract female children to primary schools. Under different projects as well, incentive schemes have been initiated. There have been incentive schemes to increase girls and other poor disadvantaged children’s participation in primary education. These programmes were aimed at increasing enrollment and performance (in particular for girls) in primary schools. Major incentive schemes under different projects are given in table 20.

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Incentives Offered</th>
<th>Location</th>
<th>Type of Participation Addressed</th>
<th>Constraints Addressed</th>
<th>Funding Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan &amp; NWFP</td>
<td>Vegetable Oil</td>
<td>Balochistan &amp; NWFP</td>
<td>Primary School enrollment / attendance / retention</td>
<td>Poverty / cost of school, Parental attitudes</td>
<td>WFP: Govt. of Netherlands, Swedish Govt. Government of Balochistan and NWFP</td>
</tr>
<tr>
<td>Sindh Primary Education Development Programme</td>
<td>Various incentives including 1.nutrition programme, 2.Scholarships, 3. free Textbooks, 4.Fellowship</td>
<td>Sindh</td>
<td>Primary School enrollment, attendance, completion</td>
<td>Poverty / cost of school, economic loss, Parental attitudes, Early marriages</td>
<td>The World Bank, NORAD: DFID and Govt. of Sindh</td>
</tr>
<tr>
<td>NWFP Primary Education</td>
<td>Various incentives, scholarships</td>
<td>NWFP</td>
<td>Primary school enrollment</td>
<td>Poverty / cost of school,</td>
<td>The World Bank, GTZ, ADB, DFID,</td>
</tr>
</tbody>
</table>
### National Action Plan for Children

<table>
<thead>
<tr>
<th>Programme</th>
<th>cash awards, free textbooks, teacher stipends for working children</th>
<th>/ attendance</th>
<th>Parental attitudes, Economic Loss</th>
<th>UNICEF, JICA, KfW &amp; Govt. of the NWFP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Education Project</td>
<td>Subsidy for community schools</td>
<td>Northern Areas</td>
<td>Primary school enrollment / attendance</td>
<td>Poverty / cost of school, Parental attitudes</td>
</tr>
<tr>
<td>Balochistan Primary Education Programme</td>
<td>Urban girls fellowships</td>
<td>Balochistan</td>
<td>Primary school enrollment / attendance</td>
<td>Poverty / cost of school, Parental attitudes, Early Marriages</td>
</tr>
<tr>
<td>Punjab Education Sector Reforms Program (PESRP)</td>
<td>Free textbooks for all government school children stipends of Rs. 200 per month for girls in Classes VI-VIII in govt. schools. Promotional awareness campaigns</td>
<td>Punjab</td>
<td>Primary and middle level enrolment attendance rates</td>
<td>Poverty/ cost of school direct and indirect, changing attitudes through awareness campaigns and political will</td>
</tr>
<tr>
<td>Prime Minister’s Literacy Commission Establishment of Non-formal Schools</td>
<td>Free textbooks, schools materials;</td>
<td></td>
<td>Primary level enrollment / attendance</td>
<td>Poverty / cost of school, Parental attitudes</td>
</tr>
</tbody>
</table>

*Note: In addition, ADB financed a number of projects for Girls Primary Education in all the provinces.*
Private Sector Enrollment as Percentage of Total (At Primary Level)

The Federal, Bureau of Statistics (FBS) completed the first ever census of private educational institutions in Pakistan and published its report in February 2001. Based on Census and EMIS data, the present share of private sector in total primary enrollment is about 28 per cent (27 per cent for boys and 29 percent for girls). The share of private sector in primary education has doubled over the last 10 years from 14 per cent as reported in the 1991 PIHS report to 28 per cent in 1999-2000.

Private sector is playing an important role in the education sector. Private Educational Institutes have a big hand in the dissemination of education. There are 36,096 private institutes in Pakistan. Detail is given in table 21.
Table 21: Number of Public and Private Schools in Pakistan 1999-2000:

<table>
<thead>
<tr>
<th>Location</th>
<th>Gender</th>
<th>Mosque</th>
<th>Primary</th>
<th>Middle</th>
<th>High</th>
<th>Higher Secondary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>Boys</td>
<td>11,552</td>
<td>56,175</td>
<td>6,056</td>
<td>4,733</td>
<td>339</td>
<td>78,855</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>67</td>
<td>39,114</td>
<td>5,487</td>
<td>1,663</td>
<td>179</td>
<td>46510</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>-</td>
<td>22,678</td>
<td>6,098</td>
<td>1,726</td>
<td>104</td>
<td>30606</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>11,619</td>
<td>111,967</td>
<td>17,641</td>
<td>8,122</td>
<td>622</td>
<td>149,971</td>
</tr>
<tr>
<td>Urban</td>
<td>Boys</td>
<td>1,347</td>
<td>4,934</td>
<td>979</td>
<td>1,645</td>
<td>194</td>
<td>9,099</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>21</td>
<td>4,656</td>
<td>1,066</td>
<td>1,187</td>
<td>211</td>
<td>7,141</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>-</td>
<td>10,265</td>
<td>8,335</td>
<td>4,669</td>
<td>250</td>
<td>23,519</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1,368</td>
<td>19,855</td>
<td>10,380</td>
<td>7,501</td>
<td>655</td>
<td>39,759</td>
</tr>
<tr>
<td>Total</td>
<td>Boys</td>
<td>12,899</td>
<td>61,109</td>
<td>7,035</td>
<td>6,378</td>
<td>533</td>
<td>87,954</td>
</tr>
<tr>
<td></td>
<td>Girls</td>
<td>88</td>
<td>43,770</td>
<td>6,553</td>
<td>2,850</td>
<td>390</td>
<td>53,651</td>
</tr>
<tr>
<td></td>
<td>Mixed</td>
<td>-</td>
<td>32,943</td>
<td>14,433</td>
<td>6,395</td>
<td>354</td>
<td>54,125</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>12,987</td>
<td>137,822</td>
<td>28,021</td>
<td>15,623</td>
<td>1277</td>
<td>195,730</td>
</tr>
</tbody>
</table>

Source: Academy of Education Planning & Management (AEPAM), Islamabad, (Facts and figures)

5. Participation of Private Sector:

Given the high population growth leading to the rising demand for education and severe constrains on public expenditure, it is not surprising that the private sector is increasingly playing a definite role in the sector.

The Federal Bureau of Statistics (FBS) completed the first ever census of private educational institutions in Pakistan and published its report in February 2001, According to findings of the Census, private schools are not an urban phenomena. Almost half of the primary and 41% of the middle schools are located in rural areas.

The following table shows that according to the private school census, private primary and middle schools account for approximately 17% of total primary and middle schools in Pakistan. Most of the private schools are mixed schools. As the table shows that mixed private and middle schools account for 57% of total primary and middle schools in Pakistan [see table 22].

Table 22: Share of Public and Private Sector in Total Primary and Middle Schools in Pakistan

<table>
<thead>
<tr>
<th></th>
<th>Government</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary and Middle Schools</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Boys</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Girls</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Mixed</td>
<td>43%</td>
<td>57%</td>
</tr>
</tbody>
</table>

6. Public Private Partnership

Private sector is playing an important role in the education sector, a key element of Education Sector Reform agenda is the development of partnership between the private sector and with NGOs. The proposed package of incentives for private sector particularly in rural areas and also urban slums, includes:

- Provision of land free of cost / and or at confessional rates in rural areas.
- Utilities such as Electricity, Sui Gas, etc. to be assessed at non-commercial rates.
- Liberal grant of charter.
- Exemption of custom duties on transport of educational equipment.
- Exemption of 50% income tax to private sector institutions for faculty, management and support staff.

7. Education Foundation:

As government agencies with a mandate to promote private sector participation in education, five education foundations have been set up to non-elite private sector and take a lead role in developing innovative programs and collaborations. These are:

1. Sindh Education Foundation (SEF) established in 1992
2. Punjab Education Foundation (PEF) set up in 1991
3. Balochistan Education Foundation (BEF)
4. Frontier Education Foundation (FEF) set up in 1992 and subsequently (2003) split into two one focusing on Elementary and the FEF on colleges and higher education.
5. National Education Foundation (NEF)

To date three of them have been restructured to address the following:

- provide financial assistance for the establishment, expansion, improvement, and management of educational institutions and allied projects;
- provide incentives to students, teachers, and Educational Institutions;
- promote public-private partnerships relating to education;
- provide technical assistance to Educational Institutions for testing policy interventions and innovative programmes for replication;
- rank private educational institutions based on educational standards;
- raise funds through donations, grants, contributions, subscriptions etc.;
- assist Educational Institutions in capacity building, including training of teachers; and
- undertake any other function as may be assigned to it by the Board with the approval of the Government;

Private sector is playing an important role in the education sector. Private Educational Institutes have a big hand in the dissemination of education. There are 36,096 private institutes in Pakistan.

Quality Improvement Strategies

The quality improvement strategy of the Ministry of Education is covering four areas i.e. curriculum development, textbooks development, teacher education and training & testing and evaluation. Under this scheme, 58 titles of National Curriculum for classes 1-
National Action Plan for Children

VI have been revised and updated. New diploma and bridging courses for teachers have been designed and launched.

In-Service Training of Teachers
- Spadework for identification of 30 most needy TTIs (Teachers Training Institutes) and upgradation of hostel facilities in collaboration with Provincial Education Departments has been started.
- Pilot phase of Education Department has been started under ADB-assisted Teacher Training Project (TTP).

Bridging Course For 100,000 P.T.C. and 25000 C.T. Teachers
Curriculum for bridging courses was developed with support from ADB. Training Workshops for 2000 Master trainers were organized. Training courses for 100,000 PTC and 25000 CT teachers are under progress. The teachers on qualifying these courses would be placed in BPS 12. This is an effort to upgrade the quality of education.

Raising the Entry Qualification for Contract Based Teachers
In Punjab all new teachers being hired since 2002 are on contract and are school based with a minimum qualification of graduate level education (14 years). These educators are being hired annually at the district level in an effort to raise the quality of teachers and the teaching learning process.

National Education Assessment System (NEAS)
It is essential to know how effective is the process of learning and how effectively critical literacy and numeracy skills are being developed among students. Establishing an efficient and cost-effective mechanism for regularly assessing students, performance and teachers competencies at elementary level is therefore, emerging as a high priority.
In order to establish National Education Assessment System (NEAS) a number of workshops and Technical Group Meetings (TGMs) with participation of representatives of federal, provincial/areas and development partners have been held to clarify concepts, reach consensus and move forward the planning process to establish NEAS at the federal level and Provincial Education Assessment Centers (PEACESs) at the provincial level.

8. Improving Governance:
Improving transparency and governance in the line departments was also one of the key strategies in SAP to enhance efficiency and quality of expenditures and services. The major thrust to improve governance came during the second phase of SAP (SAPP-II). Third Party Validation by AG Department to assess compliance with agreed criteria is a cross-sectoral initiative. The policies include: (a) ensure merit based site selection for schools (b) design and implement mechanism to ensure staff hired, posted and transferred according to agreed criteria (c) monitor staff attendance during normal working hours and develop systems to address chronic absenteeism and (d) ensure all procurement activity is performed in accordance with acceptable competitive procedures. Four rounds of TPV have been successfully completed with the publication and launching of its annual reports in March 1998, 1999, 2000 and 2001. The TPV arrangement also entails follow up, as the line departments are required to take corrective actions on the findings of validation.
9. Devolution and Decentralization:

The government has initiated its nation wide devolution and decentralization plan since August 14, 2001. Education sector department is one of the 11 new departments created at the district level with certain roles and responsibilities defined. Its main focus is to improve local level planning, implementation and hence service delivery. In the province of Punjab education and literacy are two separate departments headed respectively by Executive District Officers (EDOs), Education and Literacy.

Community Involvement in Elementary Education

Community involvement under SAP has been introduced in this sector as a core strategy to improve quality of service. Thus, parents of school going children and community members have been called upon to play a key role together with the teachers in the management of primary and middle schools through School Committees. The Govt. has taken some concrete steps to institutionalize and strengthen these committees through social mobilization, financial employment and management training. As a result, school committees have been established in most of the government schools across the country. The Govt. has also provided funds to the committees for purchase of educational materials and for carrying out minor repair of school buildings.

The School Committees

The School Committees, variously called as Parent Teacher Associations (PTAs), Schools Management Committees (SMCs), Schools Councils (SCs) Parent Teacher Management Committees (PTSMCs) depending on the province were first notified formally in 1994 by the provincial Governments. Since then, some changes in composition of the committees and their names (e.g. from SMC to School Councils in Punjab and Village Education Committees to PTA in NWFP) have occurred in some provinces and duly notified. However, major roles and responsibilities of these schools committees have remained unchanged which are as follows:

Roles and Responsibilities of School Committees

a) Increase enrollment, especially of girls, by motivating parents to send their children to school.

b) Decrease and ultimately eliminate dropouts.

c) Ensure regular attendance of teachers.

d) Monitor teacher’s performance.

e) Promote mutual cooperation among the local community parents and teachers.

f) Manage government funds for the purchase of educational material and for maintenance & repair.

g) Raise local resources in support of school activities and for improvements in school.

Introduction of Technical Education at Secondary Level

- An innovative element of ESR is the introduction of technical education stream at the secondary school level. This plan aims at introducing a skill development stream in
the ninth and tenth grades, parallel to the existing science and arts group, in 1200 existing secondary schools and 60 new model technical high schools. Training will be imparted in trades selected in consultation with local industry, thereby creating employment linkages.

- Technical education will be imparted through introduction of technical/vocational stream in existing secondary schools and establishment of vocational training institutions at tehsil levels.
- The program will be supplemented through the provision of micro credit to encourage self-employment. A program for reinvigorating polytechnics at tehsil level and initiating second shifts in existing polytechnics is also being devised with a particular focus on opportunities for women. This component of ESR specifically targets the youth.

**Fight Against Illiteracy**

Pakistan Literacy Commission restructured and merged into EFA (Education For All) Wing and has achieved the following:

- 7000 Literacy Centers have been established and operational.
- 13000 literacy centers are being set up all over the country to enroll male and female groups of age 10+.
- Trust funds have been established under auspices of National Commission on Human Development. President Task Force on Human Development to undertake NFBE and Literacy in 13 districts. An amount of Rs. 100 million has been raised as seed capital by founding members including expatriate community, private sector and others. The President has announced a contribution of Rs. 2 billion on behalf of Government of Pakistan.

**9. Increase Literacy / Non-Formal Basic Education:**

The Govt. of Pakistan approved a project, proposed by the Pakistan Literacy Commission (PLC) for the establishment of 10,000 non-formal basic education schools at cost of Rs. 1,263,375 million. Reportedly, 7,190 of these have been established, with an enrollment of 224,570. The NFBE schools are based on the “Home School” model. The community at a fixed salary of Rs. 1,000 per month selects a teacher. Funding was provided by PLC to the communities through intermediary non-government organizations (NGOs). According to ESR, spearheading education for all and sector wide reform includes “PLC restructuring as a support organization, with selective monitoring for setting standards.”

The primary school enrollment is set to reach 100% by 2010 while the female literacy is set to increase from 39% presently to 67% by 2011. The adult literacy rate in the same period is projected to reach 78%.

**Literacy**

A literate is defined as the person who can read newspaper and write a simple letter. According to this definition, based on the data of the Population Census 1998 reports 43.9
percent individuals of Pakistan were literate in that year. Table 23 indicates that at present literacy rate is estimated at 54% (Male 66% and female 42%).

**Table 23: Literacy rate in Pakistan (10 + years)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>26.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1998</td>
<td>45.0</td>
<td>56.5</td>
<td>32.6</td>
<td>64.7</td>
<td>34.4</td>
</tr>
<tr>
<td>2000</td>
<td>49.0</td>
<td>61.3</td>
<td>36.8</td>
<td>68.0</td>
<td>37.0</td>
</tr>
<tr>
<td>2001</td>
<td>50.5</td>
<td>63.0</td>
<td>38.0</td>
<td>70.0</td>
<td>39.0</td>
</tr>
<tr>
<td>2002</td>
<td>50.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2003*</td>
<td>51.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2004*</td>
<td>54.0</td>
<td>66.3</td>
<td>41.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


At present the highest illiteracy is in Islamabad (82%) followed by Punjab (56%), Sindh (51%), NWFP (46%) and Balochistan (37%). The province of Balochistan exhibits highest levels of illiteracy which is most prevalent among women (77%). In rural areas this proportion is nearly 90 percent. Number of literates and illiterates by urban-rural areas, by gender and by provinces are reported in tables 24 to 26.

**Table 24: Number of literates and Illiterates in Pakistan (10 + age Group)**

<table>
<thead>
<tr>
<th>Yrs.</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Literate</td>
<td>Illiterate</td>
</tr>
<tr>
<td>1981</td>
<td>7.4</td>
<td>35.4</td>
</tr>
<tr>
<td>1998</td>
<td>19.9</td>
<td>37.9</td>
</tr>
<tr>
<td>2000</td>
<td>24.8</td>
<td>42.3</td>
</tr>
<tr>
<td>2001</td>
<td>26.6</td>
<td>41.6</td>
</tr>
</tbody>
</table>

*Figures in millions


**Table 25: Number of literates and Illiterates in Pakistan (10 + age Group)**

<table>
<thead>
<tr>
<th>Years</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Literate-</td>
<td>Illiterate</td>
<td>Literate</td>
</tr>
<tr>
<td>1981</td>
<td>15.3</td>
<td>44.3</td>
<td>11.0</td>
</tr>
<tr>
<td>1998</td>
<td>40.0</td>
<td>48.8</td>
<td>26.2</td>
</tr>
<tr>
<td>2000</td>
<td>50.0</td>
<td>51.8</td>
<td>32.0</td>
</tr>
<tr>
<td>2001</td>
<td>52.0</td>
<td>51.5</td>
<td>34.0</td>
</tr>
</tbody>
</table>

*Figures in millions

Table 26: Literacy rate 10 years and above by province, rural/urban and by gender 2001

<table>
<thead>
<tr>
<th>Province</th>
<th>All Areas</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both Sexes</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Punjab</td>
<td>51.13</td>
<td>61.83</td>
<td>39.97</td>
</tr>
<tr>
<td>Sindh</td>
<td>48.29</td>
<td>57.63</td>
<td>37.83</td>
</tr>
<tr>
<td>NWFP</td>
<td>40.43</td>
<td>58.00</td>
<td>22.70</td>
</tr>
<tr>
<td>Balochistan</td>
<td>31.45</td>
<td>42.60</td>
<td>18.70</td>
</tr>
</tbody>
</table>

Source: EFA Wing, Ministry of Education, Islamabad (Facts and Figures Pakistan 2002)

D. ASSESSMENT AND ANALYSIS OF THE CHILD PROTECTION ENVIRONMENT IN PAKISTAN:

The Government of Pakistan has signed and ratified international and regional treaties obliging it to protect children from all acts of violence, abuse, exploitation and discrimination. Recently it has promulgated laws for protection of children, such as the Juvenile Justice System Ordinance 2000 and the Ordinance for Prevention and Control of Human Trafficking 2002, and in June 2004, the Provincial Assembly of the Punjab approved an historic bill for the protection of destitute and neglected children; a law, which establishes the first child protection system in Pakistan. While Pakistan has laws designed to protect children against exploitation, abuse and violence but most are not enforced at all or poorly implemented. In 2003, the Ministry of Women Development, Social Welfare and Special Education reviewed 78 child and family-related laws. Many of them were found to need revision and harmonization with the CRC provisions and other international treaties and standards. Furthermore, laws conforming to the Convention on the Rights of the Child are not de facto applied. The Zina and Hudood Ordinances stand in conflict with the principles and provisions of the CRC.

Child protection is a complex and, at times, sensitive area. Therefore, it is not surprising that, other than anecdotal information, there are few statistics depicting the scope of abuses against children in Pakistan. But if we look at the manifestations of the violations of protection rights we will come across child labour, children without primary caregivers, children who are trafficked, children who are sexually exploited and children subjected to violence ranging from corporal punishment to sexual abuse and various forms of torture. One of the most visible violations of child protection rights in Pakistan is child labour. The prevalence of child labour is high and widely accepted in society. It is estimated that more than 3.6 million children in Pakistan work in the formal sector. There are many forms of child labour in Pakistan. Two of the most exploitative forms are in carpet weaving and brick kilns. The minimum age for admission to employment as

\footnote{Child Labour Survey, 1996}
stated in the Employment of Children Act is 14 years but varies between other laws. However, children below that age can be found working in family establishments or in non-hazardous occupations\(^2\). Many child laborers, notably those working as domestic servants, are completely without protection and vulnerable to a range of abuses.\(^3\) In November 2003, ILO/IPEC launched a project in support of the National Time Bound Programme to eliminate the worst forms of child labour in Pakistan.

Children without primary caregivers are defined as those deprived temporarily or permanently of their first source of protection. In Pakistan, this category includes street children (highly visible in big cities like Karachi and Lahore), children in welfare institutions mainly in the big cities, new born babies abandoned in maternity wards or on the streets (still very rare), children in prison and detention centres, unaccompanied refugee children mainly to be found in Balochistan and NWFP, and internally displaced children. The few studies available on street children show that abuse and exploitation by parents or members of the extended family are the main reasons a child leaves home. Once on the streets, children are subject to violence, torture, sexual abuse and exploitation. The majority do not have access to shelter, adequate nutrition, health care or education.

The minimum age of criminal responsibility is seven years which leads to children being treated and judged like adults. The right to legal assistance and defence is not guaranteed for all children in conflict with the law with the result that many of them (70%) stay in pre-trial prisons for long periods of time because they cannot afford to pay for legal assistance.

There are no official statistics and data on the sexual abuse of children\(^4\). Traditional attitudes (e.g. concepts like “family honour”) make it difficult for cases to be reported. But the reports and findings of NGOs actively working in this area indicate that sexual abuse and exploitation is a serious problem. The anecdotal studies suggest that, particularly in larger urban centres such as Karachi and Lahore, the prevalence is higher. The CRC Committee has expressed its concern about “the high prevalence of violence, abuse, including sexual abuse, and neglect of children and the lack of effective measures to combat this problem”.\(^5\) Due to limited awareness and coping skills, most of the child victims of abuse and exploitation are not able to turn to the family or social services for support. Often parents, the first line of defence for the child, are not able to offer protection. Worse still it may be the parents themselves who are the aggressors or who place their children in perilous situations e.g. sending them to work at a very young age, trading them for material or financial benefits or to settle family disputes. The stakeholders in communities, such as teachers, health workers, police, local authorities and community leaders, are unable to recognize, prevent and respond to protection abuses. This is due to a lack of awareness of protection issues and a lack of systems to prevent and respond to abuse. NPA for Children 2005 has special space for protection of children against abuse and commercial sexual exploitation.

---

\(^2\) Employment of Children Act, 1991
\(^4\) NGO LHRLA in Karachi developed a database of the cases reported by written mass media
\(^5\) Committee on the Rights of the Child, Concluding Observations: Pakistan, CRC/C/Add.217, 27 October 2003
The abduction and trafficking of boys for camel races in the Gulf countries is also a well known phenomenon in Pakistan. Pakistan is a country of origin, destination and transition for cross-border child trafficking. Children are trafficked within the country for bonded labour and sexual exploitation. Young girls may be trafficked to settle inter-family conflicts of for forced marriages. Little is known or documented about the “push and pull” factors of internal and external child trafficking in Pakistan. As mentioned earlier, in 2002, the Government promulgated the Ordinance for Prevention and Control of Human Trafficking but the law has not been enforced as the authorities in charge of its implementation, particularly within district governments, are not fully aware of its requirements. The law deals mainly with cross-border trafficking and it does not contain any special provision for dealing with child victims of trafficking. Another obstacle in the implementation of the law under reference is lack of required infrastructure and mechanism to logically settle the issue of child trafficking.

Corporal punishment, which may include very severe forms, is widely used as a disciplinary measure for children in schools, institutions and homes. In the Tribal Areas and in the remote interior areas of Sindh, Punjab and Balochistan Provinces, children are subject to harmful traditional practices such as honour killings, forced and/or early marriages and dowry-related violence. The CRC Committee recommends that “as a matter of urgency, it takes all necessary measures to eradicate all traditional practices harmful to the physical and psychological well-being of children, which affect the girl child in particular.”

There are various forms of discrimination such as those based on religion, ethnicity, class, and language, but the most widely spread form is based on gender. Girls are discriminated against within the family, community and society. For many traditional parents, daughters are seen as a source of worry and a poor investment as, once they marry, they will live within another family. Sons are preferred because parents believe they will remain to take care of them. In traditional families, discrimination against girls manifests itself in several ways: girls are asked to do domestic chores from a very early age, their freedom of movement is restricted and the males of the families, including younger brothers, have the power to decide on their lives. The existing norms reinforce the idea of the inferiority of girls and the superiority of boys. But even boys who are highly valued from an early age have little say on issues which affect their lives. Other negative practices which are socially acceptable in Pakistan particularly in rural areas, include early marriage, arrangements to send children away from home to work, severe physical punishment and the killing of girls accused of dishonouring the family.

With the exception of child labour, child protection issues such as sexual abuse, sexual exploitation, drug abuse and trafficking are seldom discussed openly. In this, the media can play an important role by reporting cases where child protection rights are abused. The NCCWD formulated a Code of Ethics for Media on Reporting of Children’s Issues in 2003 but it is not yet officially endorsed by the Ministry of Information nor is its implementation enforced or monitored. Media reports are still made about individual cases and children’s rights to confidentiality and privacy are not respected.

Building a Protection Environment for the Children of Pakistan:

---

6 Same as 6 above
National Action Plan for Children

Children are entitled to grow up in an environment which protects them. The eight key aspects of the protective environment in Pakistan, if strengthened can ensure protection for children. These aspects interconnected in a chain, may sometimes overlap (media attention can be a key factor in influencing attitudes), but are highly interdependent, and as such if one aspect is made stronger, it automatically will positively affect the other aspects:

- **Attitudes, traditions, customs, behaviour and practices**: In societies where attitudes or traditions facilitate abuse, for example regarding sex with minors, the appropriateness of severe corporal punishment, the application of harmful traditional practices or differences in the perceived status and value of boys and girls, the environment will not be protective. In societies where all forms of violence against children are taboo, and where the rights of children are broadly respected by custom and tradition, children are more likely to be protected.

- **Governmental commitment to fulfilling protection rights**: Government interest in, recognition of and commitment to child protection is an essential element for a protective environment.

- **Open discussion of, and engagement with child protection issues**: At the most immediate level, children need to be free to speak up about child protection concerns affecting them or other children. At the national level, media attention and civil society engagement with child protection issues both contribute to child protection. Partnerships between actors at all levels are essential for an effective and coordinated response.

- **Legislation and enforcement**: An adequate legislative framework, its consistent implementation, accountability and a lack of impunity are essential elements of a protective environment.

- **Capacity**: Health workers, teachers, police, social workers and many others who deal with children need to be equipped with the skills, knowledge, authority and motivation to identify and respond to child protection problems. The capacity of families and communities to protect their children is also essential. There are other broader types of capacity which relate to the protective environment, including the provision of education and safe areas for play.

- **Children’s life skills, knowledge and participation**: If children are unaware of their right not to be abused, or are not warned of the dangers of, for example, trafficking, they are more vulnerable to abuse. Children need information and knowledge to be equipped to protect themselves. Children also need to be provided with safe and protective channels for participation and self-expression.

- **Monitoring and reporting**: A protective environment for children requires an effective monitoring system that records the incidence and nature of child protection abuses and allows for informed and strategic responses. Such systems can be more effective where they are participatory and locally-based.

- **Services for recovery and reintegration**: Child victims of any form of neglect, exploitation or abuse are entitled to care and non-discriminatory access to basic social services. These services must be provided in an environment which fosters the health, self-respect and dignity of the child.
Strategies for Child Protection:

To achieve a protective environment for the children of Pakistan, the following child protection strategies will be employed:

- **National advocacy and initiating dialogue**, at all levels from government down to communities, families, and children themselves.
- **Regional and International advocacy**, including using international human rights mechanisms.
- Seeking **societal behaviour change, challenging attitudes and traditions** which can underpin child protection abuses and supporting those which are protective.
- Strengthening **capacity to assess and analyse protection issues**.
- Using **law-based approaches**, recognising that legal standards are particularly important to child protection, that they need to be known, understood, accepted and enforced.
- Working for and prioritising **child protection in and after conflict and instability**, especially learning from experiences in the Wana Operation.
- **Working with communities for child protection**.
- Ensuring access to **services for recovery and reintegration** for children who have suffered child protection abuses.
- Promoting **child participation and strengthening children’s own resilience**.

![Inter-sectoral linkages underpinned by Protection](image-url)
E. CHILD SEXUAL ABUSE AND EXPLOITATION

Though not very visible, commercial sexual exploitation of children does exist in Pakistan. Due to cultural and religious factors, commercial sexual activity is kept underground but its existence is well known and acknowledged by many sectors of society including the law enforcers. Child sexual abuse and exploitation involves a violation of the victim's body, privacy, honour and rights to freedom. Such a violation has immediate and long lasting effects. The issues of repressed anger and hostility and failure to accomplish normal developmental tasks are all particularly significant. Unless the victim receives appropriate help and support, the prospects for avoiding the destructive consequences of abuse and exploitation are poor.

International Instruments:

- 1st World Congress against Child Abuse and Commercial Sexual Exploitation of Children. “Stockholm Declaration, and Agenda for Action 1996”
- SAARC Convention on Combating Trafficking in Women and Children

Governmental Initiatives:-

The prevention of prostitution, including the prevention of advertising printing, circulation and display of obscene literature is in the principle of policy of the Constitution of Islamic Republic of Pakistan.

Legislation

- The Provincial Suppression of Prostitution Ordinance, 1961
- The Punjab Children Ordinance, 1983
- The Sindh Children Act, 1955
- Pakistan Penal Code prohibits pornography.
National Action Plan for Children

- The Marriage Restraint Act of 1929
- Hudood Ordinance, 1979
- Juvenile Justice System ordinance 2000
- Control of human Trafficking Ordinance 2002

---

CABINET DECISION

Case No: 075/05/2006-1

Dated: 24/05/2006

The Cabinet considered the Summary, Dated 6th April, 2006 submitted by the Ministry of Social Welfare and Special Education on “Draft National Plan of Action for Children” and granted approval to the proposed National plan of Action for Children as proposed at Para 5 (five) of the Summary.
PLAN OF ACTION

A. PROMOTING HEALTHY LIVES

Goal. i:

Reduction of Infant Mortality Rate (IMR) and Under five Mortality Rate (U5MR) by at least 2/3, in pursuit of the goal of reducing it to one thirds (1/3) by 2015.

Objectives:

Between the year 2003 and 2015 reduce the infant mortality rate (IMR) from 84 (per 1000 live births) to one-third i.e. 30 (per thousand live births) and reduce under five mortality rate (U5MR) from 125 (per thousand live births) to one third i.e. 42 (per thousand live births).

Current Situation:

- IMR 74
- U5MR 98 per thousand live births.

Improvement in IMR and U5MR is being achieved through Primary Health Care in urban and rural areas. Immunization, breast feeding and infective diseases, control of diarrhea diseases and ORT, reproductive health, antenatal and post natal care and births by trained and skilled birth attendants, protection for neonatal tetanus through immunization of pregnant women are the main efforts.

Priorities:

Increasing and improving quality of services under Primary Health Care and on going programs like breast feeding, nutrition, EPI and Tetanus Toxoid vaccination to pregnant mothers, TB, Malaria, ARI, CDD, antenatal and postnatal care at health outlets and deliveries by trained TBAs. Awareness raising through media, health staff, outreach teams and LHWs.

Target:

Achieve reduction of IMR to 30 per 1000 live births and U5MR to 42 per 1000 live births by 2015.

Proposed Strategies:

1. Reduction of incidence of low births weight through;
   a. Adequate antenatal care and monitoring of fetal development by WMOs, LHV and LHWs.
   b. Health education for better nutrition of pregnant mothers and regular visits to health outlets.
2. Immunization to pregnant mothers for tetanus and to infants against seven diseases;
   a. Vaccination by teams and static centers.
b. Health education through media, health staff and LHWs for uninterrupted vaccination doses.

3. Strengthen safe delivery services by skilled/ trained health personnel;
   a. Ensure availability of WMO/ LHW/ Midwife at health centers and midwife / TBA (trained) in each locality.
   b. Health education for delivery at hospital or by a trained TBA / midwife at home.

4. Protection from Diarrhea, ARI, Malaria and other infective and viral diseases;
   a. Proper treatment and advice at health facilities.
   b. Health education for proper utilization of health facilities.

5. Reproductive health promotion;
   a. Family planning, counseling, child spacing, persuasion to avoid early age marriages.
   b. Health education on media and IPC by health and FP staff and LHWs.

6. Prevention of Nutritional deficiencies
   a. Promotion of Breast Feeding and caring practices at community level
   b. Control of micro nutrient deficiencies (Iodine, Vitamin A, Iron)
   c. Health Education for feeding practices and balanced diets

**Activating Actions:**

1. Improve existing health services, particularly in rural areas by enhanced monitoring by MoH/ DoH and through the new district government to eliminate absenteeism in the rural health staff.
2. Provide new health facilities at union councils/ villages level where the facilities are not available or situated at farther distances.
3. Encourage and coordinate NGOs for improvement of Nutrition, vaccination, child growth and development, antenatal and post natal care and family planning.
4. Community involvement, upgrading knowledge and skills of family to optimize available resources, encourage street/ mohalla health committees, train health volunteers and health workers with support from UNICEF/ WHO and NGOs.
5. Proper monitoring of LHWs under NP for FP & PHC.

**Time Frame:**
Ensure reduction of IMR to 60 by 2010 and 30 per 1000 live births by 2015.
Ensure reduction of U5MR to 42 per 1000 live births by 2015.

**Resources Required:**
1. Provision and improvement of infrastructure for new and existing health institutions.
2. Provision of staff.
3. Improvement of Nutrition, health education for antenatal care.
4. Strengthen available services for reproductive health, childbirth, child spacing.
5. Strengthening immunization services for children and pregnant women.
6. Trainings/ workshops
7. Awareness, promotion through Media, IPC, meetings etc.
8. Financial resources are from;
   a. Government
   b. UNICEF
Implementation agencies - Building department, Health department at Provinces, FANA/FATA and AJK, NGOs, Health committees and community organizations

Expected Outcomes:
IMR and U5MR will be dropped in accordance with the fixed targets.

Gaps:
1. Community based organization (CBOs) for each First Level Care Facility (FLCF) may be organized and functionalized.
2. Co-ordination may be maintained between stakeholders, donors, FLCF staff and community.
3. Financial resources and human resource development may be improved.

Responsibilities/ Partnerships:
Responsibilities and partnerships between the governments, FLCF staff, NGOs, donor agencies. The FLCF will receive the allocated budget from government, through the CBO. The Medical Officer In charge of the FLCF will be responsible for management and functions under the supervision of CBO. The CBO will ensure that standard package of services is delivered through the FLCF according to required quality.

Follow up Actions:
The District Health Administration will observe the CBOs for monitoring and evaluation. Quantitative and qualitative data will be recorded and forwarded to provincial offices by the DHA.

Goal. ii:
Reduction in the Maternal Mortality Rate (MMR) by at least three quarters by 2015.

Objectives:
Reduce MMR from 530 per 100,000 live births to 133 per 100,000 live births by 2015.

Current Situation:
- The current MMR is 530 per 100,000 live births.

Health and safety cover is provided to pregnant women during pregnancy, childbirth and during lactating stage through Primary Health Care. The emphasis is on immunization and breast feeding. The interventions include nutrition education, neonatal tetanus
vaccination during pregnancy, antenatal care by medical and Para Medical staff, reproductive health services including family planning and child spacing, child births by a Women Medical Officer, LHV or Midwife at health center/ hospital or at home by a trained TBA. Health personnel and LHWs provide Awareness/ health education through Media and IPC through home visits.

Priorities:
1. Improvement of Maternal Nutrition
2. Operating and strengthening existing health services.
3. Promoting reproductive health and FP counseling and child spacing.
4. Tetanus vaccination to pregnant women
5. Health education through health staff and LHWs.
6. TBA training and ensure availability of Trained TBA in each village.

Target:
Reduction of MMR to 133 per 100,000 live births by 2015.

Proposed Strategies:
1. Health awareness campaigns
2. Immunization of pregnant mothers
3. Delivery by the trained staff
4. Provision of food to malnourished expectant mothers
5. Provision of trained health staff at each health facility
6. Maintaining referral linkages

Activating Actions:
1. TBAs training in antenatal, postnatal care associated with incentives.
2. Health education promotion for nutrition, tetanus, vaccination, child spacing and family planning.
3. Capacity building of existing FLCFs.
4. Strengthening of referral system.
5. Greater community participation through CBOs/ NGOs under National Health Care System.

Time Frame:
Reduce MMR to 133 per 100,000 live births by 2015.

Resources Required:
1. Increase in financial resources and allocations.
2. Increase human resource development.
4. Financial support from donor agencies.
5. Community involvement.

Expected Outcomes:
Reduction in MMR to 133 per 100,000 live births by 2015.
National Action Plan for Children

Gaps:
1. Lack of health education.
2. Lack of friendly health services, lack of referral services
3. Monitoring with community involvement.

Responsibilities/Partnerships:
1. Health, Population Welfare at Provinces (District Government, FANA/FATA and AJK) and the line departments
2. Community and NGOs involvement
3. Supervision through CBO and DHA

Follow up Actions:
1. Recording base line data.
2. Reporting and recording data by DHA.

Goal. iii:
Reduction of child malnutrition among children under 5 years of age, by at least 1/3, with special attention to children under two years of age, and reduction in the rate of low birth weight to at least 1/3 of the current rate.

Objectives:
Reduction of malnutrition by 1/3 in children under 5 years and 2 years of age.

Current Situation:
- Stunting prevalence: 40%
- Under weight: 38%
- Wasting prevalence: 15%
- Low birth weight: 21%

The existing program to control malnutrition in children are the Baby Friendly Hospitals, Exclusive Breastfeeding, Nutrition Education at MCHCs and FLCFs, supplement feeding and growth monitoring, ARI control, CDD control, Immunization, CIDD and Salt iodization at FLCFs, with cooperation of NGOs, CBOs, and LHWs.

Priorities:
- Creating awareness through media, health staff and LHWs about overcoming malnutrition.
- Stressing exclusive breast feeding, supplementary feeding to infants (weaning) and lactating mothers,
- Growth monitoring and maintaining growth charts.
- Mobilizing of NGOs, CBOs and community participation. Support from WFP, WHO, UNICEF, Save the Children, UNFPA and UNDP etc.

Target:
Reduce malnutrition by one third.
Proposed Strategies:
1. Health and nutrition education by inclusion in curricula of schools.
2. Health and nutrition education projects through NGOs and Government in partnership with civil society.
3. Establishment of nutrition rehabilitation centers in rural and urban areas with coordination of health department and LHWs program.
5. Baby friendly Hospitals, midwives, LHV’s, LHWs, TBAs.
6. Family Planning and child spacing counseling.
7. Training workshop for health personnel, LHWs, TBAs, Male and female community health workers, NGOs, community etc.

Activating Actions:
- Develop health and nutrition education through media, schools, and health personnel, LHWs.
- Coordination efforts from health, education, social welfare department, NGOs, CBOs and Donor agencies to strengthen nutrition and growth monitoring.
- Breast-feeding, child spacing and family planning counseling by health staff, NGOs, and LHWs.

Time Frame:
Elimination of malnutrition upto 1/3 by 2015.

Resources Required:
1. Financial resources;
   a. Government
   b. Donor agencies
   c. Community Resources
2. Human resources;
   a. Health department personnel
   b. Education department
   c. NGOs
   d. Community leaders and community workers.
   e. Technical expertise from UNICEF, WHO, Save the Children
   f. LHWs/ LHW Supervisors
3. Material resources;
   Health and nutrition education maternal (printed)
   a. Commodity Assistance by UNICEF, WHO, WFP.
   b. Practical demonstration for supplementary feeding- weaning practices – health personnel/ NGOs

Expected Outcomes:
Reduction in Malnutrition in children under 5 years to be achieved by 1/3 up to 2015.

Gaps;
1. Under utilization of FLCFs to be eliminated.
National Action Plan for Children

2. Cooperation and coordination between different sectors, stake holders, NGOs and community.
3. Media, health personnel and LHWs to gear up awareness about malnutrition.
4. More seminars, festivals, training workshops to be organized for communities, social workers, health committee members and community health workers to advocate adequate nutrition.

Responsibilities/ Partnerships;
1. Collaboration and linkages with NGOs, CBOs, community, schools and FLCFs.
2. Improvement of services at FLCFs through FLCF Management by CBOs/ NGOs under National Health Care System.

Follow up Actions;
1. Data collection, regular reporting and case studies.
2. Registering cases of Malnutrition and follow up actions taken
3. Establishing referral links and maintaining feedback.
4. Surveys to assess deficiencies.
5. Report submission to higher levels.

Goal iv:
Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third of the current level.

Objectives:
Provide safe drinking water to 95% population and hygienic sanitation facilities to 82% population by 2015.

Current Situation:
- Population with access to affordable clean drinking water 90%
- Hygienic means of sanitation 62%.

Some projects for supply of safe and clean drinking water and sanitation are being implemented by Public Health Engineering Department and Local Government and Rural Development with the financial assistance from UNICEF, World Bank, IDA, ADB, KfW Germany etc.

Priorities:
Public awareness about benefits of clean drinking water, water borne diseases, and safety through affordable, safe and clean drinking water. Benefits of sanitation and hygienic disposal of excreta and sanitary environment through media and IPC.

Mapping of population for 100 percent coverage of population for universal access to clean drinking water and hygienic means of sanitation. Community involvement for the effective completion and maintenance of water, environment and sanitation projects (WES).

Target:
National Action Plan for Children

Provide safe drinking water, to 95% population and hygienic sanitation facilities to 82% population by 2015.

Proposed Strategies:
1. Effective coordination between government and donor agencies with NGOs and CCBs for adoption of low cost projects suitable for neglected areas and part of population without safe drinking water and hygienic means of sanitation.
2. Meetings, briefing sessions and seminars at Federal, Provincial and district level with the involvement of parliamentarians, NGOs, the CCBs for selection of low cost options with increased focus on sanitation and hygiene.
3. Field visits of key Federal, Provincial government officials, parliamentarians and community leaders to water supply, hand pumps, sanitation and sanitary latrine projects.
4. Explore possibilities of check-dams, mini dams, other water resources and reservoirs

Activating Actions:
1. Ensuring community participation to ensure quality of drinking water
2. Strong public and private partnership
3. Increase financial support from donor agencies
4. Fair selection of sites for schemes

Time Frame:
Achievement of targets by 2015.

Resources Required:
1. Government allocation of financial resources to replicate the low cost water and sanitation schemes.
2. Funds allocations/ grants from UNICEF/ World Bank/ IDA/ ADB, UNDP and DFID.
3. Human resources from Public Health Engineering Department, Local Government and Rural Development Department, Health Department and NGOs.

Expected Outcomes:
1. Universal access to affordable safe drinking water
2. Access to hygienic means of sanitation to 82% population
3. Reduction in incidence of water borne diseases and diseases due to unhygienic environment.
4. Reduction in IMR and U5MR due to reduction in incidence of diarrheal diseases and ARI

Gaps:
1. Lack of awareness in population about hazards and dangers of unsafe drinking water, lack of hygienic sanitation and unhealthy latrine practices and improper methods of disposal of human excreta
2. Town planning and urban waste management is lacking
3. Non existence of sewerage system in rural areas
Responsibilities/ Partnerships;
1. Execution through Public Health Engineering Department and Local Government and Rural Development Department at Provinces, FANA/FATA and AJK.
2. Technical and material support from UNICEF
3. Financial support from government and donor agencies
4. Awareness raising and advocacy by health personnel, education department personnel, religious leadership, public representatives and LHWs and NGOs and CBOs.

Follow up Actions;
1. Motivation of public by NGOs and personnel from government functionaries for adopting/ owning water supply schemes, hand pumps and hygienic sanitary means schemes for their sustainability and maintenance.
2. Community involvement for effective functioning and full utilization of water supply and hygienic sanitation schemes. Formation of supervisory bodies consisting community members, government functionaries and NGOs to ensure 100% accurate functioning and utilization of these schemes.

Goal v:
Development and implementation of national health Policies and Programs for adolescents, including goals and indicators, to promote their physical and mental health

Objective:
Providing the adolescents guidance and environment for development of their physical and mental health through implementation of national policies and appropriate programs to achieve progress by the year 2015

Current Situation:
- Due to high rate of poverty in Pakistan and majority of population living in rural areas, there are high dropouts from primary level. The dropout rate is higher in girls. Curriculum and capabilities of Teaching staff in middle and secondary schools lack appropriate skills to provide guidance to adolescents.
- Secondary schools teachers with vocational training are very low in rural areas as per requirement of adolescent population.
- Coverage by NGOs and private sector for the rehabilitation and help of adolescents is negligible.
- Lack of cooperation and coordination in the stakeholders, welfare organization, NGOs, CBOs etc.

Priorities:
1. Improvement of Quality of Formal Education at Middle and secondary level (for adolescent age students).
2. Arrange non-formal Education opportunities for out of schools or dropped out students in adolescent stage, especially in rural areas and for females.
3. Involvement of adolescents in vocational skill development opportunities
4. Involvement of NGOs, Health personnel, Community, School Authorities for establishment of Counseling centers to correct adolescent in adequacies in relevant information on reproductive health.
Targets:
Providing adolescents awareness during the important phase of life in personality and character building and channelize their energies and initiatives positively towards construction. Involve rural and urban adolescents in various programs and activities, sports, skills and social activities.

Proposed Strategies:
1. Basic and refresher Training programs of Teachers for help and guidance of adolescents in schools.
2. Special activities in schools by conducting group classes for adolescents to educate them in reproductive health including AIDS.
3. Non-formal education with the collaboration of NGOs, CBOs and Community involvement.
5. Intervention of linkage with vocational skills development opportunities with Non-Formal Education through NGOs, CBOs and Communities.
6. Expansion of services in rural and urban areas.
7. Training and capacities building for teachers, social workers, police, Juvenile Justice, personnel who work with adolescent / youth.

Activating Actions:
1. Health awareness through media and health education programs.
2. Promotion of schools health services for participation of adolescent to acquire special information on reproductive health and HIV/AIDS.
3. Refresher Training of Health Personnel of FLCFs on mental health.
5. Development of Non-formal education and rehabilitation of dropped out male and female adolescents in vocational training through NGOs.
6. Awareness for avoiding early age marriages of girls and reproductive health awareness.

Time Frame:
Strengthen and co-operative efforts of stakeholders, departments, NGOs, CBOs and communities to provide an environment to grow to adulthood. Generation will grow satisfactorily by 2015.

Resources Required:
2. NGO support for Non-formal education.
3. Funds and sources for rehabilitation centers for adolescents who are dropped out from primary education.
4. Training workshops for school Teachers and social workers as well as for master trainers.
5. Curriculum, Books and Material Production.
6. Financial, Material and Technical support from Donors.

Expected Out Comes:
With joint efforts of Health, Education and Social Welfare Department and coordination with NGOs, CBOs, Communities, and the adolescents will be provided an environment to grow as successful adults and strong and active members of the society.

**Gaps:**
1. Curriculum needs revision, amendment and improvements to suit the needs of adolescents.
2. No special Training to staff
3. Majority of population is in rural areas where school students dropout rate, particularly in females is very high, there is rarely any arrangement for their rehabilitation or follow-up.
4. NGOs and CBOs are lacking in remote rural areas.
5. No sports or recreation facilities are available, especially for females in rural areas.

**Responsibilities / Partnerships:**
1. Health Department to provide guidance and protection on general and reproductive health in hospitals and FLCFs.
2. Education Department to arrange training of teachers for appropriate guidance of adolescents and improvement of existing curriculum. Introduction of vocational subjects and courses in schools, particularly in rural schools. Develop playgrounds in schools (male/female) and involve adolescents in sports, games and other social activities.
3. Social Welfare Department to organize NGOs, CBOs and community involvement and promote functions of communities with maximum participation of adolescents.
4. Rural Development and Local Government Department to involve communities and adolescents in various programs.
5. NGOs / CBOs to start activities in remote rural areas for general public and for adolescents.

**Follow Up Actions:**
1. Data collection for activities, facilities provided in schools.
2. Data collection for teachers trained, students benefited, NGOs, CBOs organized services in how many localities, major activities, number of adolescents, male, females benefited. Identification of areas neglected and supplementing activities of survey area.
3. Coordination sessions between stakeholders from grass root level to higher levels for analysis and improvement and planning.

**Goal vi:**
Access through the primary health care system to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015

**Objectives:**
1. Reduction in low birth weight of newborns through improvement of nutrition of pregnant mothers
2. Develop supplementary feedings.
3. Awareness raising about reproductive health, nutrition, antenatal and post-natal care by trained and skilled attendants
4. Advocacy for increasing marriage age
5. Promotion of child spacing

Current Situation:
These infant and maternal health and welfare indicators put Pakistan much behind most of the developing countries in the region:
1. The IMR 84 per 1000 live births,
2. U5MR 125 per 1000 live births,
3. MMR 530 per 100,000 live births;
4. low birth weight 21%,
5. stunting prevalence 23%,
6. underweight prevalence 38%
7. wasting prevalence 11%.
8. The existing network of health facilities from village/ union council level to markaz, tehsil, district and tertiary level are providing reproductive health services.
9. Population Welfare Programme is providing information and services to the target population to encourage voluntary adoption of birth spacing.
10. NGOs in Pakistan are providing services on reproductive health and counseling for child spacing.
11. National Program for Family Planning and Primary Health Care has been very effectively advocating for Primary Health Care, Family Planning, Nutrition and immunization through its huge field force of Lady Health Workers.
12. Expanded Programme of Immunization has been providing vaccination to eligible and pregnant women for maternal and neonatal tetanus.

Priorities:
1. Integration of coordinating efforts among various sectors and programs for raising awareness for elimination of malnutrition in pregnant women and children especially girl children, promotion of breast feeding, reducing low birth weight, improvement in immunization coverage, control of diarrhea through ORT, elimination of iodine, iron and vitamin A deficiency and ARI control.
2. Coordination with NGOs for raising awareness through community organization for counseling on child spacing and for success of all programs mentioned in No.1 above.
3. Strengthen Lady Health Workers Program by completion of recruitment and training of remaining phases, refresher training to working LHWs, close supervision and provision of Health Education tools to LHWs for improving IPC.

Target:
1. Reduction of IMR, U5MR, MMR, elimination of low weight birth, universal immunization, reduction in malnutrition as per targets set by 2015.
2. Universal access to antenatal care, all deliveries by trained birth attendants, postnatal care, breast feeding, develop contraceptive prevalence and counseling for child spacing to 80% by 2015.

Proposed Strategies:
1. Awareness raising through media and IPC
2. Strengthening and support of LHWs for dissemination of information through IPC and door-to-door contact
3. Community involvement through LHWs, population welfare workers and volunteers family planning association of Pakistan and other NGOs for sustainable efforts on child spacing and reproductive health
4. Improvement of primary health care service particularly in rural areas with improved supervision, monitoring and evaluation process

**Activating Actions:**
1. Improvement of quality care provided to pregnant women at MCH centers, BHUs, RHCs and hospitals through on job training and refresher courses for staff
2. Strengthening of referral system for mothers with complications detected by LHWs and FLCFs staff
3. Screening of all pregnant and lactating women for anemia and malnutrition and iodine deficiency
4. Improvement of natal care by involvement of community for maximum utilization of health facilities so that maximum deliveries are conducted by trained and skilled health personnel

**Time Frame:**
The achievement in IMR, U5MR, MMR, low birth weight, immunization coverage, and elimination of malnutrition, iodine, iron and vitamin A deficiency will be achieved according to set targets.

The current rate of contraceptive prevalence will be enhanced from 23.9% to 50.0% in 2010 and to 60.0% in 2015.

**Resources Required:**
Financial resources for;
- Awareness raising
- Training of staff and refresher courses
- Contraceptives
- Food supplementation

Financial resources;
1. Government of Pakistan budget
2. Donor countries/ donor agencies
3. Community/ NGO resources

**Expected Outcomes:**
The IMR, U5MR, MMR and low birth weight will be reduced, malnutrition, iodine deficiency, iron and vitamin A deficiencies will be eliminated or reduced. Contraceptive prevalence will be increased.

**Gaps:**
- Utilization of Health Facilities needs to be improved through community involvement.
- More NGOs need to be activated in rural areas.
- Coordination between stakeholders and LHWs programme for promotion of counseling on child spacing, reproductive health and contraceptive utilization.
National Action Plan for Children

- Effective public awareness programmes are needed.
- Financial resources are needed according to UN recommended parameters as the available funds; federal/ provincial budgets do not produce required results.

Responsibilities/ Partnerships:
- Health department to improve PHC health delivery/ PHC services and gear up immunization, nutrition programs.
- Population welfare department to extend reproductive health services throughout the country.
- National programme for FP and PHC to complete selection and training of LHWs in grey areas
- NGOs/ FPAP to activate community and provide support to existing reproductive health program, immunization, nutrition for reduction of IMR, U5MR, MMR, low birth weight etc.

Follow up Actions:
1. Regular supervisory visits to rural FLCFs by district government officials.
2. Joint evaluation sessions by sector representatives, NGOs and community members.
3. Surveys for evaluation
4. Proper documentation of achievements

B. COMBATING HIV/AIDS

Goal i:
Reduction in HIV prevalence, among young men and women, aged 15-24 years by 25 percent by 2008 and a further 25% by 2015. To establish time bound national targets to achieve the internationally agreed global prevention goal to reduce HIV prevalence among young men and women aged 15-24 in the most affected countries and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, and encourage the active involvement of men and boys.

Objectives:
1. Reduce the HIV prevalence among young men and women aged 15-24 to 25% by 2008 and further reduction to 25% by 2015.
2. Intensification of efforts to achieve control on the spread of HIV/AIDS.
3. Raise awareness among people to eliminate gender disparities and discriminations in relation to HIV/AIDS encouraging the active involvement of men and boys.

Current Situation:
- HIV infected 1741
- AIDS cases reported to the National AIDS Programme 231
- Tests carried out 3.526 million up till 30\textsuperscript{th} September 2002 on the recommended categories for diagnosis (volunteers, suspected/ referred cases), routine blood screening before transfusion and surveillance.
National Action Plan for Children

According to available data, there are 7 AIDS cases of 15-24 years (6 males and 1 female). There are 14 HIV Positive cases of 15-19 years and 369 cases of 20-22 years (break up of 15-24 is not available). Prevalence of HIV infection remains below 5% in vulnerable populations. Sexually transmitted infection (STI) prevalence in vulnerable population is reduced from baseline levels.

Priorities:
1. Awareness campaigns with special approach to vulnerable target groups and counseling on appropriate sexual behavior and use of safety methods.
2. Establishment of Blood Bank at all THQ level hospitals with necessary equipment and staff.
3. Establishment of HIV/AIDS diagnostic set up with availability of all concerned equipment and chemicals at all teaching hospitals, DHQ hospitals and THQ hospitals.
4. Development of a comprehensive package to ensure screening of all blood and its products for HIV and Hepatitis B, both in public and private sector, free of cost.
5. Establishment of Aids Control Centers at provincial level under supervision of prominent epidemiologists.
6. Each health care facility should be able to provide referral services with pathology departments of teaching hospitals and medical colleges and should be able to manage all diagnosed cases of AIDS and keep track of over 80% HIV positive cases and 90% of AIDS cases.

Target:
Reduction of HIV prevalence among young men and women of 15-24 years to 25% by 2007 and further 25% by 2010 through intensification of diagnostic and treatment services. Raise awareness through media and IPC and eliminate gender disparities.

Proposed Strategies:
1. Development of HIV/AIDS National Programme under the Federal Ministry of Health with technical support by WHO and establishment of provincial PIUs.
2. Establishment of provincial blood transfusion authorities to regulate blood banks and screening of blood before transfusion.
3. Health education campaign through media.
4. Involvement of NGOs and private organizations for control of transmission of AIDS.

Activating Actions:
1. Promulgation of ordinance for mandatory screening of blood before transfusion (Ordinance Capital Territory Islamabad has already been issued).
2. Production and distribution of health education material.
3. Establish 20 new surveillance centers in addition to already existing 25 surveillance centers.
4. Supply of diagnostic kits and laboratory consumables and equipment to all provinces, AJK, FANA and Federal centers.
5. Conducting training workshops on AIDS with coordination of NGOs.

Time Frame:
Prevalence of HIV/AIDS to be less than 0.11% by year 2015

Resources Required:
**Human Resources**
- Additional (separate) staff at the existing health institutions to handle AIDS cases if number of patient increases.
- Staff for blood transfusion services should expand to THQ level.
- Staff for establishment of a system of monitoring for private sector.
- Out-reach staff facilities for extending counseling services to vulnerable groups.

**Financial Resources**
- Training of staff.
- Construction of separate rooms for isolation of AIDS patients in the existing hospitals.
- Funds for establishment of blood banks.
- Training programmes for NGOs, community leaders, teaching staff of schools/colleges.

**Expected Outcomes:**
HIV prevalence in age group 15-24 will be reduced as per target by 2010.

**Gaps:**
1. Religious teachings have a great impact in the control of AIDS, but the Govt. has not close ties with the religious teachers.
2. There is lack of understanding of life style given by Islam.
3. Mandatory blood screening is lacking at all levels.

**Responsibilities/ Partnerships:**
Ministry of health through National AIDS Program is primarily responsible to combat the disease. International organizations are required to provide technical and financial assistance.

**Goal ii:**
By 2008, reduce the proportion of infants infected with HIV by 25 percent, and by a further 25 percent by 2015.

**Objectives:**
1. Reduce the proportion of infants infected with HIV by 25% upto 2008 and by another 25% upto 2010.
2. Ensure that 80% of pregnant women obtaining antenatal care have the facility of getting information and counseling and other HIV prevention services available to them.
3. Reduce mother to child transmission of HIV by effective treatment.
4. Develop effective interventions for HIV infected women including voluntary and confidential counseling and testing.
5. To make access to treatment, especially anti retrieval therapy and where appropriate provide breast milk substitutes and establish provision of a continuum of care.

**Current Situation:**
National Action Plan for Children

- HIV infected 1741
- AIDS cases 231
  National AIDS programme 3526 million tests carried out up til 30\textsuperscript{th} September 2002 on the recommended categories for diagnosis (volunteers – suspected referred case), routine blood screening before transfusion and surveillance.

- AIDS confirmed cases (0-4) years, 5 (2 male and 3 female)
- HIV positive cases, 0-4 years 24.

Priorities:
1. Strengthening IPC/ counseling on AIDS to 80\% pregnant women visiting health facilities for antenatal care and through LHWs.
2. Extended training to health services staff, Education (teachers), Social Welfare, Local Government staff, Community leadership and NGOs for raising awareness among pregnant women, community members to stop devastating effect of AIDS on children.
3. Expansion of AIDS screening and treatment centers in government and private sector so as to make available the HIV prevention and treatment services to babies and pregnant women infected by HIV/AIDS.
4. Capacity building and programme management for increasing number of blood banks, and blood screening and blood transfusion services.

Target:
Reduction of HIV by 20\% up to 2007 and 50\% up to 2\% and provision of information and counseling services to women on prevention of HIV/ AIDS.

Proposed Strategies:
1. Training of blood banks, blood transfusion and health centers staff in dealing with HIV/ AIDS affairs.
2. Involvement of NGOs in combating HIV/ AIDS.
3. Health education campaign through electronic media.

Activating Actions:
1. Notification of Blood Transfusion Authority on provincial / regional level and enactment of respective transfusion of safe blood ordinances and enforcement there of.
2. Establishment of 20 new and strengthening of 25 existing surveillance centers as per following detail;

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Province</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Federal FANA</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Punjab</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Sindh</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>NWFP/ FATA</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Balochistan</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>AJK</td>
<td>2</td>
</tr>
</tbody>
</table>

3. Supply of diagnostic kits and laboratory consumables/ equipment to all centers
4. NGOs support for patients living with AIDS in identification and surveillance.
5. Production of printed health education material.
6. Awareness raising campaign through media etc.

**Time Frame:**
All actions (1-6) stated above to be completed within 2006. Awareness raising campaign on media, counseling services, blood screening prior to blood transfusion will continue as part of surveillance. Infection of HIV/ AIDS will be reduced in infants to 20% by 2007 and to 50% by 2010.

**Resources Required:**
1. **Human Resource Development:** Training of staff of health department for handling AIDS affected persons, blood banks, blood transfusion, laboratory, are health care staff in safe handling of HIV/ AIDS cases.
2. **Material Resource Development:** Provision of diagnostic kits, consumables in labs, blood transfusion centers and blood banks.
3. Financial resources for emoluments of staff. Training expenses, training workshop, media services and health education campaign, monitory and evaluation and research studies.

**Expected Outcomes:**
Mechanism of HIV/ AIDS cases search, screening, handling treatment will be strengthened in the whole country with adequate surveillance system. Awareness about combating HIV/ AIDS and protection there of will be normal in public and specially in vulnerable population. Infection of HIV/ AIDS in infants will be reduced to 20% by 2007 and to 50% by 2010.

**Gaps:**
1. Budgetary allocations are not upto the requirements.
2. Appointment/ Nominations of full time programme managers have not been dare in all provinces and therefore provincial/ regional implementation units are not fully operative.
3. The respective surveillance centers are not carrying out routine Sentinel Surveillance on population sub group having high-risk behavior.
4. Provincial sexually transmitted diseases control plans have not been prepared.
5. Administrative structure for blood transfusion services in all provinces (except Punjab) has not been framed.

**Responsibilities/ Partnerships:**
1. Provincial Health Department to own the Aids Programme. Operate and monitor HIV/ AIDS control services through provincial PIUs and maintain a referral and diagnostic network with pathology departments of teaching hospitals and medical colleges and field health care facilities.
2. UNAIDS, WHO, UNICEF, JICA and UNESCO and other international and donor agencies to provide technical assistance and guidance and provide equipment and financial assistance for control of HIV/ AIDS.
3. Population Welfare Department, Line Departments, District Governments and NGOs to provide assistance and support in training activities and public awareness for HIV/AIDS protection.

C. PROVIDING QUALITY EDUCATION

Goal 1:
Expand and improve comprehensive early childhood care and education for girls and boys especially for the most vulnerable and disadvantaged children.

Objectives:
1. Introduction of Pre School and preprimary education, regularizing of Kachi class to form a strong foundation for primary education
2. Implementation and enforcement of legislation for compulsory education
3. Intervention of playgroup classes, day care centers
4. Focusing on early age children for educational activities particularly in rural areas for persuasions and mental preparedness of pre school children and their parents
5. Develop early childhood education by increasing participation to 40% by 2010 and 50% by 2015.

Current Situation:
1. Pre-primary (Katchi) class is not yet compulsory in all primary schools. Education department is considering including a class prior to class one (i.e. Katchi class) in primary schools.
2. Nursery and playgroup classes for early age children are available only in private English medium schools in urban areas.
3. Very limited number of Day Care Centers for children of working women under the arrangement of Social Welfare Department has been functioning in cities only. There is no such arrangement available in rural areas.

Priorities:
4. Preprimary class to be declared part of primary education and children less than five years to be encouraged for enrolment in Katchi class
5. An intervention of domestic preschool class to be introduced with community involvement for orientating preschool children at home, or children of ten to fifteen nearby houses to be gathered in one house for few hours daily. One educated lady may guide the children with the help of educational games and picture books and lately start syllabus of Katchi class.
6. Curriculum for katchi class to be designed. Picture books already available should be utilized and further attractive picture books to be developed.
7. NGOs, CBOs and Community may organize preschool classes and play classes for preschool children in rural areas.
8. Special health care of preschool children to be organized with collaboration of NGOs, CBOs, Community, FLCF concerned and LHW

Target:
National Action Plan for Children

Expand and improve early childhood care and education for girls and boys, especially for the most vulnerable and disadvantaged children. By means of Katchi class regularization, enhancement and development of day care centers, domestic preschool classes with the involvement of health, education, social welfare department, NGOs, CBOs and community participation 60% boys and girls by 2010 and 80% boys and girls by the year 2015 will be provided special care for ideal development and preprimary preparatory education facilities so as to ensure universal access to compulsory primary education.

Proposed Strategies:
1. Training courses/refreshers courses for teachers to deal with early aged children
2. Community involvement and community participation and training workshops to be organized for introduction of intervention of domestic early childhood education classes.
3. Joint workshops, seminars and conferences to be convened involving health department, education department, social welfare department, NGOs, CBOs for early childhood care and education

Activating Actions:
1. National Commission for Human Development (NCHD) and EFA wing may coordinate for inclusion of Katchi Class in primary level in all government schools.
2. EFA and NFE centers may also enroll preschool children.
3. Number of early childhood education centers in government schools should be increased.
4. Curriculum for preschool children should be publicized for facilitation of domestic early childhood classes, NGOs, and CBOs.
5. Community basic education schools may also be established in rural areas.

Time Frame:
50% target may be achieved till 2010 and 80% target may be achieved till 2015

Resources Required:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Areas for which Resources are required</th>
<th>Financial Resources</th>
<th>Implementing Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provision of rooms for early childhood education</td>
<td>Government of Pakistan</td>
<td>Building department</td>
</tr>
<tr>
<td>2</td>
<td>Training of teachers for Early Childhood education related Teachers</td>
<td>Government of Pakistan</td>
<td>Education department</td>
</tr>
<tr>
<td>3</td>
<td>Innovation and intervention of domestic early childhood education classes.</td>
<td>Donor Agencies</td>
<td>NGOs, CBOs, Community</td>
</tr>
<tr>
<td>4</td>
<td>Training courses for domestic early education center staff/volunteers</td>
<td>Donor Agencies</td>
<td>Education department, NGOs, CBOs, community</td>
</tr>
<tr>
<td>5</td>
<td>Provision of curriculum, books and</td>
<td>Donor Agencies</td>
<td>NGOs/CBOs,</td>
</tr>
</tbody>
</table>
National Action Plan for Children

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Areas for which Resources are required</th>
<th>Financial Resources</th>
<th>Implementing Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>education material</td>
<td></td>
<td>Community</td>
</tr>
<tr>
<td>6</td>
<td>Early age education at EFA centers</td>
<td>Donor Agencies</td>
<td>NGOs/CBOs, Community</td>
</tr>
<tr>
<td>7</td>
<td>Early age education at NFE centers</td>
<td>Donor Agencies</td>
<td>NGOs/CBOs, Community</td>
</tr>
</tbody>
</table>

**Expected Outcomes:**
A foundation for primary education will be established. More number of children male and female will be prepared for primary education. It will increase primary school enrolment rate. Female enrolment in primary schools will be increased. Attention will be focused on early age children and their development will be monitored in a better way.

**Gaps:**
1. Early education centers are very limited in number.
2. EFA and NFE centers are not undertaking early childhood education classes.
3. Introduction of domestic early childhood classes still needs to be focused by NGOs, CBOs and communities.
4. National curriculum prepared for early childhood education needs to be publicized and circulated all around.

**Responsibilities/ Partnerships:**
1. Government (Federal / Provincial/ FANA/FATA and AJK) to provide funds for additional rooms and arrange training of teachers for early childhood education teachers.
2. NGOs, CBOs, village education committees, school education committees may give attention to early childhood education initiatives.
3. Donor Agencies may liberally provide grants for early childhood education innovations (UNESKO, UNICEF etc.).

**Follow up Actions:**
National commission may do monitoring of early childhood education for Human Development, EFA wing of the education department. Education committees may be activated at all levels to follow up the process.

**Goal. ii:**
Reduce the number of primary school age children who are out of school by 50 percent and increase net primary school enrolment or participation in alternative, good primary education programs to at least 90% by 2010.

**Objectives:**
1. Enhance primary education rate to 90% by 2010 and 95% by 2015.
2. Reduce gender disparity to 90% by 2010 and 100% by 2015.
3. Eliminate primary school age (5-9 years) out of school children by achieving universal primary school education by 2015.
National Action Plan for Children

Current Situation:
1. Net primary school attendance as reported by UNICEF (“The State of the World’s Children 2003”) during 2001 was as under;
   
   Boys: 50%
   Girls 41%

   a. Primary schools lack physical facilities including buildings, furniture, tats, blackboards, chalks and charts etc.
   b. Absenteeism is more common in rural areas.
   c. Parents and children are not interested in education since they are not able to understand the benefits. They take education only as a means to get employment for their children. When parents observe that many educated persons are still un-employed, the rest of them lose their interest in sending their children to schools.
   d. Unattractive school environment has resulted in poor retention and a high drop out rate.

Priorities:
1. Rehabilitation and up-gradation of physical facilities in existing schools. Shelterless and dilapidated schools to be attended. Addition of new classrooms, provision of facilities like water supply, toilets and boundary walls
2. Improvement of quality of education through teacher education and training
3. Enforcement of compulsory education law in entire country
4. Private sector partnership, NGOs, CBOs and community involvement

Target:
To provide universal access to compulsory primary education to all children by 2015 with special emphasis on girls and children in difficult circumstances. It will be ensured that all children between the ages of 5-9 complete primary education.

Proposed Strategies:
1. Opening of new primary schools
2. Opening of Masjid Maktab Schools
3. Establishment of non-formal schools
4. Introduction of double shift in existing schools

Activating Actions:
1. Left out and dropped out children to be brought back in mainstream of primary education through combined efforts of the NGOs, CBOs, community and health committees particularly in rural areas.
2. Private sector to make up gaps of government primary schools and establish easily accessible Primary Education Schools/ centers
3. Education committees and school, parents-Teachers working relationship should be established.
4. New classrooms and schools to be constructed on the basis of objective and demographic criteria. Preference to be given to female schools.

5. Education committees, community, NGOs and CBOs in collaboration with education department should point out the parents who do not send their children for primary education.

6. Refresher courses for teachers to be arranged to eliminate absenteeism and teachers to improve their attitude towards children.

**Time Frame:**
Increase gross participation rate from 83% to 90% in 2010 and 95% by 2015. Elimination of gender disparity up to 90% by 2010 and 100% by 2015.

**Resources Required:**
Finances required for the following purposes:
- Construction of new schools, addition of new rooms in existing schools, repairs of old schools.
- Training of primary teachers
- Refresher trainings for primary teachers
- Provision of lacking facilities like tats, black boards, water supply latrines in primary schools
- Training of female teachers for rural and backward areas

**Expected Outcomes:**
1. Universal accesses to primary education by 2015 both for boys and girls
2. Elimination of left outs and dropped outs from primary education with educating them through EFA and NFE with the involvement of communities, NGOs and CBOs.

**Gaps:**
1. Lack of supervision in primary education
2. Teacher absenteeism
3. Non-availability of schools in some backward rural areas
4. Non enforcement and non compliance of compulsory primary education law
5. Insufficient financial resources for primary education

**Responsibilities/ Partnerships:**
1. Education department at Provinces, FANA/FATA and AJK to monitor the entire primary education process and complete mapping of schools in rural areas
2. Private sector to share responsibilities in establishing schools and help achieving universal access to primary education
3. Government to provide adequate funds for primary education
4. Community, NGOs, CBOs to search out left over and dropped out children and bring them in mainstream of education by providing them Non Formal Education (NFE) and Basic Education for All (BEFA).

**Follow up Actions:**
1. Supervisory staff should undertake adequate supervision.
2. Refresher courses should be organized for teachers to improve their teaching.
3. Enforcement of compulsory primary education law should be ensured.
4. NGOs, CBOs, education committees and community should be involved in improvement of primary education coverage.

**Goal. iii**
Eliminate gender disparities in primary and secondary education by 2005 and achieve gender equality in education by 2015, with a focus on ensuring girl’s full and equal access to and achievement in basic education of good quality.

**Objectives:**
1. Ensure that by 2015 all girls and children in different circumstances have access to and complete free and compulsory primary education of good quality.
2. Eliminate gender disparities in primary and secondary education by 2005 and achieve gender equality in education by 2015, with a focus on ensuring girls full and equal access to and achievement in basic education of good quality.

**Current Situation:**
Girls have a considerably lower enrollment rate than the boys. The difference is markedly larger in rural areas than in urban areas. Girls enrollment is only 40% of the total primary school enrollment.

There were 1170,000 (60%) boys enrolled in primary schools during 1999-2000 against 8679000 (40%) girls enrolled. There were 94500 boys and 76000 girls schools in the country during 1999-2000. This clearly indicates disparity in male and female genders in education sectors.

**Priorities:**
1. Construction of new schools for girls
2. Training of female teachers, especially for rural areas
3. Promoting education for all new non formal education classes to eliminate disparity in girls education.
4. Awareness raising through media for development of gender equality in education – which recognize the need for changes in attitudes, values and practices.
5. Activate community participation through education committees.

**Targets:**

**Proposed Strategies For Gender Equity:**

a) Assign teachers to schools on the basis of empirical need and reduce transfer rate by recruiting local teachers for local schools.

b) Ensure a better distribution and optimum utilization of teachers.
c) Relaxation of qualification where no female teacher is available
d) Primary schools should be co-education schools.
National Action Plan for Children

e) All new primary schools should be opened with the ratio 60:40 i.e. 60 for female and 40 for male. Similarly the female male teachers’ ratio in new school shall be 70:30.

f) In order to attract and retain female teachers in rural areas and difficult region of the country special incentives including monetary incentive will be given to female teachers.

Activating Actions:
1. Special focus on female education through integration of government, donors and international agencies resources for female education to eliminate disparity for gender
2. Adopt suitable measures for gender equality by extending number of education institutions and availability of required number of female teachers.
3. All provinces to provide free education to girls up to secondary level
4. Support and develop establishment of village education / school management and make them legal entities.
5. Expand education for all (EFA) and non-formal education campaigns concentrating on girls and bringing them to mainstream of formal education system.

Time Frame:
Equalize male and female primary education facilities (elimination of gender disparity by 2007 and achieve gender equality by 2015).

Resources Required:
1. Financial resources required for opening new schools in specific areas.
2. Funds for additional training of female teachers so as to meet the need of female folks with the efforts of achieving equity
3. Funds for monetary incentives for female teachers for working in rural and unattractive areas
4. Funds for books and educational materials
5. Funds to meet the requirements of free education to females

Expected Outcome:
- Requisite financial resources are lacking.
- Adequate system to search and rehabilitate the left outs and dropped out girls from primary education with the help of community and NGOs does not exist.
- There are less female teachers available for rural, backward and difficult areas.
- Lack of incentives for girls to attend schools with commitment and devotion
- Non- existence of girls primary schools or availability of a school at an inaccessible distance.
- Heavy population growth rate and burden of house hold work in large families on the female children.
- Poor impact of non-government organizations on motivating parents and girls

Responsibilities / Partnership:
1. Education department at Provinces, FANA/FATA and AJK to raise the number of female teachers in primary schools and provide training facilities for female
teachers for backward areas with monetary incentives and upper age limit and basic qualification relaxations

2. Imams to share responsibilities of primary education including girl students in early classes

3. NGOs, CBOs, Community to participate in elimination of discrimination and disparity for female students

4. Government through education department may monitor the process of elimination of gender disparity and provide funds for manpower development.

5. NGOs and CBOs, Community education committees may join hands to promote elimination of gender disparities.

**Follow Up Actions:**

1. Community based education committees and NGOs to confirm through mopping up operations that no girl is out of schools.

2. NGOs, CBOs already involved in EFA and NFA operations to ensure that all left out and dropped outs girls are repatriated to education through EFA and NFA and they are brought back to the main stream of formal education.

3. An adequate monitoring and supervisory system to evaluate equalization process

4. Surveys of population may be conducted to determine the sustainability of gender non-discrimination and maintenance of equity and equality in gender issue.

**Goal. iv:**

Improve all aspects of quality of education so that children and young people achieve recognized and measure-able learning outcomes especially innumeracy, literacy and essential life skills.

**Objectives:**

1. To explore and examine factors facilitating and hindering the process of learning of children and devise means best for the children.

2. Improve school environment to facilitate adequate learning by boys and girls of early childhood, primary education level, adolescents and grown ups.

**Current Situation:**

1. **Pre Primary – Early Childhood Education** - Katchi class (preprimary) has not been rationalized in government schools due to scarcity of resources. In private sector schools, however pre primary education is in existence to some extent with the so-called labels of K.G., Prep, and Nursery etc. Children below 5 years learn basic concepts of literacy and numeracy. But their number is limited as compared to the total 3-5 years age group population.

2. **Religious Education** – In Pakistan, Quranic/ Islamic education for all is emphasized, particularly at an early age, both in urban and rural areas and almost equally for males and females. Quranic education is imparted formally or informally at mosques, madrassas or at homes. It is an effective way to inculcate moral values and teach life skills at an early age. It is estimated that more than 80% children of 4-10 years age group do get Islamic education.
3. **Primary Education (5-9) years** — Gross participation rate at primary level is 88% (male 106% and female 66%). Net participation rate is 66% (Male 82% and Female 50%). Universal access to primary education is aimed to be achieved by 2015. Apart from formal education in regular government and private sector schools, many other programmes are being carried out to achieve universal access to primary education. These are education for all (EFA), non formal education (NFE) and many other programs started by NGOs and donor agencies.

**Priorities:**
1. Construction of new schools, addition to existing schools, repair and provision of more facilities in the existing schools.
2. Reforms in pre service teacher training include revision of curricula, revamping textbooks and instructional material. Revamping in service training.
3. Enforcement of curricula, which may encourage enquiry, creativity and progressive thinking among students. Major effort shall be directed towards improving the delivery of the curriculum.
4. Introducing Kachi class in the government primary schools will be done. Private sector may continue developing pre-primary classes.

**Target:**
Improving all aspects of quality education so as to enable children and young people to achieve recognized and measurable learning outcomes especially in numeracy, literacy and essential life skills universally by 2015.

**Proposed Strategies:**
1. Provide access to all primary school age children a maximum of 19.6 million places/ seats to complete the required seats by 2006.
3. An addition of 2500 new mosque schools will be made to the existing 27000 mosques.
4. More schools to be opened under Non Formal Basic Education Scheme, National Education Foundation and other schemes.
5. Teacher training will be expanded.
6. ICTs will be utilized for training of educators, teacher trainers and managerial people to promote quality EFA.
7. Text books will be revised, incentives to be provided to teachers for producing attractive learning materials.

**Activating Actions:**
1. Sanctioned strength of teachers in primary and upgraded middle schools to be increased.
2. Services of Pesh Imams will be utilized for each masjid Maktab Schools. New Pesh Imam to be appointed in new Masjid Maktabs.
3. In order to improve the monitoring and supervision of the schools, additional supervisors/ learning coordinators, will be appointed.
4. Private sector to be encouraged to invest in education.
5. **NGOs, CBOs, Community and education committees to play their roles in attainment of quality education and improvement of school environment.**

**Time Frame:**
Required number of primary level schools to be achieved by 2006. Universal access to primary education be achieved for males by 2010 as for females by 2015.

**Resources Required:**
1. Financial resources required for infrastructure of primary schools, addition, new constructions, repairs and provision of lacking facilities.
2. Finances required for up-gradation of primary schools to middle schools.
3. Finances required for training of teachers and refresher trainings for in service teachers.
4. Finances required for appointment of Pesh Imams in Masjid Maktabs.

**Expected Outcomes:**
By the year 2015, universal access to free primary education for males and females will be achieved and all disparities of gender, rural and urban whatsoever will be eliminated and children will be educated in secure environment providing opportunities to students of both sexes to develop capabilities in numeracy, literacy and essential life skills.

**Gaps:**
1. Distances as well as lack of facilities in schools.
2. Sub standard text books and obsolete curricula.
3. Poverty of parents and lack of understanding about worth of education.
4. Demand for separate girls schools and lack of adequate financial support.
5. Non-availability of qualified and experienced female staff.
6. Lack of incentives for girls to attend schools.
7. Poor impact of non-governmental organizations on motivating parents and girls.

**Responsibilities/ Partnerships:**
1. Education department at Provinces, FANA/FATA and AJK is responsible for monitoring, supervision and completing the projects.
2. NGOs, CBOs, private sector to share load of education extension and education for all projects.
3. Community through village education and school education committees.

**Follow up Actions:**
1. District education authority will be responsible for monitoring and evaluation of primary education and early childhood education programme.
2. District, Provincial and National Education Management Information Systems (EMIS) will collect data/information on core EFA indicators regularly to evaluate the EFA programme.

**Goal v:**
Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programmes.
National Action Plan for Children

Objectives:
1. Ensure that all basic education programmes are accessible, inclusive and responsive to children with special learning needs.
2. Develop special strategies for improving the quality of education and meeting the learning needs of all children in terms of learning tools and contents.
3. Provide accessible recreational and sports opportunities and facilities at schools and communities.

Current Situation:
Despite continuous best efforts of the Pakistan government the overall education scene of Pakistan is not satisfactory. There are not sufficient resources available with the federal as well as provincial governments. Only 2.06% of the GNP was reserved for education during 2000-2001.

There are thousands of ghost schools. Absenteeism of teachers in rural areas is very common. Schools of remote areas lack the required strength of teachers because either the teachers get themselves transferred to areas of their choice or get themselves deputed on loan or on general duty to the schools of their choice, but they continue to remain on the strength of schools of remote areas and draw salaries from these schools. There is lack of dedication and motivation among teachers, appointed on political basis. The primary school curriculum is mostly urban-oriented and is not relevant to daily life of the rural children.

Unattractive education/school environment has resulted in poor retention and a high drop out rate. Poverty, illiteracy and conservatism of the parents are generating negative attitudes against education especially for girl’s education.

Priorities:
1. Curriculum to be developed in harmony with the needs and mental growth of the children and in relevance to the needs of the community.
2. Provide required number of adequately trained teachers by providing them incentives and residential facilities, particularly in the flung areas.
3. Arrange comprehensive teacher training, on-job refresher training and opportunities for in service training and improvement of qualification with attractive package of benefits and promotion.
4. Provide incentives, free textbooks, free education and other facilities to children, particularly for girl children to attract them to complete education, so that left over and dropouts are controlled.

Target:
To provide an attractive school environment with improved and improvised curriculum covered by adequately qualified, trained and devoted teachers.

Provide universal access to children with free primary education, meeting learning needs of the children, providing them with sports and recreational activities in schools and communities and develop their life skills by the year 2015.

Proposed Strategies:
National Action Plan for Children

1. Providing universal access to primary education by opening new primary schools, opening Masjid Maktab schools, establishing non-formal basic education schools, rehabilitation of existing schools and by introduction of double shift system in the existing schools.

2. To improve the performance of existing schools and make full and optimum utilization. New schools will be located as close as possible to the cluster of homes where children live.

3. Incentive oriented approach to be adopted for the communities, villages and areas proportionate to their degree of accomplishment and success.

4. Assignment of teachers to schools according to empirical need. Transfer rate to be reduced by appointment of local teachers. Better distribution and optimum utilization of teachers will be ensured.

5. Training facilities of teachers will be improved, and enhance the qualification of teachers belonging to remote and backward areas.

6. In order to attract and retain female teachers in rural areas and difficult regions of the country, special incentives to be given to female teachers.

Activating Actions:
1. Revise regulations and service rules for teachers and create stronger and transparent personnel management mechanism. Enforce attendance and leave regulations with strict action against absentees.

2. Highly interactive (participatory), learner centered teaching and training materials to be produced. Training methods will be improved and improvised.

3. The curricula shall encourage enquiry, creativity and progressive thinking through project-oriented education. The linkages among curriculum development, textbook writing, teacher training and examination shall be reinforced.

4. Textbooks to be revised updated and improved to incorporate new knowledge, skills and technologies. Incentive will be provided to teachers for producing new and attractive learning materials, making use of audio, video and print media.

Time Frame:
The improved school environment with productive learning of modalities will be attained and retained by the year 2015.

Resources Required:
1. Construction of new schools, rehabilitation of depilated schools and rooms for shelter less school.
2. Curriculum development.
3. Teacher’s training programmes.
4. Textbooks and other teaching material.
5. Audio video materials for education and recreation purposes.
7. Improvement of school environment.

Expected Outcomes:
Universal primary education will be achieved by 2015 with quality education through learning life skills by primary school children.

Gaps:
1. Distances as well as lack of facilities in schools.
2. Sub standard textbooks and irrelevant curricula.
3. Poverty of parents and lack of understanding of value of education.
4. Demand for separate girls schools and lack of adequate financial support.
5. Non-availability of qualified and experienced female staff.
6. Lack of incentives for girls to attend schools.
7. Poor impact of non-governmental organizations on motivating parents and girls.

**Responsibilities/ Partnerships:**
Government through education departments
National and International funding agencies.

**Follow up Actions:**
1. District education authority will be responsible for monitoring and evaluation of primary education and early childhood education programme.
2. District, Provincial and National Education Management Information Systems (EMIS) will collect data/ information on core EFA indicators regularly to evaluate the EFA programme.

**Goal vi:**
Achieve a 50% improvement in levels of adult literacy by 2015, especially for women.

**Objectives:**
Eliminate illiteracy in Pakistan and reduce female illiteracy to 50% by the year 2015.

**Current Situation:**
During 2000-01, 51.8 million, out of a total of 101.5 million of 10+ age group population (Male 21.4, female 30.4 million) were illiterates. According to economic survey of Pakistan 2000-01, the overall literacy rate of the country was 49% (male 61.3% and female 36.8%) at least one woman out of 3 is illiterate. Present rural literacy rate is only 37%.

**Priorities:**
1. Establishment of field offices
2. Selection of NGOs and site/ areas
3. Training of master trainers, field functionaries, trainers, and teachers.
4. Procurement and distribution of equipment and material for offices and schools.
5. Registration of students and teaching/ learning activities at school level.

**Target:**
Present literacy rate (2001-02) actual 49%
Phase 1 (2001-02 to 2005-06) target 61%
Phase 2 (2005-06 to 2010-11) target 68%
Phase 3 (2011-12 to 2015-16) target 86%

The target gender equity, 86% literacy rate both for male and female is targeted by 2015. More focus would be on rural areas as compared to urban. Rural literacy rate would be increased from the existing 37% to 83% by the year 2015.
Proposed Strategies:
1. The literacy programme will be implemented by the District Literacy Department through NGOs/ CBOs.
2. A unit of 50 schools to be allotted to one NGO.
3. Communities may also establish their adult literacy centers and NFBE by forming CBO or village education committee (VEC) and have a networking with bigger NGOs.
4. Government to provide:
   a. Salary of the teachers
   b. Free learning material
   c. Teaching aids
5. Procedures for site selection, registration of students, selection of NGOs, forming of CBOs and village education committee (VEC) prescribed by the education department regulations will be followed.

Activating Actions:
1. Selection of sites from villages without primary school will be done with cooperation, coordination and efforts of the district education officers, district government through union councils, NGOs and CBOs.
2. Selection of teachers, mainly females will be done from local communities to avoid absenteeism, with relaxation in age and qualification of female teachers from remote and backward areas.
3. District Government (District Literacy Cell) will develop curricula and contents for the training of teachers. Training of key persons, master trainers will be conducted at national and provincial level while the teachers will be trained at district and tehsil level.
4. Monitoring and supervision will be done by district officers. Examinations will be conducted by authorized team and primary pass certificates will be issued by district education officer.
5. Integration of schools with formal education will be done by bringing the eligible students on the basis of performance and age level to the main stream of formal education. In this way left outs, dropped out and those never attending schools will be educated through non formal basic education.

Time Frame:
The programme will be completed in three phases of 5 years each raising the literacy rate by the end of each phase as shown below;

- Phase I (completing in 2005) 61%
- Phase II (starting 2006 and completing 2010) 68%
- Phase III (starting 2011 and completing 2015) 86%

Expected Outcomes:
Literacy level at 86% for both male and female, rural and urban will be achieved by the year 2015.

Gaps;
Awareness at community and family level, particularly in rural, remote and backward areas is lacking. Even NGOs and CBOs are not available for such backward areas. Awareness raising campaigns through media and interpersonal communication through staff of education, local government and social welfare department should be carried out.

**Responsibilities/ Partnerships:**
The adult literacy and illiteracy elimination programme will be completed with collaboration, coordination and cooperation of Education department at Provinces, FANA/FATA and AJK, Local Government Department, District Government, Social Welfare Department, NGOs, CBOs, Communities and Village Education Committees. Grants and financial resources from Donor Agencies and UN Agencies is also important.

**Follow up Actions:**
Monitoring and evaluation will be done by the District Literacy Department. Education Department and UNICEF to determine success of the programme may conduct monitoring surveys.

---

**D. PROTECTION**

**I. SPECIAL PROTECTION**

**Armed Conflict**

**Goal-i**
Protect children from the impact of armed conflict and ensure compliance with international humanitarian law and human rights

**Objective:**
Protection of children from armed conflict

**Time Frame:**
Year 2007

**Strategies/Actions:**
1. Establishment of special rehabilitation centers for orphans and special children of the armed conflict
2. Provision of proper health care and formal vocational education training
3. Rehabilitation

**Responsibility & follow up actions:**
1. Public and private sector organizations with the collaboration of NGOs and society
2. PBM
3. Donor agencies
4. Social Welfare Department at Provinces, FANA/FATA and AJK.
National Action Plan for Children

Child Labor

Goal. ii:  
Progressively prohibit, restrict, and regulate child labor with a view to its ultimate elimination through a phased and multi-sectoral strategy.

Objectives

1. Harmonization of child labour programmes through extensive coordination among ministries (labour, social welfare, education, and health) and relevant provincial departments
2. Child labor agenda meaningfully included in all social and development policies, particularly PRSP, National Plan of Action on Education For All, and Education Sector Reforms.
3. Reliable & gender sensitive information on child labour available in national survey instruments (Labour Force Survey, PIHS and HIES)
4. Revision and implementation of national child labor laws and policies under obligations of international commitments.
5. Mobilize District Governments to utilize funds allocated for child labor
6. Raise awareness with employers and contractors of children in all sectors especially hazardous.
7. Produce a national database on child labor statistics.
8. Introduce a child labor monitoring and referral system at district level linked with provincial and federal government, involving NGOs and community.
9. Link children in all forms of child labor particularly worst forms and their families with credit facilities and social safety nets.
10. Free access to formal and non-formal education, literacy and vocational training for the child laborers.
11. Introduce Occupational Safety and Health standards at the work places for older children (15-17years) for safer working conditions.
12. Activate electronic and print media on child labor issues.

Strategies/Actions

1. Harmonization and Synergies among government run programmes and with the Donors run programmes on child labour.
2. Mass campaign that includes seminars, symposiums, and workshops on child labor issues involving district governments, and contractors and employers.
3. Develop non-formal education facilities for children involve in child labor on a large scale and make arrangement of their mainstreaming in the formal education system.
4. Implement Occupational Safety and Health Standards in all industries.
5. Review existing child labor policies and revise them with consultation of civil society.
6. Activate Citizen Community Boards (CCBs) on the issues of child labor on district level.
7. Promote research at university level on child labor issues.
8. Involve university students in non-formal education of children.
9. Provision of recreational, educational and health facilities for child laborers in all industrial sectors.
10. Enhanced wage rate and reduced working hours for children.
11. Consultations with NGOs, and community to develop a mutually identified child labor monitoring system at the district level.

12. Micro credit financing for the families of child laborers through social safety networks.

13. Surveys on child labor by FBS.

14. Engage print and electronic media to continuously project issues of child labor on media.

Responsibility and follow up actions

1. Govt functionaries
2. District Governments
3. Intelligentsia and academia
4. Ministry of Labour, Manpower and Overseas Pakistanis
5. Ministry of Women Development, Social Welfare and Special Education
7. Public and private universities
8. ILO-IPEC
9. NGOs
10. FPCCI
11. EPB
12. FBS
13. Electronic and print media

Child Trafficking

**Goal-iii:** Protect children from trafficking for prostitution, camel races, organ transplant, forced labor, drug smuggling, begging, pedophile, forced child marriages and other exploitative forms of work.

**Objectives**

1. Revise national laws and policies under auspices of CRC to protect children from trafficking.
2. Enhance the capacity of the key stakeholders and to mobilize them generate active support towards implementation of National policy to prevent child trafficking.
3. Raise awareness on child trafficking at different levels aiming at changing perception, attitude, traditional values and norms that keep people indifferent and inactive in the combat against child trafficking.
4. Capacity building of law enforcers and service providers on child trafficking issues
5. Encourage local governments in vulnerable districts to take pro-active steps to prevent child trafficking.
6. Create synergies among government departments and bridge the prevailing operation and communication gap regarding child trafficking issue.
7. Provide education, health, and recreational facilities to all victims of trafficking.
8. Guarantee basic safety against repeated or future abuse, including the possibility of ‘re-trafficking’.
National Action Plan for Children

2. Introduce rehabilitation and reintegration programmes, activities and services are directed at the survivor’s needs and rights, and are carried out efficiently and effectively.
3. Arrange psychological counseling and support for the child survivor, in order to help her/him to withstand the impact of the legal proceedings.
4. Offer guarantee of support and assistance for the child survivor and her/his family, making them feel more secure and safe.
5. Arrange reunification of children with their families.
6. Familiarize the child survivors with procedures of the justice system.
7. Introduce protection through the social service system.
8. Develop a legal aid programme or the criminal justice system for the victims of trafficking.
9. Build up network of professionals and organizations committed to data gathering, fact compilation and verification, reporting and intervention on trafficking and child abuse cases.

Strategies/Actions

1. The establishment and operation of core groups/networks in targeted districts to conduct advocacy activities to combat child trafficking at district level.
2. Constitute a committee on child trafficking at national level that includes members from government, public and private sector.
3. Revise national laws and policies with consultation of NGOs, academia, and civil society.
4. Government to undertake legal and other measures to ensure the implementation of SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution as enunciated in article X.
5. Sign bilateral and multilateral agreements to prevent child trafficking with source, transition and destination countries.
7. Introduce a reporting system on trafficking at national, provincial and district levels.
8. Take input from all stakeholders from all over the country to formulate a national counter-trafficking mechanism.
9. Local and provincial gangs and other stakeholders involved directly or indirectly in trafficking need to be identified.
10. Strict enforcement, rigorous imprisonment and fines should be imposed on all partners to this crime.
11. Record and data about trafficking incidents and traffickers must be maintained at the district, provincial and national levels.
12. Establish rehabilitation centers in coordination with District Governments, NGOs and CBOs for the victims of trafficking and ensure their education and welfare.
13. Improve birth registration and other related systems, especially for ID cards and passports.

14. Regulate the camel race event during annual fair in Cholistan

15. Training of labor inspectors to keep a continuous check on employers who obtain children for involvement in worst forms of child labor and take remedial measures to stop child labor (INGOs/NGOs)

16. Training and sensitization of FIA officials and border forces to trafficking issues and victims.

17. Check and break trafficking networks.

18. Improve the role and transparency of Zakat and Bait-ul-Mal committees to address the problems of deserving families.

19. Media (State and Private) can play an effective role in highlighting the dangers of trafficking and informing the public about the existing laws in this regard.

20. Local and provincial gangs and other stakeholders involved directly or indirectly in trafficking need to be identified. (NGOs)

21. Review the issue of trafficking through marriage and take effective steps to prevent fake marriages that are used for trafficking, especially internal trafficking.

22. Local governments can initiate social development projects in the vulnerable district; public works programs could be one way of ensuring employment opportunities.

23. Sensitization of the UC members to the issue is a starting point. Once the members are convinced, they could find ways of effectively curbing trafficking in their area.

24. Local NGOs and CBOs can mobilize opinion against women’s exploitation through the customs of Walwar or Gul until the government imposes restrictions on the misuse of this customary practice.

25. Training of local journalists/activists about trafficking issues (INGOs/NGOs).

26. NADRA needs to be more stringent about the issuance on National Identity cards to check issuance of fake or multiple cards.

27. Effective coordination for implementation of NPA for combating Human Trafficking.

**Responsibility and Follow up**

1. Govt functionaries
2. District Governments
3. FIA, Police, and customs
4. Ministry of Labour, Manpower and Overseas Pakistanis
5. Ministry of Women Development, Social Welfare and Special Education
7. ILO-IPEC
8. NGOs
9. FBS
10. Media
Children in Difficult Circumstances

Goal iv:
Improve the plight of millions of children who live under especially difficult circumstances

Objective:
Improve the status of those children who are deprived of their legal and social rights in the society

Time Frame:
Achieve the target by 2015

Strategies/Actions:
1. Creation of mass awareness through social counseling with families
2. Shelter for disowned, kidnapped and lost children
3. Rehabilitation centers for addicts, refugees and other deprived children
4. Improvement of justice system and promulgation of child friendly laws

Responsibility & follow up actions:
1. Government
2. NGOs
3. Community

II. GENERAL PROTECTION

Goal-i:
Protect children from all forms of abuses, neglect, exploitation and violence

Objective:
Prevent children from being sexually abused or exploited or harassed by all sectors of society

Time Frame:
Protection of children is a priority at all times

Strategies/Actions:
1. Creating awareness programs at all levels
2. Development of IEC material
3. Children’s rights workshops for professional groups and NGOs/CBOs
4. Community mobilization
5. Development of referral system for victimized children
6. Support services for victims

Resources:
1. Collaboration of NGOs with Govt.
2. Community involvement and participation
National Action Plan for Children

3. Strong infrastructure

Responsibility & follow up actions:
1. Ministry of justice & Information
2. Television
3. Radio
4. APNS
5. CPNE
6. NGOs
7. International donor agencies
8. Social Welfare Deptt
9. Local Govt. bodies.

Outcome:
Children protected from all forms of abuses, neglect and exploitation.

Goal-ii:
Protect children from all forms of exploitation, including pedophilia, trafficking and abduction

Objective:
Provision of comprehensive rehabilitation services and reintegration of child victims into their families and communities

Time Frame:
Children will be protected from all forms of exploitation by the year 2015

Strategies/Actions:
General Awareness of the existing laws regarding protection of the children through media and advocacy seminars

Resources:
1. Financial, technical and human resources
2. Well-organized institutions
3. Infrastructure development

Responsibility & follow up actions:
1. Ministry of Law, justice and human rights
2. Home departments
3. Provincial High courts
4. Human rights commission
5. SWD
6. Religious madrassas
7. ISPs
8. Interpol
9. PTCL

Outcome:
National Action Plan for Children

Availability of organized services for victimized children and implementation of existing laws in the best interest of the child

**Goal-iii:**
Develop systems to ensure the registration of every child at or shortly after birth, and fulfill his or her right to acquire name and nationality, in accordance with national laws and relevant international instrument

**Objective:**
- Universal Registration at Birth ensures.
- Name and Nationality to all children in accordance with National Law and relevant international instruments.

**Time Frame:**
Children will be registered by the year 2015

**Strategies/Actions:**
- Effective coordination arranges the relevant agencies responsible M/o Local Government, Interior (NADRA) and immigration authorities.
- Awareness raising campaign to sensitize the mass on the importance of Registration at Birth and Nationality.
- Capacity Development of the officers / officials responsible for carrying out the said functions.

**Resources:**
- Resources of NADRA
- Local Govt.
- Social Welfare

**Responsibility & follow up actions:**
M/o Local Govt, Interior, Social Wel. & Spl. Edu., NGO and Supporting Donors and Int. NGO’s (UNICEF, SCF, Plan Intl.)
The agencies should calculate and manage the resource as per their specific responsibilities.

**Goal- iv :**
Encourage all countries to adopt and enforce laws, and improve the implementation of policies and programmes to protect children from all forms of violence, neglect, abuse and exploitation, whether at home, in school or other institutions, in the work place or in the community.

**Objective:**
- Review of existing laws policies.
- Bring new and comprehensive law on child protection covering all aspects of the child protection.

**Time Frame:**
2005-2010.

**Strategies/Actions:**
- Review and develop new and comprehensive law on the subject in consultation with the relevant stakeholders.
- Strategy for awareness raising sensitization and capacity development.
- Development and promulgation of the law.
National Action Plan for Children

- Strategy for effective implementation of the laws.

**Responsibility & follow up actions:**
- M/o Social Welfare & Special Education
- Provincial Social Welfare Deptts.
- M/o Social Welfare & Special Education, Law Justice, Interior,
  - NGO’s Donors UNICEF, ILO.

**Goal- v:**
Adopt special measures to eliminate discrimination against children on the basis of race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status, and ensure their equal access to education, health and basic social services

**Objective:**
- Prorogation and awareness raising on the rights of the child.

**Time Frame:**

**Strategies/Actions:**
- Campaign on the print and electronic media, the rights of the child.
- Organizing child rights and human rights bodies at National, Provincial and grass root level to care and work for discrimination free society and provide effective assistance to the victim of discrimination.

**Responsibility & follow up actions:**
- M/o Social Welfare & Special Education
- Ministry of Religious Affairs
- M/o Interior
- NGO’s
- International Donors

**Goal- vi:**
End impunity for all crimes against children by bringing perpetrators to justice and publicizing the penalties for such crimes.

**Objective:**
- Ensure justice to the all.
- Awareness raising on the law and rights of victim and consequences of perpetration.

**Time Frame:**

**Strategies/Actions:**
- Publicity of the consequences of perpetration of violence against any of rights of the victim and facilities and services available for the assistance to victim.
- Organizing the society to keep watch on the perpetrators.
- Develop effective strategy for the protection of children from all forms of abuse, exploitation and violence.
-Capacity Development of the Law enforcing agencies to timely check the violence and take effective steps against the perpetrators.

**Responsibility & follow up actions:**
- M/o Social Welfare & Special Education M/o Law, Justice, Interior
- M/o Law, Justice and Human Rights
- NGO’s
- Donors
- Provincial Social Welfare Departments, Home Departments, Law and Justice Departments.

**Goal-vii:**
Raise awareness about the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation.

**Objective:**
- Affective information and awareness about all forms of child abuse including sexual abuse.
- Identification of risk factors and protection strategy for effective protection.

**Time Frame:**
2006-2010.

**Strategies/Actions:**
- Community intervention programmes.
- Assessment of consequences of children subjected to violence, abuse and exploitation.
- Fact and figure based information for awareness of general people.

**Responsibility & follow up actions:**
- NGO’s
- International Donors.

**Goal -viii :**
Promote the establishment of prevention, support and caring services as well as justice systems specifically applicable to children.

**Objective:**
- Prevention of children from abuse.
- Protection of children from abuse and exploitation.
- Rehabilitation, reintegration of children victim of abuse and exploitation.

**Time Frame:**
2005-2010.

**Strategies/Actions:**
- Effective prevention programme.
- Awareness raising.
- Measure to identify the risk factors and devise special protection measure in this respect.
- Develop protection strategy by organizing protection committee at all levels.
- Public sector shelter homes and rehabilitation centres for children victims of abuse and exploitation.
Responsibility & follow up actions:
- M/o Social Welfare & Special Education, Interior
- NGO’s
- International Donors

Goal- ix:
End harmful traditions or customary practices, such as early and forced marriage and female genital mutilation, which violate the rights of the children and women.

Objective:
- Elimination of early and forced marriages restriction
- Promotion of education among girls

Time Frame:
2006-2010.

Strategies/Actions:
- Increasing education facilities especially for girls.
- Effective implementation of existing laws.
- Awareness raising specially educating the mass of harmful effect of early marriages.
- Capacity building measures.

Responsibility & follow up actions:

Goal- x:
Adopt mechanisms to provide special protection and assistance to children without primary care givers.

Objective:
Protection of children with out primary care givers.

Time Frame:
2006-2010.

Strategies/Actions:
- Assessment of Problem.
- Regularization of existing institutions, development of model institution.

Responsibility & follow up actions:

Goal- xi:
Adopt and implement policies for the prevention, protection, rehabilitation and reintegration, as appropriate, of children living in disadvantaged social institutions and who are at risk, including orphans, abandoned children, children of migrants workers, children working and/or living on the street and children living in extreme poverty, and ensure their access to education, health and social service appropriate.

Objective:
- Regularization of child care institution
National Action Plan for Children

- Development of uniform code of conduct rules regulation for supervising these institutions.
- Support in promotion of social services structure in these institutions.

**Time Frame:**
2006-2010

**Strategies/Actions:**
- Preparation of uniform rules regulation for orphanages and child care institutions.
- Support packages for development of social services for standard up living of disadvantaged and poor children living in situations.

**Responsibility & follow up actions:**
- M/o Social Welfare & Special Education
- M/o Health
- M/o Education
- M/o Religious Affairs
- Provincial Health, Social Welfare and Education Deptts.

**Goal- xii:**
Combat and prevent the use of children, including adolescents, in the illicit production of and trafficking in narcotic drugs and psychotropic substances.

**Objective:**
- Effective implementation of existing laws
- Mass awareness campaign
- Community organization for effective intervention.
- Mass awareness campaign.
- Capacity building of law enforces
- Community based intervention centres.

**Responsibility & follow up actions:**
- M/o Social Welfare & Special Education
- M/o Interior
- M/o Narcotics Control
- M/o Information

**E: COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)**

The strategic elements of the government’s CSEC interventions consist of five programmes. These are: prevention; protection; recovery and reintegration; participation; monitoring and coordination.

**Objectives of Prevention Program**
National Action Plan for Children

- Prevent children from being sexually abused or exploited through heightened awareness, knowledge and commitment by all sectors of the society to child rights and issues surrounding child exploitation.
- Ensure that all children have access to quality basic education, which is inclusive and has a strong life skills component
- Increase children’s awareness regarding their rights and the issues surrounding child sexual abuse and exploitation

Objectives of Protection Program
- Ensure that there are comprehensive laws that cover all aspects of child sexual abuse and exploitation.
- Ensure full enforcement of laws to protect children from sexual abuse and exploitation.
- Ensure that children are not victimized by the legal system.
- Protect children from being exposed to and used in the production of pornographic material.
- Ensure regional cooperation to combat trafficking.

Objectives of Recovery and Reintegration Program
- To promote and achieve the best possible recovery of child victims of sexual abuse and exploitation.
- To ensure that services provided to child victims and their families are comprehensive and of high quality, using non-punitive approach and in keeping with the best interests of the child.
- To build a national pool of health care providers who have the expertise to deal with all type of child abuse.
- To facilitate the full rehabilitation and reintegration of child victims into their families and communities.

Objectives of Participation Program
- Encourage appropriate participation.
- Increase children’s awareness on their rights to participate and build their capacity to do so.
- Raise awareness of parents, teachers and other duty bearers regarding children’s rights to participate in all matters affecting their lives.
- Build capacity of relevant instructional structures and individuals to ensure children’s participation in matters related to their protection.
- Build capacity of children to actively participate in all matters affecting their lives.

Objectives of Monitoring and Coordination Program:
- Establish a multi-sectoral monitoring and coordination system at national, provincial and district level.
- Ensure implementation and enhance the overall efficiency, coverage and impact of the activities and programmes.
- Enhance the effectiveness of efforts through strengthened coordination and cooperation.
## National Plan of Action Matrix

### A. Promoting Healthy Lives

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Strategies/ Actions</th>
<th>Responsibility &amp; follow up actions</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reduction in IMR and U5MR by at least 1/3, in pursuit of the goal of reducing it by two thirds by 2015</td>
<td></td>
<td>❐ Expansion, consolidation and integration of health delivery services</td>
<td>❐ Health, population welfare, local government and other line departments at FANA/FATA and AJK</td>
<td>Infant Mortality Rate</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organisations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td></td>
<td>Decrease of IMR up to 75/1000 live births</td>
<td>IMR 84</td>
<td>❐ Health awareness through health education</td>
<td>❐ Community NGOs</td>
<td>Under5 Mortality Rate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease of U5MR up to 30/1000 live births</td>
<td>Year 2006</td>
<td>❐ Establishment of MCH centers in each region/area</td>
<td>❐ NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 2015.</td>
<td></td>
<td>❐ Provision of 100% trained staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease of U5MR up to 100/1000 live births</td>
<td>Year 2006</td>
<td>❐ HR Development through training and workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease of U5MR up to 45/1000 live births</td>
<td>Year 2015</td>
<td>❐ Public private partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Availability of Trained birth attendants (doctors, nurses, LHV, Trained TBAs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Community Midwives networking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ 100% Immunization of children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ MCH education HR Development through training and workshops</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Spacing of births</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Nutrition of expectings mothers may be improved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ MCH education HR Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Supplementation with Vit.A during NIDs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Public private partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Community NGOs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ NGOs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in MMR by at least 1/3, in pursuit of the goal of reducing it by three quarters by 2015</td>
<td></td>
<td>❐ Expansion of MCH facilities from the existing 530/100,000 live births to 530/100,000 live births</td>
<td>❐ Health, population welfare, local government and other line departments at FANA/FATA and AJK</td>
<td>Maternal Mortality Ratio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decrease of MMR from 530/100,000 live births to 350/100,000 live births</td>
<td>MMR— 530/100,000</td>
<td>❐ Provision of quality health services in rural areas</td>
<td>❐ Community NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year 2006-2015.</td>
<td>live births</td>
<td>❐ Spacing of births</td>
<td>❐ NGOs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Nutrition of expectings mothers may be improved</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ MCH education HR Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Public private partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ Community NGOs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>❐ NGOs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction of child malnutrition among underweight</td>
<td>Under5 underweight</td>
<td>❐ Health &amp; nutrition education by inclusion in curricula of schools</td>
<td>❐ Health &amp; Education</td>
<td>Percentage of Low Birth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevalence of underweight</td>
<td>Year 2006-2015.</td>
<td>❐ Health &amp; nutrition education by inclusion in curricula of schools</td>
<td>❐ Education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- do-
## National Action Plan for Children

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Current Situation</th>
<th>Strategies/ Actions</th>
<th>Responsibility &amp; follow up actions</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>children under 5 years age by at least 1/3 with special attention to children under two years of age, and reduction in the rate of low birth weight by at least 1/3 of the current rate</td>
<td>in children (under 5 years of age) to 19% Reduction of percentage of Low birth weight babies to 14%</td>
<td>2015</td>
<td>children 38% Infants with low birth weight 21%</td>
<td>✐ Nutrition rehabilitation centers in urban and rural areas ✐ Promoting Breast feeding and weaning ✐ Induction of Community midwives (TBAs) ✐ Strengthen National Nutrition Community based Programme ✐ Encourage participation of philanthropic organizations at all levels of health services ✐ Integration of Family Welfare Centers, Mobile Service Units, and VBFPWs with the health sector outlets ✐ Control and appropriate management of childhood illnesses (IMCI) ✐ Reduce micronutrient deficiency (Iodine, Vit.A, Deworming, Iron supplementation) ✐ Reduce low birth weight by improving maternal nutrition Kcal/day</td>
<td>departments at Provinces, FANA/FATA and AJK ✐ NGOs participation ✐ Baitul Mal</td>
<td>Weight babies</td>
<td>Budgets allocated to relevant Ministry/Departments/Organisations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td>Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third</td>
<td>95% access to safe drinking water and 82% sanitation.</td>
<td>Year 2010-2015</td>
<td>Population using improved drinking water sources (total)—90 Population using adequate sanitation facilities (total)–62</td>
<td>✐ Community mobilization/ involvement ✐ Create awareness ✐ Reservation of water resources ✐ Solid waste management.</td>
<td>LG, NGOs and City governments</td>
<td>Percentage of population with access to safe drinking water and sanitation</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organizations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td>Development and implementation of national early childhood development policies and programs to ensure the enhancement of children’s</td>
<td>Formulation of National ECD program, followed by implementation</td>
<td>By 2010-2015</td>
<td>✐ Ecd programme not exist</td>
<td>✐ Expansion of services of EPI ✐ Expansion of LHWs network ✐ Introduction of a new tier of lady workers to accommodate children of ages3-5 (ECD workers) ✐ Establishment of Play houses</td>
<td>Provincial governments ✐ Civil society</td>
<td>ECD project has set the standards</td>
<td>Budgets allocated to relevant Provincial Departments/Organizations/Distt.</td>
</tr>
</tbody>
</table>
## National Action Plan for Children

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Current Situation</th>
<th>Strategies/ Actions</th>
<th>Responsibility &amp; follow up actions</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical, social, emotional, spiritual and cognitive development</td>
<td>on</td>
<td></td>
<td></td>
<td>Capacity building of primary school teachers</td>
<td></td>
<td></td>
<td>Government</td>
</tr>
<tr>
<td>Development and implementation of national health policies and programs for adolescents, including goals and indicators to promote their physical and mental health</td>
<td>To develop a comprehensive National Health Policy for adolescents and later on its implementation at national level</td>
<td>Formulation by year 2006 Followed by implementation 2006-2015</td>
<td>No particular policy regarding the adolescents</td>
<td>Hiring of Technical assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Establishing a separate desk for adolescents in the M/o Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Inclusion in National Health Policy as a regular event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access through the primary health care system to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015</td>
<td>PHC system approaches all target individuals of reproductive age group (15-49 years)</td>
<td>Year 2015</td>
<td>PHC facilities are not fully equipped, also the staff especially the female staff are deficient</td>
<td>More LHWs be appointed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Strengthening of MCH services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community midwives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>RH education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community/families involvement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goals</td>
<td>Objectives</td>
<td>Time Frame</td>
<td>Current Situation</td>
<td>Strategies/ Actions</td>
<td>Responsibility &amp; follow up actions</td>
<td>Performance Indicators</td>
<td>Sources of financing the Activities</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td>------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>------------------------------------</td>
<td>------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>By 2003, establish time bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15-24 in the most affected countries</td>
<td>Reduce HIV/AIDS to less than 0.11%</td>
<td>Achieve the target by 2015</td>
<td>Adult HIV prevalence rate (15-49 years) -- 0.11%</td>
<td>Voluntary counseling and testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Interventions to reduce mother to child transmission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Surveillance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Providing home and community based care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Clinical and professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Govt NGOs Community organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prevalence of HIV infected cases through HMIS data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>+No. of</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Cabinet Considered the Summary, Dated 26th April, 2006 submitted by the Ministry of Social Welfare and Special Education, Government of Pakistan. The Cabinet approved the above summarized document and approved the recommendations contained therein.
National Action Plan for Children

countries by 25 percent and by 25 percent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.

<table>
<thead>
<tr>
<th>Education Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Current Situation</th>
<th>Strategies/Actions</th>
<th>Responsibility</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children</td>
<td>Coverage of early childhood care and education of good quality to the target group</td>
<td>50% by Year 2010</td>
<td>Early childhood care is lacking although Katchi class has been included in primary schools There are no play houses for very young</td>
<td>Introduction of Kachi class to every Government owned primary school Establishment of play houses Teachers training and refresher courses Community participation in educational activities Awareness by using print and electronic media Seminars and workshops</td>
<td>Provincial Government NGOs &amp; community Donor agencies</td>
<td>Proportion of children of ages 3-5 years entered to primary schools/play houses</td>
<td>Budgets allocated to relevant Provincial Departments/Organizations Distt. Government International Donors</td>
</tr>
<tr>
<td>Reduce the number of primary school age children who are out of school by 50% and increase net primary school enrolment or participation in alternative, good quality primary education programs to at least 90% by 2010.</td>
<td>Achieve the target of at least 90% primary school education/ enrolment, and gross enrollment to rise to</td>
<td>Year 2006. Year 2015</td>
<td>Net Primary School enrollment/attendance 46%</td>
<td>Teachers training Conducive environment in schools Community &amp; parents participation in education activities Mass campaigns Seminars and workshops Reduce household costs of education Improve teacher motivation and attendance Food incentives (edible oil) for</td>
<td>Government Community and parents NGOs</td>
<td>Increased literacy rate particularly for girls</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments/Organizations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
</tbody>
</table>
# National Action Plan for Children

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Current Situation</th>
<th>Strategies/ Actions</th>
<th>Responsibility</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminate gender disparities in primary and secondary education by 2005, and achieve gender equality in education by 2015, with a focus on ensuring girls, full and equal access to and achievement in basic education of good quality</td>
<td>Achieve gender balance for primary education and Secondary education</td>
<td>For Primary education (Year 2008) For secondary education (Year 2015)</td>
<td>-Net primary school attendance Male 50 Female 41 -Secondary school enrollment ratio Male 46 Female 32</td>
<td>1. Recruitment of additional teachers (70% women)  2. Separate toilet facilities with water  3. Construction of additional classrooms &amp; girls schools</td>
<td>Provinces  Government NGOs  Community and private support</td>
<td>Proportion of girls in primary and secondary school system</td>
<td>Budgets allocated to relevant Provincial Departments./Organizations, Distt. Government International Donors/ local NGOs</td>
</tr>
<tr>
<td>Improve all aspects of quality of education so that children and young people achieve recognized measurable learning outcomes especially in numeracy, literacy and essential life skills</td>
<td>Improving the quality of education in all spheres especially in languages, science and mathematics</td>
<td>Achieve the target by 2010.</td>
<td>Poor quality of education. Most of the students fail in languages, mathematics and science subjects</td>
<td>1. Training of teachers especially in Mathematics, Science and English  2. Awards, reward and incentives  3. Monitoring  4. Uniform curriculum</td>
<td>Government  Community NGOs</td>
<td>Proportion of the children and young people passed out in mathematics, languages and vocational subjects every year</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./Organisations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td>Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programs</td>
<td>Access of all young people towards learning and life skills</td>
<td>Year 2015</td>
<td>Due to scarce resources and mismanagement of available resources, most of the young people lack access to appropriate learning and life skills</td>
<td>1. Set up of new and comprehensive libraries at tehsil and sub tehsil level  2. Use of electronic media for academic purposes  3. Elimination of unnecessary programs from the media  4. Establishment of more vocational centers in diversified fields</td>
<td>Government  Community organizations  Community in general</td>
<td>No. of young people benefited</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./Organisations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
</tbody>
</table>
## National Action Plan for Children

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Current Situation</th>
<th>Strategies/ Actions</th>
<th>Responsibility</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
</table>
| Achieve a 50% improvement in levels of adult literacy by 2015, especially for women | Achieve 85% adult literacy especially for women | Achieve 85% adult literacy by 2015. | Adult literacy rate 43% | □ Motivation and awareness through print and electronic media  
□ Door to door messaging  
□ Workshops and seminars  
□ Opening part time literacy centers in existing institutions  
□ Free learning material | NGOs  
Government  
Donor agencies  
Community  
Yearly data collection | Achievement of 85% adult literacy rate at the end of 2015.0 | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments/Organizations  
ii) International Donors.  
iii) Community Resources available with NGOs |

### Special Protection

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Strategies/ Actions</th>
<th>Responsibility &amp; follow up actions</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
</table>
| Protect children from the impact of armed conflict and ensure compliance with international humanitarian law and human rights | Protection of children from armed conflict | Year 2006 | □ Establishment of special rehabilitation centers for orphans and special children of the armed conflict  
□ Provision of proper health care and formal vocational education  
□ Rehabilitation | Public and private sector organizations with the collaboration of NGOs and civil society  
□ PBM  
□ Donor agencies  
□ Social Welfare Developments at Provinces, FANA/FATA and AJK | Proportion of children protected from armed conflict | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments/Organizations  
ii) International Donors.  
iii) Community Resources available with NGOs |

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Strategies/ Actions</th>
<th>Responsibility &amp; follow up actions</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
</table>
| Take immediate and effective measures to eliminate the worst forms of child labor as defined in the ILO Convention No.182 and elaborate and implement strategies for the elimination of child labour that is contrary to accepted international standards | Elimination of all forms of child labour | Year 2006 | □ Elimination of worst forms by 2006  
□ Elimination of all other forms except domestic labor by 2010  
□ Domestic labor by2015 | Mass awareness campaigns  
□ Options and alternatives for children, parents and employers  
□ 2 hours relief from working place to seek formal education  
□ Active participation by NGOs, community and children  
□ Incentive for Employer  
□ Establishment of social securities authority or program | Govt. functionaries  
ILO-IPEC  
NGOs  
Chamber of Commerce | NO. of children taken out from industry and other businesses | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments/Organizations  
ii) International Donors.  
iii) Community Resources available with NGOs |
### National Action Plan for Children

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time Frame</th>
<th>Strategies/ Actions</th>
<th>Responsibility &amp; follow up actions</th>
<th>Performance Indicators</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the plight of millions of children who live under especially difficult circumstances</td>
<td>Improve the status of those children who are deprived of their legal and social rights in the society</td>
<td>Achieve the target by 2015</td>
<td>❑ Provision of recreational facilities to children  ❑ Survey/ data collection of labor children  ❑ Identification of mega projects  ❑ Poverty eradication projects  ❑ Enhanced wage rates</td>
<td>❑ Government  ❑ NGOs  ❑ Community</td>
<td>No. of children given relief by the Govt. NGOs and other social welfare organizations</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organisations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
</tbody>
</table>

### General Protection

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Time</th>
<th>Strategies/Actions</th>
<th>Resources</th>
<th>Responsibility &amp; follow up Actions</th>
<th>Sources of financing the Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect children from all forms of abuses, neglect, exploitation and violence</td>
<td>Prevent children from being sexually abused or exploited or harassed by all sectors of society</td>
<td>Protection of children is a priority at all times</td>
<td>❑ Creating awareness programs at all levels  ❑ Development of IEC material  ❑ Children’s rights workshops for professional groups and NGOs/CBOs</td>
<td>❑ Collaboration of NGOs with Govt.  ❑ Community involvement and participation  ❑ Strong infrastructure</td>
<td>❑ Govt. of Pakistan  ❑ Television  ❑ Radio  ❑ APNS  ❑ CPNE  ❑ NGOs  ❑ International donor agencies  ❑ Social Welfare Dept</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organisations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
</tbody>
</table>
### National Action Plan for Children

<table>
<thead>
<tr>
<th>Protect children from all forms of exploitation, including pedophilia, trafficking and abduction</th>
<th>Provision of comprehensive rehabilitation services and reintegration of child victims into their families and communities</th>
<th>Children will be protected from all forms of exploitation by the year 2015</th>
<th>General Awareness of the existing laws regarding protection of the children through media and advocacy seminars</th>
<th>Financial, technical and human resources</th>
<th>Well-organized institutions</th>
<th>Ministry of Law, justice and human rights</th>
<th>Home departments</th>
<th>Provincial high courts</th>
<th>Human rights commission</th>
<th>SWD</th>
<th>Religious madrassas</th>
<th>ISPs</th>
<th>Interpol</th>
<th>Telecommunication department</th>
<th>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organizations ii) International Donors. iii) Community Resources available with NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop systems to ensure the registration of every child at or shortly after birth, and fulfill his or her right to acquire name and nationality, in accordance with national laws and relevant international instrument</td>
<td>Universal Registration at Birth ensures. Name and Nationality to all children in accordance with National Law and relevant international instruments.</td>
<td>2006-2015</td>
<td>Effective coord. Amongst the relevant agencies both at public and private sectors responsible Registration at Birth and Nationality. Awareness raising campaign to sensitize the mass on the importance of Registration at Birth and Nationality. Capacity Dev. of the officers / officials and offices responsible for carrying out the said functions.</td>
<td>Local Govt. - Social Welfare - NGOs</td>
<td>- Local Govt, Interior, Social Wel. &amp; Spl. Edu., Social Welfare, Home, and Local Govt. Deptts at Provinces, FANA/FATA and AJK</td>
<td>M/o Local Govt, Interior, Social Wel. &amp; Spl. Edu., Social Welfare, Home, and Local Govt. Deptts at Provinces, FANA/FATA and AJK</td>
<td>M/o Social Welfare &amp; Special Education, Law Justice, Interior,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encourage all countries to adopt and enforce laws, and improve the implementation of policies and programmes to protect children from</td>
<td>Review of existing laws policies. Bring new</td>
<td>2006-2010</td>
<td>Review and develop new, comprehensive law on the subject in consultation with the relevant stakeholders. Devise strategy for</td>
<td>NGO’s - Donors M/o Social Welfare &amp; Special</td>
<td>M/o Social Welfare &amp; Special Education, Law Justice, Interior,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### National Action Plan for Children

<table>
<thead>
<tr>
<th>Activity</th>
<th>Period</th>
<th>Responsible Parties</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Ensure justice to the all.</td>
<td></td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organizations ii) International Donors. iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td>-Publicity of the consequences of perpetration of violence against any on rights of the victim and facilities and services available for the assistance of victim.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Organizing the society to keep watch on the perpetrators and develop effective strategy for the protection of children from all forms of abuse, exploitation and all forms of violence against</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proration and awareness raising on the rights of the child.</td>
<td>2006-2015</td>
<td>M/o Social Welfare &amp; Special Education</td>
</tr>
<tr>
<td>-Campaign on the print and electronic media, the rights of the child.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Organizing child rights and human rights dodoses at National, Provincial and grass root level to care and work for discrimination free society and provide effective assistance to the victim of discrimination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopt special measures to eliminate discrimination against children on the basis of race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status, and ensure their equal access to education, health and basic social services</td>
<td></td>
<td>UNICEF, ILO. available with NGOs</td>
</tr>
<tr>
<td>-Ensure raising sensitzation and capacity development.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-M/o Law will support and assist in development and promulgation of the law.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-M/o Interior will develop strategy for the said law effectively.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-M/o Law, Justice and Human Rights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Donors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- All forms of violence, neglect, abuse and exploitation, whether at home, in school or other institutions, in the work place or in the community.
- Comprehensive law on child protection covering all aspects of the child protection.
## National Action Plan for Children

<table>
<thead>
<tr>
<th>Area</th>
<th>Activities</th>
<th>Timeframe</th>
<th>Responsible Parties</th>
<th>Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise awareness about the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation</td>
<td>- Affective information and awareness about all forms of child abuse including sexual abuse. - Identification of risk factors and protection strategy for effective protection.</td>
<td>2006-2010.</td>
<td>M/o Social Welfare &amp; Special Education, M/o Interior, M/o Law, Justice &amp; Human Rights, Provincial Social Welfare Deptts, Home Education Deptts, FANA/FATA, NGO’s</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organizations, ii) International Donors, iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td>Promote the establishment of prevention, support and caring services as well as justice systems specifically applicable to children</td>
<td>- Prevention of children from abuse. - Protection of children from abuse and exploitation. - Rehabilitation, reintegration of children victim of abuse and exploitation.</td>
<td>2006-2010.</td>
<td>M/o Social Welfare &amp; Special Education, Provincial Social Welfare Deptts, NGO’s, International Donors</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organizations, ii) International Donors, iii) Community Resources available with NGOs</td>
</tr>
<tr>
<td>End harmful traditions or customary practices, such as early and forced elimination</td>
<td>Elimination of early and forced marriage. - Increasing education facilities especially for girls.</td>
<td>2006-2010.</td>
<td>M/o Social Welfare &amp; Special Education, Health, Education, FANA/FATA and AJK</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/Departments/Organizations</td>
</tr>
</tbody>
</table>
### National Action Plan for Children

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Goal</th>
<th>Year</th>
<th>Responsible Authorities</th>
<th>Funding Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and female genital mutilation, which violate the rights of the</td>
<td>marriages restriction - Promotion of education among girls</td>
<td>-Effective implementation of existing laws. -Awareness raising specially educating the mass of harmful effect of early marriages. -Capacity building measures.</td>
<td>Interior, Social Welfare, Home, Health and Education Deptt at Provinces, FANA/FATA and AJK.</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments/Organizations ii) International Donors. iii) Community Resources available with NGOs.</td>
</tr>
<tr>
<td>Without primary care givers.</td>
<td>-Assessment of Problem. -Regularization of existing institutions, development of model institution.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adopt and implement policies for the prevention, protection, rehabilitation</td>
<td>Protection of children with out primary care givers.</td>
<td>2006-2010.</td>
<td>-Regularization of child care institution - Development of uniform code of conduct rules regulation for supervising these institutions. - Support in promotion of social services structure in these institutions.</td>
<td>i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments/Organizations ii) International Donors. iii) Community Resources available with NGOs.</td>
</tr>
<tr>
<td>and reintegration, as appropriate, of children living in disadvantaged</td>
<td>-Preparation of uniform rules regulation for orphanages and child care institutions. - Support packages for development of social services for standard up living of disadvantaged and poor children living in situations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>social institutions and who are at risk, including orphans, abandoned</td>
<td>-Effective implementation of - Mass awareness campaign.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>children, children of migrants workers, children working and/or living on</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the street and children living in extreme poverty, and ensure their access</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to education, health and social service appropriate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combat and prevent the use of children, including</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
National Action Plan for Children

adolescents, in the illicit production of and trafficking in narcotic drugs and psychotropic substances
existing laws
- Mass awareness campaign
- Community organization for effective intervention.
- Capacity building of law enforcers
- Community based intervention centres.

- M/o Interior
- M/o Narcotics Control
- M/o Information
relevant Ministry/Departments/Organizations
ii) International Donors.
iii) Community Resources available with NGOs

Commercial and Sexual Exploitation of Children (CSEC): Program 1: Prevention

<table>
<thead>
<tr>
<th>Strategic Activities</th>
<th>Expected Outcomes</th>
<th>Indicators of Achievements</th>
<th>Responsible Agency and Partner Organizations</th>
<th>Time Frame</th>
</tr>
</thead>
</table>
| 1. Multimedia awareness raising for general public. | • Increased level of awareness on CSA/CSE amongst general public.  
• More conducive social and policy environment. | • Active media coverage of CSA/CSE issues.  
• A strong and highly visible social mobilization campaign implemented at national, provincial and local levels.  
• Number of media practitioners trained on CRC and CSA/E. | MoIMD, PIDs, PCCWDs, District Govts, PTV, PBC, Private Radio/TV Networks, APNS, CPNE, Distt. Govts., Boy Scouts & Girls Guide Association, Journalists Associations and NGOs. | 2006-08 |
| 2. Development of IEC material on CSA/CSE. | --do-- | • Culturally appropriate IEC material developed and produced.  
• Number and type of IEC materials disseminated. | NCCWD, PPA, Rozan, Sahil, Sach, Vision, Azad Foundation, WAR, LHRLA, UNICEF and SCA. | 2006-08 |
| 3. Obsvance of Universal Children’s Day | • Enhanced public awareness and understanding of children Rights and issues surrounding CSA/CSE.  
• More conducive Social and policy environment. | • Universal Children’s Day observed at National, Provincial District and local levels.  
• Issues surrounding CSA/E highlighted at Universal Children’s Day deliberations. | NCCWD, PTV, PBC, APNS, CPNE, PPA, Rozan, Sahil, Sudhar, Bedari, Sach, Vision and other NGOs. UNICEF & SCA. | Every Year |
| 4. Awareness raising through traditional and performing arts. | --do-- | • Numbers and type of activities/events organized at all levels. | MoST, PNCA, Provincial Arts Councils, Bedari, Ajoka Theater, LHRLA, Amateur Artist Group and other NGOs. | 2006-10 |
### National Action Plan for Children

| 5. Children Rights workshops and seminars for Professional Groups and NGOs/CBOs. | • Enhanced knowledge and understanding of Children Rights and issues surrounding CSA/E.<br>• Enhanced Social mobilization for protection of children rights and prevention of CSA/E. | • Number of workshops, seminars, orientation meetings and briefings held and type of target audience.<br>• Number of participants in the above mentioned events. | **NCCWD, PCCWDs, PEDs, PPA, NCCR, Aurat Foundation, Sach, Sahil, Rozan and other NGOs, UNICEF, SCA, Action Aid.** | One in each quarter of the year |
| --- | --- | --- | --- |
| 6. Ensure access to education for all children (including disabled) | • Children educated and informed<br>• Children protected from high risk situations | • Enhanced school enrolment<br>• Decrease in school drop outs | **MoE, PEDs, Pvt. School System, Madrassa System, NCHD, Pakistan Bait-ul- Mal, NGOs & Local Charities.** | 2006-15 |
| 7. Integration of Children Rights and personal health and protection education in the curricula. | • Inclusion of child rights and personal health and protection (sex education) into the curricula of schools and teachers training programmes.<br>• Enhanced knowledge and understanding of children rights and CSA/E issues.<br>• Increased awareness and participation of teachers on prevention of CSA.<br>• Protective behavior developed in school children. | • Teaching modules on CRC and personal health and protection developed.<br>• Modules incorporated in the curricula.<br>• Teachers trained on the new modules.<br>• Schools started imparting children rights and personal health and protection education to children.<br>• Teaching modules on CRC and personal health and protection developed.<br>• Modules incorporated in the curricula.<br>• Teachers trained on the new modules.<br>• Schools started imparting children rights and personal health and protection education to children. | **MoE(Curriculum Wing), PEDs, Teachers Training Schools, Private Schools and Institutions, Madrassa System, NGOs active in Child Rights & Education, UNICEF, UNESCO, UNFPA, UNAIDS, MoPW, MoH.** | 2006-10 |
| 8. Awareness raising and sensitization of high-ranking officials and members of the parliament and provincial assemblies. | • Enhanced awareness and understanding of CSA/E issues.<br>• Enhanced Political commitment.<br>• More conductive social and policy environment. | • Appropriate information material developed and produced.<br>• Number and type of information material disseminated and type of target audience.<br>• Press statements by decision makers. | **NCCWD, PCCWD, Secretariat of Senate, NA and PA, Standing Committees of Parliament on Human Rights, Working Group Against CSA/E, UNICEF, ILO, SCA.** | 2006-7 |
| 9. Sensitization of police and court officials. | • Enhanced understanding of children rights and CSA/E issues.<br>• A child friendly police and judicial system. | • Teaching modules on CRC and personal health and protection developed.<br>• Modules incorporated in the curricula.<br>• Teachers trained on the new modules.<br>• Schools starting imparting children rights and personal health and protection education to children. | **M/o Interior, MoLJHR, PHDs, Police Deptt. NCCWD, PCCWDs, PCLC, LHRLA, Sahil, Rozan, SCA.** | 2006-7 |
| 10. Awareness raising at the workplace for employers. | • Enhanced awareness of employers | • Number of seminars workshops and special events | **M/o Interior, PLDs, PSWDs,** | 2006-10 |
## National Action Plan for Children

**11. Community mobilization to develop local vigilance and protection system.**
- Increased participation of communities in child protection issues.
- Empowered communities to protect their children from CSA/E.
- Strategy for community vigilance system developed.
- Number of community vigilance structures established.
- Number of active/functional community vigilance structure.

**12. Establishment of School Protection Committees through PTAs**
- Vigilance structure in place at schools.
- School children protected from abuse.
- Number of Protection Committees established.
- Reported actions and interventions by School Protection Committees.

---

### Commercial and Sexual Exploitation of Children (CSEC): Program 2: Protection

<table>
<thead>
<tr>
<th>Strategic Activities</th>
<th>Expected Outcomes</th>
<th>Indicators of Achievements</th>
<th>Responsible Agency and Partner Organizations</th>
<th>Time Frame</th>
</tr>
</thead>
</table>
| 1. Review of the existing legislation and development of new laws relating to child protection. | • Appropriate legislative measures reviewed, amended and passed.  
• A responsive child protection system, based on CRC and other international measures in place. | • Legislative enhancement criminalizing all forms of sexual abuse and exploitation of children through prostitution, trafficking and pornography.  
• No gender bias in laws.  
• Legal age of protection against CSA/E is 18 for both boys and girls. | NCCWD, MoLJHR, Pakistan Law Commission, Ministry of Interior, PLDs, National Commission on status of Women, Provincial Home Deptt., HRCP, LHRLA and other NGOs. | 2006-7 |
| 2. Ensure effective implementation of the Juvenile Justice System. | • More responsive child protection structures in place to ensure expedient action on child protection interventions.  
• Successful investigations and increased convictions of abusers. | • The existing procedures and mechanisms reviewed and modified.  
• Number of orientations and trainings held and type of target audience.  
• Police procedures in place to monitor conceived offenders. | Mol and Provincial Home Depts. | 2006-7 |
| 3. Training of law enforcement personnel on improved implementation mechanisms. | • Law enforcement personnel educated on new system.  
• Law enforcement personnel sensitized on the best interests of the child. | • Number and type of training events organized and type of target audience.  
• Free legal aid services provided to sexually abused/exploited children. | Mol, NCCWD, PCCWDs, PHDs, Police Training Schools, Judicial Academy, Bar Associations. | 2006-10 |
## National Action Plan for Children

<table>
<thead>
<tr>
<th>Strategic Activities</th>
<th>Expected Outcomes</th>
<th>Indicators of Achievements</th>
<th>Responsible Agency and Partner Organizations</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Publicity of laws and mechanisms against CSA/CSE.</td>
<td>• Enhanced public awareness of laws on CSA/E.</td>
<td>• Project for publicity of laws developed.</td>
<td>MolMD, PTV, PBC, UNICEF, SCA, APNS, CPNE, Journalists Associations, Local Govt. Bodies, NGOs/CBOs.</td>
<td>2006-7</td>
</tr>
<tr>
<td></td>
<td>• A more protective societal environment for children.</td>
<td>• Project for publicity of laws implemented.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Take specific measures against child pornography.</td>
<td>• A better understanding of the magnitude and types of child pornography in Pakistan and the emergence of future trends.</td>
<td>• Study on child pornography designed and implemented.</td>
<td>Ministry of Interior, PHDs, Pakistan Telecommunication Ltd. (PTA), Police and Federal Investigation Agency, Provincal Information Deptt.</td>
<td>2005-7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Findings and recommendations of the study disseminated to policy makers and general public.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Actions taken at state level regarding child pornography.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Protect computer literate children from pornography on the web.</td>
<td>• Computer/Internet made safer and pornography free for children.</td>
<td>• A code of conduct developed and followed by ISPs and Internet cafes.</td>
<td>PTCL, Pakistan Telecommunication Ltd. Mol, ISPs, UNICEF, SCA, ECPAT, Interpol, NGOs, working groups against CSA/E, Citizen Community Boards.</td>
<td>2006-10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased use of filtering software.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Net smart rules widely publicized.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Monitoring of regional trafficking mafias and networks.</td>
<td>• Increased information shared between countries to close down trafficking routes.</td>
<td>• Regional and international arrangements made for monitoring trafficking and safe return of trafficked children.</td>
<td>MoFA, Mol, LHRLA, Caritas, PPA and other NGOs, IOM, UNICEF, ILO, UN Center for Human Rights, Interpol, Travel Agent Associations, ECPAT International and Save the Children Alliance.</td>
<td>2006-8</td>
</tr>
<tr>
<td></td>
<td>• Reduction in the incidence of child trafficking.</td>
<td>• Treaties in place for extradition of traffickers and sex offenders.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Commercial and Sexual Exploitation of Children (CSEC): Program 3: Recovery and Reintegration

<table>
<thead>
<tr>
<th>Strategic Activities</th>
<th>Expected Outcomes</th>
<th>Indicators of Achievements</th>
<th>Responsible Agency and Partner Organizations</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a national Core Group of master trainers on psychosocial recovery and rehabilitation of victims of CSA/CSE.</td>
<td>• A Core Group of master trainers developed.</td>
<td>• Training imparted to national Core Group of experts.</td>
<td>NCCWD, Working Group Against CSA/E, PMA, PPS, MoH, PHDs, Sahil, Rozan, PPA, UNICEF, UNFPA, UNAIDS, SCA, Action Aid, PCCWDs.</td>
<td>2006-7</td>
</tr>
</tbody>
</table>
## National Action Plan for Children

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Develop training packages for health care providers,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Packages/tools for capacity building of health care providers in place.</td>
<td>• Training needs assessment done.</td>
</tr>
<tr>
<td></td>
<td>• Training packages developed and printed.</td>
<td>Working Group Against CSA/E, PPA, PMA, PPS, PHDs, Rozan, Sahil, UNICEF, SCA. Pakistan Psychological Association</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
<tr>
<td>3.</td>
<td>Train multi-disciplinary Service Providers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Capacity of service providers in the areas of psychosocial recovery and rehabilitation built.</td>
<td>• Number and type of health care provider trained.</td>
</tr>
<tr>
<td></td>
<td>• Early recovery and rehabilitation of child victims into their families and communities.</td>
<td>• Number of health care outlets providing psychosocial intervention and support services.</td>
</tr>
<tr>
<td></td>
<td>• Accessibility of a variety of child friendly services to victims and families of CSA/E.</td>
<td>• Number of children/families provided services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NCCWD, PHDs, PSWDs, Working Groups Against CSA/E.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
<tr>
<td>4.</td>
<td>Establish child protection committees in all major hospitals.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Services of victims and their families institutionalized.</td>
<td>• Number of CSA committees established.</td>
</tr>
<tr>
<td></td>
<td>• Effective case management ensured through multi-disciplinary approach.</td>
<td>• Number of CSA committees active in providing services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MoH, PHDs, All Teaching Hospitals, All Tertiary and secondary care hospitals, PPA, PPS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
<tr>
<td>5.</td>
<td>Support services for victims/survivors of CSE.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Victims/survivors of CSE offered therapeutic and other rehabilitative services.</td>
<td>• Pilot project developed and implemented in Rawalpindi-Islamabad area.</td>
</tr>
<tr>
<td></td>
<td>• Lessons learned from Pilot Project.</td>
<td>• Model amended and replicated in other parts of the country.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NCCWD, Sahil, Rozan, PPA, Sach, Bedari, LHRLA and other NGOs, SCA, PSWDs, Punjab Child Welfare and Protection Bureau.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
<tr>
<td>6.</td>
<td>Development of referral system for victims of CSA/CSEC.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The recovery and rehabilitation of victims of CSA/E facilitated and expedited.</td>
<td>• A referral system developed.</td>
</tr>
<tr>
<td></td>
<td>• Referral system implemented.</td>
<td>• Number of children referred to higher level of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MoH, PHDs, NGOs/CBOs, Local Govt. Bodies, PMA, CFM etc and other bodies of private practitioners.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
<tr>
<td>7.</td>
<td>Publicize the available services.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Enhanced access to services for victims and families of CSA/E.</td>
<td>• Information about the service facilities developed.</td>
</tr>
<tr>
<td></td>
<td>• Information about the services disseminated.</td>
<td>NCCWD, PCCWDs, PIDs, PMA, CFM, PPA and other bodies of health care providers, Local Govt Bodies, NGOs/CBOs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
<tr>
<td>8.</td>
<td>Develop and implement a code of conduct for shelters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>•</td>
<td>MSWSE, PSWDs, MWD, SOS Villages, Edhi Homes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2006-7</td>
</tr>
</tbody>
</table>
### National Action Plan for Children

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Develop peer support groups to encourage children’s participation in their recovery and re-integration.</td>
<td>•</td>
<td>•</td>
<td>Vision, PCPB, UNICEF, SCA, PBM</td>
<td>2006-7</td>
</tr>
<tr>
<td>11. Establish a National Documentation Center on Child Sexual Abuse and exploitation.</td>
<td>•</td>
<td>•</td>
<td>NCCWD, Working Group Against CSA/E, UNICEF, SCA, PCCWDs.</td>
<td>2006-10</td>
</tr>
</tbody>
</table>

#### Commercial and Sexual Exploitation of Children (CSEC): Program 4: Participation

<table>
<thead>
<tr>
<th>Strategic Activities</th>
<th>Expected Outcomes</th>
<th>Indicators of Achievements</th>
<th>Responsible Agency and Partner Organizations</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consult children on their needs and priorities when developing and implementing activities and programmes include in this NPA.</td>
<td>• Children consulted on their needs and priorities</td>
<td>• Consultations with concerned groups of children held</td>
<td>NCCWD, Working Group against CSA/E, MoE, PEDs, Other concerned Govt. Agencies and Civil society organizations, UNICEF.</td>
<td>2006-7</td>
</tr>
<tr>
<td>2. Provide support, information and training to NGOs and other partners to enable them to support children’s active participation in implementing and monitoring NPA.</td>
<td>• NGO’s facilitated to encourage children’s participation in NPA’s implementation</td>
<td>• NGOs trained on methods of children’s participation</td>
<td>NCCWD, UNICEF, SCA, Working Group Against CSA/E.</td>
<td>2006-10</td>
</tr>
<tr>
<td>3. Increase awareness of children (including working children &amp; children with disabilities) on their right to structures</td>
<td>• Children made aware of their right to participate in Programs affecting their lives, at all levels</td>
<td>• Awareness programs on children’s participation in place</td>
<td>NCCWD, MoE, PEDs, MoL, PLDs, MSE, Private Schools Systems, Ministry of Religious Affairs and PADs, UNICEF, IPEC/ILO.</td>
<td>2006-7</td>
</tr>
</tbody>
</table>
### National Action Plan for Children

| 4. | Develop guidelines and training modules that build children’s capacity to participate, implement and monitor programmatic activities. | • Age appropriate child participation encouraged | • Training modules on children’s participation developed | • Training programs implemented | SCA, NCCWD, UNICEF, Working Group, Ministry of Education | 2007-8 |
| 5. | Raise awareness of key duty bearers regarding children’s right to participate through parenting programs, teachers training and media orientation. | • Duty bearers motivated to ensure children’s participation | • Awareness programs on child participation for duty bearers designed | • Awareness programs for duty bearers implemented | NCCWD, Ministry of Education and Provincial Education Departments, Ministry of Social Welfare and Provincial Social Welfare Departments, Ministry of Information and Provincial Information Departments, PTV, PBC and APNS | 2006-7 |
| 6. | Monitor the effectiveness of children’s participation in implementation of NPA | • Effective participation of children in NPA’s implementation ensured | • Monitoring programs on child participation in place | | SCA, UNICEF, Save the Children Alliance, concerned NGOs/CBOs | 2006-7 |

#### Commercial and Sexual Exploitation of Children (CSEC): Program 5: Monitoring and Coordination

<table>
<thead>
<tr>
<th>Strategic Activities</th>
<th>Expected Outcomes</th>
<th>Indicators of Achievements</th>
<th>Responsible Agency and Partner Organizations</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Establish a National Steering Committee to guide the implementation of NPA</td>
<td>Implementation of NPA facilitated</td>
<td>• National Steering Committee (NSC) constituted and notified</td>
<td>NCCWD, Working Group against CSA/E, UNICEF, Save the Children Alliance, Line Ministries, Children’s representatives</td>
<td>2006-7</td>
</tr>
<tr>
<td>3. Establish NPA Monitoring and Coordination Cells at NCCWD, PCCWDs and at District governments</td>
<td>Effective implementation of NPA through better monitoring</td>
<td>• Monitoring cells established at Federal, provincial and district levels</td>
<td>NCCWD, Provincial Social Welfare Departments, Provincial PCCWDs, District governments</td>
<td>2006-7</td>
</tr>
</tbody>
</table>
# National Action Plan for Children

<table>
<thead>
<tr>
<th>4. Develop quantitative indicators to measure progress of NPA implementation</th>
<th>• Effective tracking and measurement of NPA’s implementation</th>
<th>• Quantitative indicators developed&lt;br&gt;• Quantitative indicators used for monitoring NPA’s implementation.</th>
<th>NCCWD, Working Group against CSA/E, UNICEF, Save the Children Alliance&lt;br&gt;Concerned Government agencies, Children and NGOs.</th>
<th>2006-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Conduct studies on the impact of various program interventions</td>
<td>• Quality of implementation assessed.&lt;br&gt;• Lessons learned and best practices documented</td>
<td>• Studies on programs implementation designed and conducted.&lt;br&gt;• Study reports published</td>
<td>NCCWD, PCCWDs, UNICEF, Save the Children Alliance&lt;br&gt;Working Group against CSA/E</td>
<td>2010</td>
</tr>
</tbody>
</table>
Monitoring and Evaluation Mechanisms

A. Quarterly Progress Report

All the departments dealing with the children will prepare quarterly monitoring reports and submit them to the Ministry of Social Welfare and Special Education within one month of the end of each quarter. The reports will include (i) progress made, including aspects of quality; (ii) delays and problems encountered, and actions taken to resolve the issues; (iii) proposed program of activities and inputs required during the next three months; and (iv). Each district and institution will report progress to the provincial Social Welfare department.

Sets of input, process, output and outcome indicators will be developed and agreed upon through consultation of all stakeholders.

B. Annual Review

Every year periodic review of activities envisaged in NPA will be monitored against key result areas, identify bottlenecks in implementation to be addressed and propose adjustments in the Plan and implementation to the government.

C. Completion Report

At the end of year 2015, Ministry of Social Welfare and Special Education will commission an assessment for the overall performance during the stipulated time. The report will include the costs and compliance with the plan objectives and recommendations for further expansion of the project.

D. Information System

The activities review will be supplemented by the collection of data on regular basis. A comprehensive and action oriented MIS shall be developed with linkages with the National Health Management Information System (HMIS) and EMIS. The system will be responsive to service delivery, supervision, monitoring and evaluation needs of the program. The information generated through the MIS will also feed into policy level decision-making. Reports will be generated at the following levels:

- District Level
- Provincial Level
- National Level

The reports shall include data on service delivery and management issues. The information generated using agreed software, may be shared with stakeholders at the federal, provincial and District Governments. The report would be prepared on standard format for the sake of uniformity.

E. Third Party Evaluation of the Program every five years
Third party evaluation is an independent source of monitoring and evaluating the implementation of the program. It may be conducted after every five years.

**F. Pakistan Integrated Household Surveys (PIHS)** is the only national level survey that provides data on a wide range of socio-economic indicators in the country. Therefore NPA Implementation and outcomes analysis may rely on the data collected by Federal Bureau of Statistics (FBS) through PIHS. PIHS, is however, not designed for analysis at the district level, and this shortcoming will be addressed by providing technical assistance to FBS or third party. FBS is already planning to enhance the scope of PIHS, which will provide district level estimates in the near future. Additionally, other sources of data will be identified and their capacity for meeting data requirements strengthened, so that intermediates and Output indicators (success drivers) can also be monitored and tracked.
National Action Plan for Children

ANNEXURE I

National Child Policy

The Government intends to create a conducive environment for realization of children’s rights in the wider societal context and to awaken the conscience of the community to protect children from violation of their rights, while strengthening the family, society and the Nation.

**Right to Survival**

1. (a) Every child has a right to survival. The State in partnership with community will undertake all possible measures to ensure that the child’s right to survival is protected and realized.

   (b) In particular, the State in partnership with community will undertake all appropriate measures to address the problems of infanticide and foeticide, especially of female child and all other emerging manifestations which deprive the girl child of her right to survival.

**Right to Health**

2. (a) The State shall take measures to ensure that all children enjoy the highest attainable standard of health, and provide for preventive and curative facilities at all levels especially immunization and prevention of micronutrient deficiencies for all children.

   (b) The State shall take measures to cover, under primary health facilities and specialized care and treatment, all children of families below the poverty line.

   (c) The State shall take measures to provide adequate pre-natal and post-natal care for mothers along with immunization against preventable diseases.

   (d) The State shall undertake measures to provide for a national plan that will ensure that the mental health of all children is protected.

   (e) The State shall take steps to ensure protection of children from all practices that are likely to harm the child’s physical and mental health.

**Right to Nutrition**

3. The State shall take steps to provide all children from families below the poverty line with adequate supplementary nutrition and undertake adequate measures for ensuring environmental sanitation and hygiene. **Right to a standard of living**

4. (a) The State recognizes every child’s right to a standard of living that fosters full development of the child’s faculties.
(b) In order to ensure this, the State shall in partnership with community prepare a social security policy for children, especially for abandoned children and street children.

(c) State will in partnership with community shall try remove the fundamental causes which result in abandoned children and children living on streets, and provide infrastructural and material support by way of shelter, education, nutrition and recreation.

Right to play and leisure

5. The State recognizes the right of all children to play and leisure and will support communities in provision of recreational facilities and services for children of all ages and social groups.

Right to early childhood care

6. (a) The State shall in partnership with community provide early childhood care for all children and encourage programmes which will stimulate and develop their physical and cognitive capacities.

(b) The State shall in partnership with community aim at providing a child care centre in every village where infants and children of working mothers can be adequately cared for.

(c) The State will make special efforts to provide these facilities to children from SCs/STs and marginalized sections of society.

Right to Education

7. (a) The State recognizes the right to elementary education of all the children. Education at the elementary education shall be provided free of cost and special incentives should be provided to ensure that girls, children from disadvantaged social groups are enrolled retained and participate in schooling.

(b) At the secondary level, the State shall provide access to education for all and provide supportive facilities from the disadvantaged groups.

(c) The State shall in partnership with community ensure that all the educational institutions function efficiently and are able to reach universal enrolment, universal retention, universal participation and universal achievement.

(d) The State and community recognizes the right of all children to education in their mother tongue.

(e) The State shall ensure that education is child-oriented and meaningful. It shall also take appropriate measures to ensure that the education is
sensitive to the rights of the girl child and to children of various cultural backgrounds.

(f). The State shall ensure that school discipline and matters related thereto do not result in physical, mental, psychological harm or trauma to the child.

(g). The State shall formulate special programmes to spot, identify, encourage and assist the gifted children for their development in the field of their excellence.

(h). The state shall ensure comprehensive religious teachings to each child to make him/her the responsible citizen of the country with good moral values and character building.

**Right to be protected from economic exploitation**

8. (a). The State shall provide protection to children from economic exploitation and from performing tasks that are hazardous to their well-being.

(b). The State shall ensure that there is appropriate regulation of conditions of work in occupations and processes where children perform work of a non-hazardous nature and that the rights of the child are protected.

(c). The State shall move towards a total ban of all forms of child labor.

**Right to Protection**

9. (a). All children have a right to be protected against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, corporal punishment, torture, exploitation, violence and degrading treatment.

(b). The State shall take legal action against those committing such violations against children even if they be legal guardians of such children.

(c). The State shall in partnership with community set up mechanisms for identification, reporting, referral, investigation and follow-up of such acts, while respecting the dignity and privacy of the child.

10. (a) The State shall take strict measures to ensure that children are not used in the conduct of any illegal activity, namely, trafficking of narcotic drugs and psychotropic substances, begging, prostitution, pornography or armed conflicts. The State in partnership with community shall ensure that such children are rescued and immediately placed under appropriate care and protection.

(b). The State and community shall ensure protection of children in distress for their welfare and all-round development.

(c). The State and community shall ensure protection of children during the occurrence of natural calamities in their best interest.
**Right to Protection of the girl child**

11. (a). The State and community shall ensure that offences committed against the girl child, including child marriage, forcing girls into prostitution and trafficking are speedily abolished.

(b). The State shall in partnership with community undertake measures, including social, educational and legal, to ensure that there is greater respect for the girl child in the family and society.

(c). The State shall take serious measures to ensure that the practice of child marriage is speedily abolished.

**Right of Adolescents to education and skill development**

12. The State and community shall take all steps to provide the necessary education and skills to adolescent children so as to equip them to become economically productive citizens. Special programmes will be undertaken to improve the health and nutritional status of the adolescent girl.

**Right to Equality**

13. The State and community shall ensure that all children are treated equally without discrimination on grounds of the child’s or the child’s parents' or legal guardian’s race, color, caste, sex, language, religion, political or other opinion, national, ethnic or social origin, disability, birth, political status, or any other consideration.

**Right to Life and Liberty, Name and Nationality**

14. Every child has a right to life, liberty, a name and to acquire a nationality.

**Right to Freedom of Expression**

15 All children shall be given every opportunity for all round development of their personality, including creativity of expression.
Right to Freedom to seek and receive information

16 (a). Every child shall have the freedom to seek and receive information and ideas. The State and community shall provide opportunities for the child to access information that will contribute to the child’s development.

(b). The State in partnership with community shall undertake special measures to ensure that the linguistic needs of children are taken care of and encourage the production and dissemination of child-friendly information and material in various forms.

(c). The State and community shall be responsible for formulating guidelines for the mass media in order to ensure that children are protected from material injurious to their well-being.

Right to Freedom of Association and Peaceful Assembly

17. All children enjoy freedom of association and peaceful assembly, subject to reasonable restrictions and in conformity with social and family values.

Right to a family

18 (a). In case of separation of children from their families, the State shall ensure that priority is given to re-unifying the child with the parents. In cases where the State perceives adverse impact of such a re-unification, the State shall make alternate arrangements immediately, keeping in mind the best interests and the views of the child.

(b). All children have a right to maintain contact with their families, even when they are within the custody of the State for various reasons.

(c). The State shall undertake measures to ensure that children without families are either placed for adoption, preferably intra-country adoption, or foster care or any other family substitute services.

(d). The State shall ensure that appropriate rules with respect to the implementation of such services are drafted in a manner that are in the best interest of the child and that regulatory bodies are set up to ensure the strict enforcement of these rules.

(e). All children shall have the right to meet their parents and other family members who may be in custody.

Responsibilities of the Parents

19. The State recognizes the common responsibilities of both parents in rearing the children.
Rights of Refugee children

20. The State shall ensure that all refugee children, with or without parents, receive due care and protection.

Rights of Children with disabilities

21. (a). The State and community recognizes that all children with disabilities have a right to lead a full life with dignity and respect. All measures would be undertaken to ensure that children with disabilities are encouraged to be integrated into the mainstream society and actively participate in all walks of life.

(b). State in partnership with community shall also provide for their education, training, health care, rehabilitation, recreation in a manner that will contribute to their overall growth and development.

(c). State in partnership with community shall launch preventive programmes against disabilities and early detection of disabilities so as to ensure that the families with disabled children receive adequate support and assistance in bringing up their children.

(d). The State shall encourage research and development in the field of prevention, treatment and rehabilitation of various forms of disabilities.

Rights of children from marginalized and disadvantaged communities.

22. The State and community shall respect the rights of children from all marginalized and disadvantaged communities, to preserve their identity, and will encourage them to adopt practices that promote the best interest of children in their communities.

23. The State recognizes that children from disadvantaged communities, especially from the Scheduled Castes and Tribes, and are in need of special intervention and support in all matters pertaining to education, health, recreation and supportive services. It shall make adequate provisions for providing such groups with special attention in all its policies and programmes.

Rights of Child Victims

24. The State shall in partnership with community draw up plans for the identification and rehabilitation of child victims and ensure that they are able to recover, physically, socially and psychologically, and re-integrate into society.

Right to Child Friendly Procedures

25. All matters and procedures relating to children, viz. judicial, administrative, educational or social, should be child friendly. All procedures laid down under the juvenile justice system for children in conflict with law and for children in need of special care and protection should also be child-friendly
ANNEXURE II

A WORLD FIT FOR CHILDREN
RESOLUTION ADOPTED BY THE GENERAL ASSEMBLY
10 May 2002

I. Declaration

1. Eleven years ago, at the World Summit for Children, world leaders made a joint commitment and issued an urgent, universal appeal to give every child a better future.1

2. Since then, much progress has been made, as documented in the report of the Secretary-General entitled “We the Children”.2 Millions of young lives have been saved, more children than ever are in school, more children are actively involved in decisions concerning their lives and important treaties have been concluded to protect children. However, these achievements and gains have been uneven, and many obstacles remain, particularly in developing countries. A brighter future for all children has proved elusive, and overall gains have fallen short of national obligations and international commitments.

3. We, the heads of State and Government and representatives of States participating in the special session of the General Assembly on children, reaffirming our commitment to the purposes and principles enshrined in the Charter of the United Nations, are determined to seize this historic opportunity to change the world for and with children. Accordingly, we reaffirm our commitment to complete the unfinished agenda of the World Summit for Children and to address other emerging issues vital to the achievement of the longer-term goals and objectives endorsed at recent major United Nations summits and conferences, in particular the United Nations Millennium Declaration,3 through national action and international cooperation.

4. We reaffirm our obligation to take action to promote and protect the rights of each child – every human being below the age of 18 years, including adolescents. We are determined to respect the dignity and to secure the well-being of all children. We acknowledge that the Convention on the Rights of the Child,4 the most universally embraced human rights treaty in history, and the Optional Protocols thereto,5 contain a comprehensive set of international legal standards for the protection and well-being of children. We also recognize the importance of other international instruments relevant for children.

5. We stress our commitment to create a world fit for children, in which sustainable human development, taking into account the best interests of the child, is founded on principles of democracy, equality, non-discrimination, peace and social justice and the universality, indivisibility, interdependence and interrelatedness of all human rights, including the right to development.

6. We recognize and support parents and families or, as the case may be, legal guardians as the primary caretakers of children, and we will strengthen their capacity to provide optimum care, nurturing and protection.

7. We hereby call upon all members of society to join us in a global movement that will help to build a world fit for children by upholding our commitment to the following principles and objectives:
National Action Plan for Children

i. **Put children first.** In all actions related to children, the best interests of the child shall be a primary consideration.

ii. **Eradicate poverty: invest in children.** We reaffirm our vow to break the cycle of poverty within a single generation, united in the conviction that investments in children and the realization of their rights are among the most effective ways to eradicate poverty. Immediate action must be taken to eliminate the worst forms of child labour.

iii. **Leave no child behind.** Each girl and boy is born free and equal in dignity and rights; therefore, all forms of discrimination affecting children must end.

iv. **Care for every child.** Children must get the best possible start in life. Their survival, protection, growth and development in good health and with proper nutrition are the essential foundation of human development. We will make concerted efforts to fight infectious diseases, tackle major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.

v. **Educate every child.** All girls and boys must have access to and complete primary education that is free, compulsory and of good quality as a cornerstone of an inclusive basic education. Gender disparities in primary and secondary education must be eliminated.

vi. **Protect children from harm and exploitation.** Children must be protected against any acts of violence, abuse, exploitation and discrimination, as well as all forms of terrorism and hostage-taking.

vii. **Protect children from war.** Children must be protected from the horrors of armed conflict. Children under foreign occupation must also be protected, in accordance with the provisions of international humanitarian law.

viii. **Combat HIV/AIDS.** Children and their families must be protected from the devastating impact of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

ix. **Listen to children and ensure their participation.** Children and adolescents are resourceful citizens capable of helping to build a better future for all. We must respect their right to express themselves and to participate in all matters affecting them, in accordance with their age and maturity.

x. **Protect the Earth for children.** We must safeguard our natural environment, with its diversity of life, its beauty and its resources, all of which enhance the quality of life, for present and future generations. We will give every assistance to protect children and minimize the impact of natural disasters and environmental degradation on them.

8. We recognize that the implementation of the present Declaration and the Plan of Action requires not only renewed political will but also the mobilization and allocation of additional resources at both the national and international levels, taking into account the urgency and gravity of the special needs of children.

9. In line with these principles and objectives, we adopt the Plan of Action contained in section III below, confident that together we will build a world in which all girls and boys can enjoy childhood — a time of play and learning, in which they are loved, respected and cherished, their rights are promoted and protected, without discrimination of any kind, in which their safety and well-being are paramount and in which they can develop in health, peace and dignity.

II. **Review of progress and lessons learned**

10. The World Declaration and the Plan of Action of the World Summit for Children 6 are among the most rigorously monitored and implemented international commitments of
National Action Plan for Children

the 1990s. Annual reviews were held at the national level and progress reports presented to the General Assembly. A mid-decade review 7 and an extensive global end-decade review 2 were conducted. The latter included high-level regional meetings in Beijing, Berlin, Cairo, Kathmandu and Kingston, which reviewed progress, ensured follow-up to the Summit and other major conferences, promoted renewed commitment to the achievement of the goals of the Summit and guided actions for the future. Complementing efforts by Governments, a wide range of actors participated in the reviews, including children, young people’s organizations, academic institutions, religious groups, civil society organizations, parliamentarians, the media, United Nations agencies, donors and major national and international non-governmental organizations.

11. As documented in the end-decade review of the Secretary-General on follow-up to the World Summit for Children, the 1990s was a decade of great promises and modest achievements for the world’s children. On the positive side, the Summit and the entry into force of the Convention on the Rights of the Child helped to accord political priority to children. A record 191 countries ratified, acceded to or signed the Convention. Some 155 countries prepared national programmes of action to implement the Summit goals. Regional commitments were made. International legal provisions and mechanisms strengthened the protection of children. Pursuit of the Summit goals has led to many tangible results for children: this year, 3 million fewer children will die than a decade ago; polio has been brought to the brink of eradication; and, through salt iodization, 90 million newborns are protected every year from a significant loss of learning ability.

12. Yet much more needs to be done. The resources that were promised at the Summit at both the national and international levels have yet to materialize fully. Critical challenges remain: more than 10 million children die each year, although most of those deaths could be prevented; 100 million children are still out of school, 60 per cent of them girls; 150 million children suffer from malnutrition; and HIV/AIDS is spreading with catastrophic speed. There is persistent poverty, exclusion and discrimination, and inadequate investment in social services. Also, debt burdens, excessive military spending, inconsistent with national security requirements, armed conflict, foreign occupation, hostage-taking and all forms of terrorism, as well as the lack of efficiency in the use of resources, among other factors, can constrain national efforts to combat poverty and to ensure the well-being of children. The childhood of millions continues to be devastated by hazardous and exploitative labour, the sale and trafficking of children, including adolescents, and other forms of abuse, neglect, exploitation and violence.

13. The experience of the past decade has confirmed that the needs and rights of children must be a priority in all development efforts. There are many key lessons: change is possible – and children’s rights are an effective rallying point; policies must address both the immediate factors affecting or excluding groups of children and the wider and deeper causes of inadequate protection and rights violations; targeted interventions that achieve rapid successes need to be pursued, with due attention to sustainability and participatory processes; and efforts should build on children’s own resilience and strength. Multi-sectoral programmes focusing on early childhood and support to families, especially in high-risk conditions, merit special support because they provide lasting benefits for child growth, development and protection.
THE YOKOHAMA GLOBAL COMMITMENT 2001

I. Our Follow-up:

1. We, representatives from governments, intergovernmental organizations, non-governmental organizations, the private sector, and members of civil society from around the world, have gathered together in Yokohama, Japan, at the 2nd World Congress against Commercial Sexual Exploitation of Children (17-20 December 2001) (“the Yokohama Congress”). Five years after the first World Congress against Commercial Sexual Exploitation of Children held in Stockholm, Sweden, in 1996, we have reviewed developments as a follow-up process to strengthen our commitment to protect children from sexual exploitation and sexual abuse.

2. We reaffirm, as our primary considerations, the protection and promotion of the interests and rights of the child to be protected from all forms of sexual exploitation, and we welcome the following developments, visible in a number of countries, since the first World Congress:

   - the greater emphasis on the rights of the child and the call for more effective implementation of the Convention on the Rights of the Child by States Party to create an environment where children are able to enjoy their rights;
   - the increasing mobilization of governments, local authorities and the non-governmental sector, as well as the international community, to promote and protect the rights of the child and to empower children and their families to safeguard their future;
   - the adoption of multi-faceted, inter-disciplinary measures, including policies, laws, programmes, mechanisms, resources and dissemination of the rights of the child, to ensure that children are able to grow up in safety and dignity;
   - enhanced actions against child prostitution, child pornography and trafficking of children for sexual purposes, including national and international agendas, strategies or plans of action to protect children from sexual exploitation, and new laws to criminalize this phenomenon, including provisions with extra-territorial effect;
   - the promotion of more effective implementation/enforcement of policies, laws and gender-sensitive programmes to prevent and address the phenomenon of sexual exploitation of children, including information campaigns to raise awareness, better educational access for children, social support measures for families and children to counter poverty, action against criminality and the demand for sexual exploitation of children, and prosecution of those who exploit children;
   - the provision of child-sensitive facilities such as telephone helplines, shelters, and judicial and administrative procedures to prevent violations of the rights of the child and to provide effective remedies;
   - the comprehensive, systematic and sustained involvement of the private sector, such as workers’ and employers’ organizations, members of the travel and tourism industry, including Internet Service Providers and other businesses, in enhancing child protection, including their adoption and implementation of corporate policies and codes of conduct to protect children from sexual exploitation;
greater participation by children and young people in promoting and protecting their rights, notably through young people’s networks and forums, and the involvement of young people as peer communicators and counselors;
- the progress made in the preparations for the forthcoming Special Session of the United Nations General Assembly on Children, including its outcome document;
- the emergence of a broader partnership among and between local and national governments, intergovernmental organizations, non-governmental organizations, regional/sub-regional and international organizations, communities, and other key actors, and closer linkage between the United Nations and other monitoring mechanisms on the issue, especially the Committee on the Rights of the Child and the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography of the Commission on Human Rights under the United Nations Commission on Human Rights.

3. We take into account with appreciation the regional consultations held in Bangkok, Thailand; Rabat, Morocco; Dhaka, Bangladesh; Montevideo, Uruguay; Budapest, Hungary; and Philadelphia, United States of America (see Annex); and various national seminars leading up to the Yokohama Congress, and related activities including those with young people’s participation, and their conclusions and recommendations enriching the content of our follow-up action, and we encourage their effective implementation by governments that have participated in them, in partnership with stakeholders, including non-governmental organizations, intergovernmental organizations, and young people.

4. We recognize that much more needs to be done to protect children globally, and express our concerns at the delays in the adoption of needed measures in various parts of the world.

II. Our Global Commitment:

5. We have come together to:
- reiterate the importance and the call for more effective implementation of the Convention on the Rights of the Child by States Party and related instruments, and underline our belief in the rights of children to be protected from commercial sexual exploitation in the form of child prostitution, child pornography and trafficking of children for sexual purposes;
- encourage early ratification of the relevant international instruments, in particular ILO Convention No.182 Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, and the Optional Protocol to the
National Action Plan for Children


- **reaffirm** our commitment to build a culture of respect for all persons based upon the principle of non-discrimination and to eliminate commercial sexual exploitation of children, in particular by sharing the lessons learnt since the first World Congress, and by improving cooperation in this regard;
- **recommit** to the Declaration and Agenda for Action of the first World Congress (“the Stockholm Declaration and Agenda for Action”), and in particular to developing national agendas, strategies or plans of action, designated focal points and comprehensive gender-disaggregated data collection, and effective implementation of measures, including child-rights based laws and law enforcement;
- **reinforce** our efforts against commercial sexual exploitation of children, in particular by addressing root causes that put children at risk of exploitation, such as poverty, inequality, discrimination, persecution, violence, armed conflicts, HIV/AIDS, dysfunction families, the demand factor, criminality, and violations of the rights of the child, through comprehensive measures including improved educational access got children, especially girls, anti-poverty programmes, social support measures, public awareness raising, physical and psychological recovery and social reintegration of child victims, and action to criminalize the commercial sexual exploitation of children in all its forms and in accordance with the relevant international instruments, while not criminalizing or penalizing the child victims;
- **emphasize** that the way forward is to promote closer networking among key actors to combat the commercial sexual exploitation of children at the international, inter-regional, regional/sub-regional, bilateral, national and local levels, in particular, among communities and the judicial, immigration and police authorities, as well as through initiatives inter-linking the young people themselves;
- **ensure** adequate resource allocation to counter commercial sexual exploitation of children, and to promote education and information to protect children from sexual exploitation, including educational and training programmes on the rights of the child addressed to children, parents, law enforcers, service providers and other key actors;
- **reiterate** that an essential way of sustaining global action is through regional/sub-regional and national agendas, strategies or plans of action, that build on regional/sub-regional and national monitoring mechanisms and through strengthening and reviewing existing international mechanisms with a monitoring process, to improve their effectiveness as well as the follow-up of their recommendations, and to identify any reforms that might be required.;
- **take** adequate measures to address negative aspects of new technologies, in particular child pornography on the Internet, while recognizing the potential of new technologies for the protection of children from commercial sexual exploitation, through dissemination and exchange of information and networking among partners;
- **reaffirm** the importance of family and **strengthen** social protection of children, young people and families through awareness-raising campaigns and community-based surveillance/monitoring of commercial sexual exploitation of children;
- **commit** ourselves to promoting cooperation at all levels and to combining efforts to eliminate all forms of sexual exploitation and sexual abuse of children worldwide;
- **Declare** that the sexual exploitation of children must not be tolerated and **pledge** to act accordingly.

ANNEXURE IV
STOCKHOLM DECLARATION AND AGENDA FOR ACTION

DECLARATION:

122 Countries gathered in Stockholm during August, 1996 for the World Congress against CSEC representing Governments, NGO’s, ECPAT, UNICEF and other relevant agencies worldwide.

THE CHALLENGE:

- Every day more and more children are being exploited. The best interests of the child shall be a primary consideration in all actions concerning children. CSEC is a fundamental violation of children’s rights.
- A range of other complex contributing factors include economic disparities, inequitable socio-economic structures, dysfunction families, lack of education, urban-rural migration, gender discrimination, irresponsible male sexual behavior and armed conflict and trafficking of children.
- Criminals and criminal network and inadequate laws. Sexual transmitted diseases like HIV / AIDS.

THE COMMITMENT:

The World Congress reiterates its commitment to the Rights of the Child, bearing in mind the CRC and calls upon all States in cooperation with national and international organizations and civil society.

- High priority to action against commercial sexual exploitation of children (CSEC).
- Promote stronger cooperation among states for prevention.
- Review and Revise where appropriate Laws, policies, programs and their enforcement to eliminate CSEC.
- Promote adoption, implementation, and dissemination of laws, policies, programs, development and implement gender sensitive plans to prevent CSEC.
- Awareness, mobilization and enhance participation of private and public partners for prevention and elimination of CSEC.

AGENDA FOR ACTION:

The Agenda for Action aims to highlight existing international commitments, to identify priorities for action and to assist in the implementation of relevant international instruments. It recalls for action from States, all sectors of society, and national, regional, and international organizations against the CSEC:

- Coordination, interaction and promote better cooperation at Local, National, Regional and international level between States and NGO’s to plan, implement and evaluate measures against CSEC.
- Ensure access to services like health, formal and non-formal education and initiation of gender sensitive communication strategies and awareness campaign with special attention to prevent from family abuse and harmful traditional practices towards CSEC.
National Action Plan for Children

• Initiation and revision of laws to protect from CSEC and develop mechanism for monitoring and rehabilitation of children forced and involved in CSEC.
• Identify and encourage the establishment of national and international networks and coalitions among the civil society to protect the children from CSEC.
• For recovery and reintegration provide social, medical and psychological counseling and other support to child victims of commercial sexual exploitation and their families particularly suffering with sexually transmitted diseases.
• Ensure children participation for establishment and support network of young people as advocates of children to get their views, opinion to take action to prevent and protect from CSEC.

CABINET DECISION

Case No: 075/05/2006-1
Dated: 24/05/2006

The Cabinet Considered the Summary, Dated 6th April, 2006 submitted by the Ministry of Social Welfare and Special Education on “Draft National Plan of Action for Children” and granted approval to the proposed National Plan of Action for Children, as proposed at Para 5 (five) of the Summary.
CABINET DECISION

Case No: 075/05/2006-1

Dated: 24/05/2006

The Cabinet Considered the Summary, Dated 6th April, 2006 submitted by the Ministry of Social Welfare and Special Education on "Draft National Plan of Action for Children" and granted approval to the proposed National plan of Action for Children as proposed at Para 5 (fiv) of the Summary.
National Action Plan for Children

Decision

CABINET DECISION

Case No:075/05/2006-1

Dated: 24/05/2006

The Cabinet Considered the Summary, Dated 6th April, 2006 submitted by the Ministry of Social Welfare and Special Education on “Draft National Plan of Action for Children” and granted approval to the proposed National plan of Action for Children as proposed at Para 5 (five) of the Summary.