



Government of Pakistan

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SITUATIONAL ANALYSIS

of
Children
in Pakistan

2017

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The multi-phased approach highlights the participatory and highly consultative nature of the situation analysis process and large range of actors and stakeholders who have contributed to it. The support and inputs provided by the Government of Pakistan, Azad Jammu and Kashmir, Gilgit-Baltistan, Balochistan, Khyber Pakhtunkhwa, Federally Administered Tribal Areas, Punjab and Sindh has been critical to the completion and quality of the report. Inputs provided by UNICEF's civil society partners have been a great contribution to the well-roundedness of this report. Special thanks is due to Ms Marriyum Aurangzeb, State Minister for Information and Chairperson Parliamentary Taskforce on SDGs, for her continued engagement with UNICEF and endorsement of this report.

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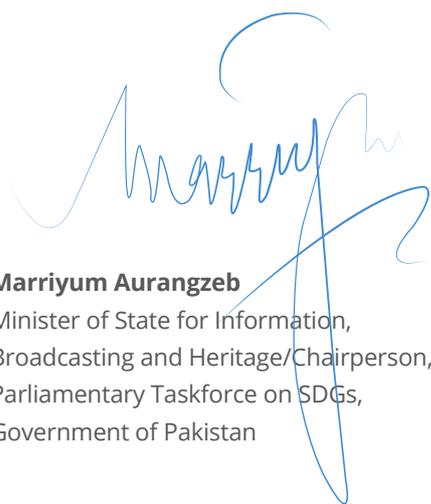
The information, wisdom, time and inputs shared by all the above and multiple others, evident in the quality of this report, are sincerely acknowledged and profoundly valued.

Foreword

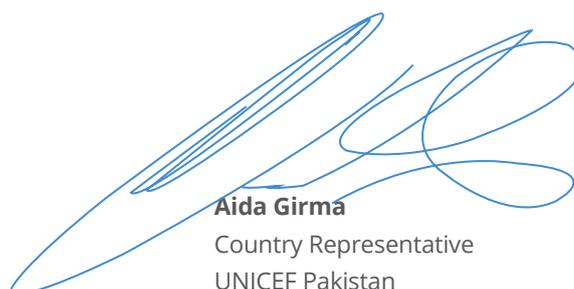
As the era of the Sustainable Development Goals (SDGs) dawns, the Government of Pakistan is pleased to present the report titled '*Situation Analysis of Children in Pakistan 2017*', in partnership with UNICEF. The analysis offers an objective review of specific issues relating to the rights of children in Pakistan, examining progress to date and highlighting what more needs to be done to improve the lives of all girls and boys across the country; ensuring their right to survive and thrive, to learn, to be protected from violence and exploitation, and to live in a safe, clean environment. The most vulnerable and disadvantaged girls and boys are at the forefront of this analysis, reaffirming Pakistan's commitment to the central aim of the global *2030 Agenda* – leaving no one behind.

The situation analysis preparation process has exemplified the partnerships that are critical for the achievement of the SDGs, the pursuit of equitable, sustainable economic and human development, and the fulfilment of child rights. Government representatives and a range of key stakeholders, at the national and sub-national levels, have been fully engaged in the analysis process. Through a series of consultations among a range of stakeholders mentioned in the report including key government ministries and departments, this cooperative, consultative approach has sharpened the focus and enhanced the utility of the analysis presented here.

We hope that, through the on-going success of our partnerships, we can continue to achieve tangible results that improve child well-being and uphold the rights of all children in Pakistan.



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Broadcasting and Heritage/Chairperson,
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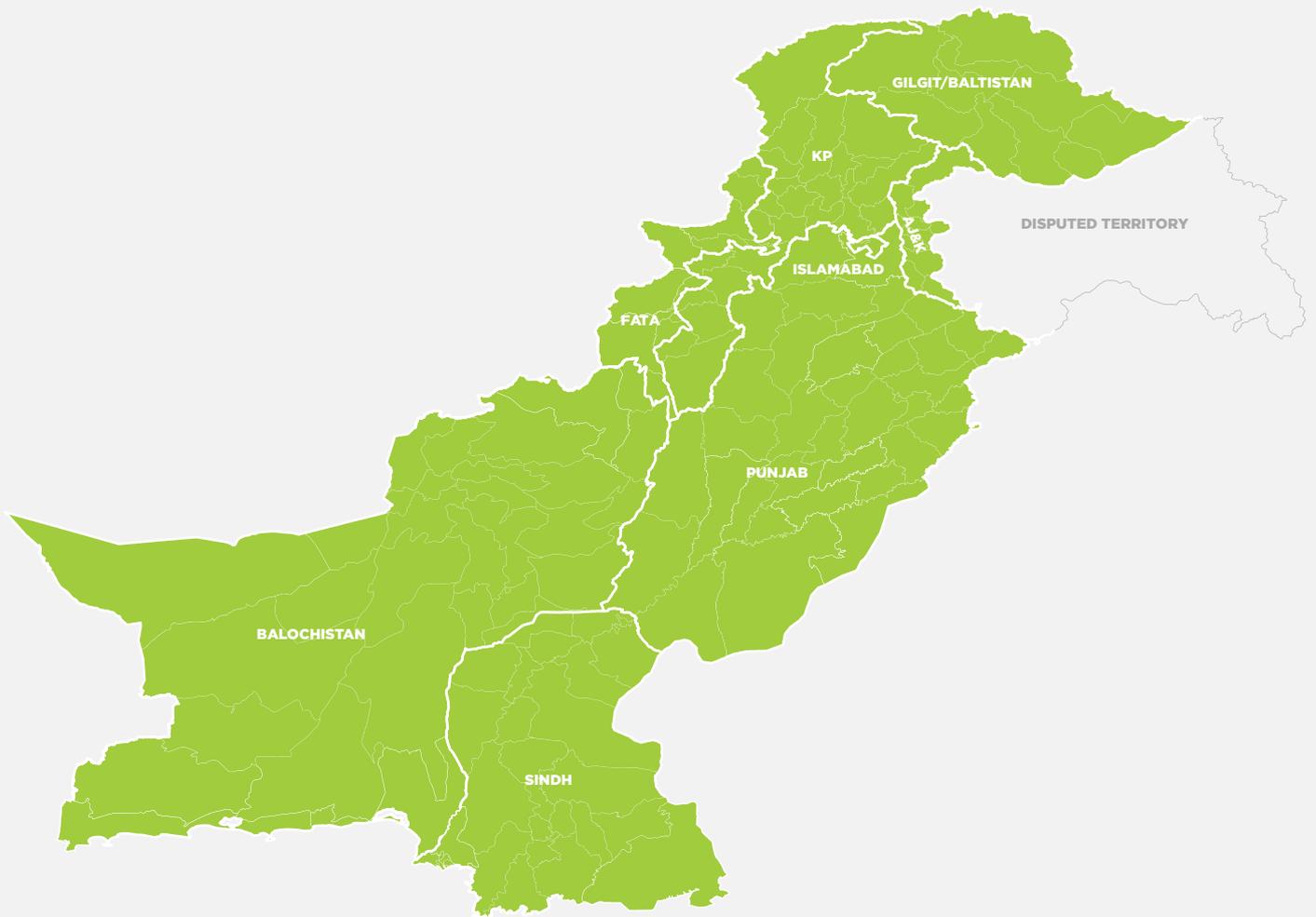
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Acronyms

AJK	Azad Jammu and Kashmir
ANC	Antenatal Care
ASER	Annual Status of Education Report
BISP	Benazir Income Support Programme
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CNIC	Computerized National Identity Cards
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DRR	Disaster Risk Reduction
ECE	Early Childhood Education
EFA	Education for All
EPI	Expanded Program on Immunization
FAO	Food and Agriculture Organization
GAVI	Global Alliance for Vaccines and Immunization
GER	Gross Enrolment Rate
GAPPD	Global Action Plan for Prevention and Treatment of Pneumonia & Diarrhoea
GB	Gilgit-Baltistan
GDI	Gender Development Index
GDP	Gross Domestic Product
GENAP	Global Every Newborn Action Plan
GII	Gender Inequality Index
GPI	Gender Parity Index
GVAP	Global Vaccine Action Plan
ICT	Islamabad Capital Territory
HDI	Human Development Index
HIES	Household Integrated Economic Survey
ILO	International Labour Organization
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
LG	Department of Local Government
LFS	Labour Force Survey
LHW	Lady Health Worker
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MoNHSRC	Ministry of National Health Services Regulation and Coordination
MoPDR	Ministry of Planning, Development and Reforms
MPI	Multidimensional Poverty Index
NADRA	National Database and Registration Authority
NCCWD	National Commission for Child Welfare and Development
NCSW	National Commission on the Status of Women
NEAS	National Education Assessment System

NEP	National Education Policy
NER	Net Enrolment Ratio
NFBE	Non Formal Basic Education
NNS	National Nutrition Survey
PDHS	Pakistan Demographic and Health Survey
P&D	Planning and Development Department
PHED	Public Health Engineering Department
PRSP	Pakistan Poverty Reduction Strategy Paper
PSLM	Pakistan Social and Living Standards Measurement
SBA	Skilled Birth Attendant
SDGs	Sustainable Development Goals
SUN	Scaling Up Nutrition
UNDG	United Nations Development Group
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VAWG	Violence Against Women and Girls
WFP	World Food Programme
WASH	Water Sanitation and Hygiene
WDD	Women Development Departments
WHO	World Health Organization
WSP	Water and Sanitation Programme
ALP	Accelerated Learning Program
ART	Anti-retroviral Therapy
CDA	Child Deprivation Analysis
CPWC	Child Protection Welfare Commission
CMYP	Comprehensive Multi-Year Strategic Plan
DFAT	Australian Department of Foreign Affairs and Trade
DFID	Department for International Development
DHDCs	District Health Development Centers
GAC	Global Affairs of Canada
EID	Early Infant Diagnosis
IRMNCH	Integrated Reproductive Maternal, Newborn, Child Health
MNCH	Maternal, Newborn and Child Health
U5MR	Under Five Mortality Rate
C4D	Communication for Development
CRMS	Civil Registration Management System
CRVS	Civil Registration and Vital Statistics
NADRA	National Database and Registration Authority
NEMIS	National Education Management Information System
NIPS	National Institute of Population Studies
PATS	Pakistan Approach to Total Sanitation
PHDCs	Provincial Health Development Centres
PHED	Public Health Engineering Department
PHWA	Protection Against Harassment at Workplace Act
PPTCT	Prevention of Parent to Child Transmission
SEDs	Special Education Departments

Map of Pakistan



Executive Summary

Children are the key to Pakistan's future prosperity. Today's children are tomorrow's productive workers and engaged citizens. With 39%¹ of Pakistan's population under 18 years, the latest data shows Pakistan having 80.4 million children in 2017.² This makes it imperative for programmes, interventions and policies to champion the rights of the child effectively. This is reflected in *Vision 2025*, Pakistan's national development framework, in which the Government commits to developing cognitive capital – an elemental building block of the country's economic growth strategy. UNICEF is committed to supporting the Government of Pakistan to ensure that all girls and boys grow up healthy, well-nourished, well-educated, protected from violence and exploitation, with adequate water and sanitation, and in an environment marked by gender equality and greater equity across geographic and socio-economic lines. Only in this way will Pakistan be equipped with the human, social and environmental capital that it requires to achieve the Sustainable Development Goals (SDGs), foment economic growth and compete effectively in the 21st century and beyond.

The *Situation Analysis of Children in Pakistan (SitAn)* takes into account progress made in recent years and outlines issues to be considered in policy-making, in order to strengthen the realization of the rights of the child. While taking stock of how far Pakistan has come, it identifies gaps and priorities for government-led programme interventions. The report aims to support national efforts and institutions in their quest to realize entitlements and uphold rights of all girls and boys as outlined in the Convention on the Rights of the Child (CRC). It also forms the basis for policy-making, legislation and adjusting UNICEF's programme interventions and strategies, so that these remain relevant to the lives of girls, boys and women, particularly the most vulnerable and disadvantaged members of these groups.

Pakistan has pledged its commitment to achieving the SDGs, adopting these global goals as Pakistan's Development Goals. This represents an historic opportunity to advance the rights of every child in the country. In addition to being a moral imperative, achieving SDG targets on child rights will be the harbinger of a more sustainable and prosperous country. The aspirations of the SDGs reiterate the aims of other international instruments which Pakistan has ratified including the CRC, the *Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)* and the *Convention on the Rights of Persons with Disabilities (CRPD)*. Several policies at the national and sub-national levels address the rights of the child – for instance, the most recent legislative milestone in this regard, Article 25A of the Constitution, the right to free, compulsory education for children between the ages of 5 and 16.

There is no doubt that Pakistan has made good strides on various fronts. It has expanded immunization coverage, particularly to eradicate polio. The country has significantly improved on clean drinking water and sanitation targets, reflected in the fact that Pakistan successfully met Millennium Development Goal targets on sanitation. Similarly, more children have been enrolled in schools in recent years than ever before. As we take stock of these gains, it is important to recognize that there is still much to be done.

¹ In order to better manage the length of the Situation Analysis and make the text more reader-friendly, the symbol '%' is used throughout the document in place of the term 'per cent'.

² All figures in this Executive Summary are properly cited in the complete Situation Analysis, please refer to the full document to cross-check specific data sources.

Key findings of the SitAn, cutting across all sectors, demonstrate that:

- **Where children live matters.** Marked disparities exist between Pakistan's provinces and regions, between rural and urban areas, as well as among districts. Overall, urban children enjoy better development outcomes and greater access to quality services – health care, immunization, proper nutrition, education, clean water and sanitation and birth registration – than their rural counterparts. Rural areas are comparatively more characterized by low school enrolment, economic exploitation, malnutrition, poor sanitation and early marriage. Similar disparities exist between provinces, where in Balochistan is generally the poorest and most deprived province.
- **Gender matters.** Girls are less likely than boys to access basic services and have, on average, consistently lower development outcomes. Young women and girls are disproportionately burdened by gender norms which impact their opportunities, mobility, pursuit of education, nutritional status and their right to be protected from violence and harmful practices, such as child marriage. Girls represent a higher proportion of out-of-school children aged 5-16, are more likely to marry before the age of 18, have lower rates of full immunization coverage and are less likely to receive treatment for illnesses, such as acute respiratory infections or diarrhoea. Nevertheless, boys are also disadvantaged by prevailing gender norms and equity-related inequalities. For instance, boys under the age of two are more likely than girls to be stunted and wasted. Gender norms also lead to boys being pulled out of school and pushed into the job market at a young age.
- **Child poverty matters.** Poorer children fare worse across all indicators. Children's developmental outcomes are severely restricted by their socio-economic background. When all three factors – geographic location, gender and poverty – converge, the intersectional disadvantage experienced by children is acute. For example, while a poor rural girl in Pakistan receives, on average, 0.75 years of education throughout her life, rich urban boys receive 10.76 years – a difference of 93%. Such disparities perpetuate inter-generational inequalities of opportunity and attainment.

Despite progress, far too many children in Pakistan suffer the consequences of malnutrition and insufficient maternal, infant and neonatal health care and immunization – issues which must be addressed to achieve progress on SDGs 2 and 3 ('zero hunger' and 'good health'). Every year 264,000 newborns in Pakistan die during their first month and 91,200 infants die before they reach their first birthday. In addition to newborn mortality being highest among the country's poorest quintile, disparities exist between urban (47 per 1,000 live births) and rural populations (62 per 1,000 live births), as well as within provinces and districts. Nearly 44% of Pakistan's children under the age of 5 are stunted. Hidden within this figure are even more alarming trends – half of all stunting is severe, a situation that sets Pakistan apart from other countries in the region. Stunting is also higher within households affected by food insecurity with severe hunger (52%) than in food secure families (38%). To ensure that **all children survive and thrive**, there is a clear need to improve nutritional status of children and women. In this regard, efforts to strengthen infant and young child feeding practices are key, for example by promoting breastfeeding, ensuring a minimally acceptable diet and preventing and addressing micronutrient deficiencies among both children and women. Equally essential is the need to focus on better health outcomes by ending preventable deaths among mothers, newborns, infants and children, while securing universal immunization for both children and women.

Pakistan has the unfortunate distinction of being second on the global ranking of out-of-school children. An estimated 22.6 million children between the ages of 5 and 16 are out-of-school at the primary, middle and secondary levels – 44% of the country's children (40% boys vs. 49% girls, a significant

gender gap). Pakistan's Net Attendance Ratio (NAR) for primary schools at the national level is very low (59.9% - male 62.9% and female 56.5%) and its primary school completion rate is even lower (52%). The NAR for middle schools and secondary education level is only 37% (male 39.7% and female 34%). Low attendance and completion rates are evident nationwide, as is a shrinkage in student learning in public schools – all serious concerns if the country is to meet the targets of SDG 4 ('quality education'). To ensure that **all children learn**, Pakistan will need to focus on getting out-of-school children into school, keeping students in school (especially girls in rural areas) and strengthening all aspects of its education sector, looking beyond issues of access alone to considerations of equity and the quality of education. Concerted efforts are required at every level from expanding and bolstering Early Childhood Education (ECE) as a means of preparing young children for learning and holistic growth, to improving enrolment, retention and completion rates in primary, middle and secondary schools. Alternative learning environments and non-formal basic education are fruitful avenues to pursue. Quality standards will have to be raised across the board, meriting a special focus on capacity development and continuous teacher training, as well as on creating child-friendly learning environments.

The country's low levels of birth registration (34%) are a hurdle for child protection, as are high levels of violence and exploitation experienced by children – the focus of SDG target 16.2. While significant disparities do not appear to exist between girls and boys, birth registration rates in urban centers are far higher than rural areas (59% vs. 23%). Disparities are also clear across wealth quintiles. To **protect all children from violence and exploitation**, it is necessary to spearhead birth registration while addressing corporal punishment, violent discipline by caregivers, violence against girls and women, sexual violence, child labour, child marriage, child trafficking and the neglect of vulnerable children, such as those with disabilities.

A dearth of adequate drinking water, coupled with poor sanitation practices – such as open defecation and a lack of water, sanitation and hygiene (WASH) facilities in communities and schools – give rise to diseases, ill-health, poor nutrition, infant mortality, weak educational outcomes and protection concerns. These issues have a marked bearing on SDG 6 ('clean water and sanitation'). Among the 25 million people lacking access to toilets and resorting to open defecation, girls and women face particular risks of gender-based violence when defecating in the open, especially at night. Only 46% of women use an improved sanitation facility, compared to 87% of men. Across all provinces, rural areas are more deprived of safely managed sanitation facilities and more households practice open defecation. To ensure that **all children live in a clean, healthy environment**, it is imperative that the availability, accessibility and quality of drinking water is improved. In tandem, access to improved sanitation services and facilities is necessary; particularly WASH facilities in schools, alongside a focus on ending dangerous practices, such as open defecation.

Disparities related to gender, geographic location and poverty that are manifest across all sectors. These especially reinforce deprivations for girls and boys with disabilities and special needs. To ensure that **all children benefit from gender equality and greater equity**, there is a need to focus on redressing disparities in such diverse spheres as education, health and immunization, food and nutrition security, child protection, WASH and access to resources. It is equally vital to address structural impediments to gender equality and challenge 'systems of discrimination', including inequitable gender norms, often justified in the name of culture, tradition, history or group identity.

The persistent challenges facing girls and boys in Pakistan are deeply rooted in poverty and a lack of social protection. Yet, other multi-faceted, systemic and complex root causes also exist. Institutional

bottlenecks and barriers underlie a number of hurdles that directly affect children. There is a lack of service coverage across the country, with a particularly pronounced impact in remote, rural areas. Service provision in devolved sectors³, such as health and education, is insufficient to cater to the sheer scale of public demand. Coupled with a lack of equitably distributed services, this leads to access constraints that disadvantage children. In addition to limited resources within social sectors, a lack of emphasis on capacity development or the training of skilled professionals hampers service delivery. Thus, it is not merely a question of allocations being limited, but it is also a matter of how allocations are spent. At present, most allocations go towards large-scale infrastructure projects and staff salaries rather than efforts to build capacity and improve quality of services. Challenges proliferate in the absence of legislative and policy frameworks in many key areas, as well as the limited enforcement of policies where these do exist. Difficulties in clearly delineating authorities' roles and responsibilities post-devolution add to institutional bottlenecks. Across the board, societal attitudes and harmful practices, particularly those linked to inequitable gender norms, systematically disadvantage girls and boys. Recurring natural disasters exacerbate these issues by straining coping mechanisms.

The rights-based approach followed by this SitAn recognizes that development outcomes are best achieved and sustained by establishing systems of governance and social norms that deliver on the rights of the child. These encourage policy makers to make decisions which are in the best interests of Pakistan's children; which benefit all girls and boys without discrimination; and that give children and their families a say in the decisions that affect them. Vast inequities do more than violate rights and imperil the future of children, they perpetuate inter-generational cycles of disadvantage and inequality, while reinforcing gender-specific biases that undermine the productivity of society as a whole. Overcoming inequities and advancing the rights of all of Pakistan's children – both girls and boys – will be the cornerstone of achieving the SDGs and ensuring a brighter future for the country.

In closing, the SitAn highlights a number of key conclusions and considerations as steps towards strengthening the realization of the rights of the child and progressing along the path of sustainable development in Pakistan. It is clear from the analysis that every policy and funding decision must prioritize the most vulnerable girls and boys in the country, in order to achieve large-scale, meaningful results in areas and spheres where deprivation is most severe. Examples of the detailed conclusions outlined in Chapter 8 '**Conclusions and Ways Forward**', include:

- Fostering an **enabling policy environment** for the rights of the child by, for example⁴:
 - The Government reviewing existing policies to better align them with national commitments, such as *Vision 2025*, and Pakistan's international commitments, including the SDGs, CRC, CEDAW and CRPD.
 - Ensuring that the most disadvantaged children in Pakistan are prioritized in national and provincial development plans.
 - Addressing communication dynamics through programmes and action plans led by the Government and its partners to, inter alia: prevent and mitigate diarrhoea, pneumonia and vaccine-preventable diseases; increase delivery by skilled birth attendants; promote improved nutritional practices for pregnant women and children; enhance hygiene and sanitation

³Decentralization took place under Pakistan's 18th Constitutional Amendment in (2010). This Amendment initiated a process of devolution which 'devolved' a number of federal functions to the provinces – specifically, it transferred greater administrative and financial powers to provincial and local governments. As such, responsibility for key social sectors such as health and education has been devolved to Pakistan's provinces.

⁴For the sake of brevity, only a few examples of the Situation Analysis' key conclusions are included in this Executive Summary. For a full list of conclusions, please see Chapter 8 of the Situation Analysis.

practices; enable inclusive access to schools, especially for girls; encourage demand for birth registration services; and prevent all kinds of violence against children.

- **Strengthening systems through capacity development, evidence generation, monitoring and evaluation** by, for example:
 - Enhancing policy implementation by building the capacities of government departments in all social sectors at the national, provincial and district levels. This should involve improving coordination between Federal and Provincial Governments, while ensuring that roles and responsibilities are clearly articulated. It is also essential to capacitate stakeholders in cascading provincial multi-sectoral strategies.
 - Further investments are needed in capacity development and skills enhancement for professionals who deliver services on the ground, such as health care professionals, Lady Health Workers (LHWs) and teachers, etc., in order to strengthen the quality of the services they deliver. Strengthening data disaggregation by sex, age, race, ethnicity, education, socio-economic status, disability and geographic location and other relevant characteristics. It will be equally essential to enhance the use of such data in planning and budgeting processes within the public sector taking into account special needs of children and mothers.
 - Fostering more cohesive coordination, sustained collaboration and stronger partnerships among all key stakeholders, across all sectors – from all tiers of government to UN agencies, donors, international organizations, the private sector, civil society, communities and individuals to enable Pakistan to make the progress needed for SDGs in health, nutrition, education, child protection, WASH and in terms of cross-cutting issues, such as equity and gender.
 - Formulating a national monitoring and evaluation (M&E) framework to gauge timely progress towards the SDGs as they relate to key rights of the child – including girls’ and boys’ right to survive and thrive (SDG 3) through improved health care and nutrition (SDG 2), their right to learn (SDG 4), their right to be protected from violence and exploitation, their right to live in a safe, clean environment (SDG 6) with adequate WASH services, and their right to realize their full potential by overcoming challenges, such as gender inequality and poverty (SDG 5, SDG 1 and SDG 10, among others).
- Spearheading **interventions for people on the ground** by, for example:
 - Ensuring all-encompassing, multi-sectoral integrated service delivery for women and children, underscored by enhanced collaboration between departments and expanded partnerships in both the public and private sectors.
 - Promoting low-cost, high-impact interventions to achieve improved newborn care, lower rates of stunting, and strengthened routine immunization and WASH facilities to reduce child mortality.



1

Introduction



Introduction

Pakistan's commitment to the *2030 Agenda for Sustainable Development* and its 17 SDGs (see Annex A) marks the dawn of a new era for strengthening the rights of the child. Unanimously adopted by UN Member States in 2015, the 2030 Agenda pledges the global community to end poverty, fight inequality and injustice, and tackle climate change by 2030. The SDGs are an ambitious universal 'plan of action for people, planet and prosperity' which represents a historic opportunity to advance the rights and well-being of every girl and boy. The equity-based pledge to 'leave no one behind' is especially critical to the SDG agenda. Upholding the rights of the child and ensuring that no child is left behind is a vital pre-condition for Pakistan to achieve the SDGs and develop the human capital it needs to compete, regionally and globally, in the 21st century.

This is the first *Situation Analysis of Children in Pakistan (SitAn)* by UNICEF Pakistan in the SDG era. It provides an objective and independent analysis of the rights of the child in Pakistan, in order to support national efforts and institutions, as well as to inform planning and bolster efforts to adjust UNICEF programme interventions and strategies. The SitAn is based on a comprehensive assessment of Pakistan's context related to the rights of all children, particularly the most disadvantaged. It offers a basis to make recommendations for future policy directions, programmes and actions. The SitAn forms a vital part of preparations for the next *UNICEF Pakistan Country Programme 2018-2022*.

The SitAn is framed by the four core programming principles of the United Nations' integrated programming, considered vital to ensure the UN system's substantive, coherent support for the implementation of Agenda 2030 and the SDGs. These are: (i) championing human rights and addressing inequalities and discrimination, including gender inequality; (ii) promoting sustainability, reducing environmental risks and increasing

resilience; (iii) leaving no one behind; and (iv) supporting accountability, underpinned by strengthened national capacities, and robust data. As such, the SitAn aims to achieve the following objectives:

- Analyze available relevant data on the rights of the child in Pakistan to better inform the strategic efforts of the Government of Pakistan, UNICEF Pakistan, as well as of development, civil society and private sector stakeholders;
- Contribute to national research on disadvantaged children and adolescent; and
- Leverage UNICEF's convening power to foster and support knowledge generation with all stakeholders, thereby helping to replicate successful interventions and take them to scale.

The discussion on relevant child rights is divided into seven chapters related to health and nutrition, education, child protection, water and sanitation and other cross cutting topics such as gender, equity and disaster risk reduction. In closing, the SitAn highlights a number of key conclusions and considerations as steps towards strengthening the realization of the rights of the child and progressing along the path of sustainable development in Pakistan. In so doing, it makes Pakistan's most disadvantaged and vulnerable children more visible for the purposes of decision-making, policy-making, legislation, budgeting and national research. The ultimate utility of the SitAn will be gauged by its analytical rigour, factual evidence and the participatory engagement of key stakeholders, reflecting high levels of national and institutional ownership. It will also be determined by the collective commitment it sparks to actions that strengthen the realization of the rights of the child across the country.

1.1 | SitAn Approach and Methodology

The SitAn adopts a systemic rather than a sectoral approach to analysing different dimensions of children's plight in Pakistan. It is developed under the overall ambit of UNICEF's *Guidance on Conducting a Situation Analysis of Children's and Women's Rights* (2012).⁵ It is also informed by other key international processes pertaining to children, particularly the *Concluding Observations on the Fifth Periodic Report of Pakistan* by the UN CRC Committee. In doing so, it discusses clusters of rights and corresponding SDGs for five priority areas - Health and Immunization, education, food and nutrition security, child protection, WASH as well as explicit national development priorities highlighted in Pakistan's policy framework documents. The same has been used as chapter headings) along with analysis of cross cutting issues such as equity, DRR and climate change. The framework that helps to organize the analysis relies on clusters of rights and their corresponding SDGs (see Annex A). As highlighted above, this means that the SitAn does not adopt a strictly sectoral approach, but rather a systemic approach that analyses different dimensions of the rights of the child, thus reflecting a holistic perspective of children's rights as indivisible and inter-related. A causality analysis examines shortfalls and inequities, as well as their causes, which probes beyond the immediate causes of the limited realization of rights to determine the underlying and structural causes of the issue. It also identifies bottlenecks and barriers relevant to critical determinants in the provision and use of essential interventions and services for children. In this way, it aims to support the establishment of a baseline for action to reduce inequities, analyse the level to which relevant child rights have been realized, and accelerate progress toward child development goals. These analyses are part of UNICEF's sectoral *Child Deprivation Analysis* reports. Learning from these CDA reports is used extensively in this SitAn, where relevant.

⁵United Nations Children's Fund Division of Policy and Strategy, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF, New York, 2012, <www.unicef-emergencies.com/downloads/eresource/docs/RightsbasedequityfocusedSituationAnalysisguidance.pdf>, accessed 8 January 2017.

The SitAn examines the strengths and challenges faced by national institutions, social policies, and legislative and budgetary systems that influence the realization of some of the key rights of children and adolescents. An examination of social norms, a legislative and policy analysis, a concern for budgets and an institutional analysis – including management and coordination mechanisms within and between institutions – are all important analytical components for understanding shortfalls related to the equitable fulfillment of rights for each of the key areas of social deprivation faced by girls, boys, adolescents, women, children with disabilities and other deprived groups. It is also important to address the issue of a lack of reliable, disaggregated data. This dearth of data limits decision makers' ability both to target the most vulnerable and to track progress on interventions, including establishing credible baselines for tracking progress on the SDGs. Limited data impedes advocacy efforts for groups facing the greatest inequalities and deprivations. It has also impacted the scope of the analysis presented in this document, as discussed below (see section on 'limitations').

Key issues addressed: The SitAn aims to make an important contribution to shaping Pakistan's national development strategies so as to accelerate the realization of the rights of the child. Child deprivation profiling⁶ involved asking who the most deprived children *are? where they are? and why* such deprivations persist? Specifically, through *Child Deprivation Analysis* reports prepared during the first phase for each sector, UNICEF and its partners analysed the following questions:

- Who are the most deprived groups of children in Pakistan, who are not receiving their entitlements as prescribed in the CRC? Where are they located?
- What various forms of deprivation and exclusion do children face and what determining factors give rise to, and perpetuate, deprivation?
- What are the underlying causes of inequity, including issues related to gender?
- What are the immediate and underlying structural barriers and bottlenecks to child and maternal well-being, as well as to their accessing and utilizing basic social services and other critical resources? How do child and maternal outcomes and trends differ across population groups and regions in Pakistan?
- What risks – such as natural hazards, etc. – are likely to affect patterns of deprivation and exclusion, or to create or exacerbate barriers and bottlenecks?
- What existing social, institutional and political factors – such as social norms, institutional capacities at all levels of government, accountability and coordination mechanisms, policy and legal frameworks– impede or could potentially support the creation of an enabling environment to fulfil children's rights?
- Does Pakistan's policy environment surrounding relevant rights of the child proactively address disparities and deprivations through legislation, policies and budgets?
- What programme and policy interventions, and resource mobilization options should be considered in future to address specific dimensions of inequity and persistent vulnerabilities?

The SitAn is based on a rigorous participatory and consultative methodology that necessitated participation and consultation among all key stakeholders, including relevant Federal and Provincial Government ministries and departments, as well as civil society partners in different phases. The process was rigorously supported by multiple research methods and techniques to triangulate available data from diverse sources, in order to formulate an evidence-based analysis. This multi-

⁶Achoba, I., Child Deprivation Profiling: Evidence-Informed Programming, PowerPoint presentation, UNICEF, New York, 2016.

layered process began in June 2016, with the preparation of in-depth *Child Deprivation Analysis* (CDA) reports for each sector – i.e. health, nutrition, education, water and sanitation, and child protection – by UNICEF Pakistan’s respective sector teams, in consultation with government and civil society partners through focused, detailed discussions in all of Pakistan’s four provinces to discuss the key issues mentioned above. Various analytical angles were used by each sectoral CDA report to identify key deprivations vis-à-vis child rights – identifying who the most deprived children are, where they are, and why deprivations persist, while taking into account specific provincial situations. The analyses also looked at the coverage of key interventions and social services which children and women are entitled to, as well as examining stakeholders and bottlenecks, including capacity gaps, supply, demand and the enabling environment. Each UNICEF programme consulted respective provincial departments and partners to ensure the validity of their analysis. During the third phase, *Provincial Prioritization Workshops* were held – in October and November 2016, in Karachi, Quetta, Lahore and Peshawar – with government counterparts, NGOs and UN agencies. The sectoral CDAs were validated, and deprivations for each province – as well as the interventions required to address them – were discussed and agreed upon. The results of these workshops were instrumental in finalizing the CDAs, which directly fed into the SitAn. To further augment the analysis during the last phase of the SitAn’s development, a broader desk review was conducted to provide an overview of the country-level situation regarding all identified deprivations.

A Rights-Based, Equity-Focused Approach: A Rights-based perspective in SitAn draws attention to the immense proportion of Pakistan’s population between the ages of 0 and 17 years old, while exhorting the importance of respecting, protecting and fulfilling the rights of this key part of society. Since a rights-based focus towards children also recognizes that children are the ‘subjects’ of rights and are thus ‘claim-holders’, rather than ‘objects’ with needs, therefore, the approach adopted by the SitAn focuses on the rights of the child, recognizing girls and boys as separate individuals with the right to participate in development processes, rather than treating them as the ‘targets’ of care and service provision. As such, it examines progress with regard to promoting and protecting the rights of the child in Pakistan, and the extent to which children in the country are able to enjoy their full set of rights. Throughout, the analysis focuses on ‘equity’ – that is, a fair chance for every child, the conviction that all children deserve the same chance to be happy, healthy and well-educated, to grow up strong and capable of contributing to society. The SitAn contributes to accelerated progress towards the SDGs most relevant to children in Pakistan by analysing evidence on persistent inequities. Also, emphasis is placed on understanding the root causes of gaps in realizing child rights – including in relation to all forms of discrimination, inequality, marginalization and exclusion. The SitAn also focuses on gaps in capacities to respond to these gaps, including with respect to the willingness to address inequalities and discrimination in a manner consistent with Pakistan’s international obligations. Emphasis is given to identifying gender disparities (both differences and inequalities), power dynamics and discriminatory access to resources, services and decision-making – all of which may affect girls, boys and women differently.

Literature Review: Where the SitAn’s desk review relied on secondary data, particularly already published quantitative and qualitative information, special efforts were made to use and rely on official government data and analysis, wherever possible. The literature review included:

- Key indicators which describe the status of children in a particular domain for five priority areas, coupled with assessments of child vulnerability based on national surveys, international reports

and other published sources. The analysis of data and information has been disaggregated, as far as possible based on data availability, by characteristics including sex, age, minority group, area of residence (urban/rural), location (national, provincial, district), education level, wealth quintile and disability. This wealth of data assisted the SitAn in identifying Pakistan's most vulnerable and excluded children;

- Existing legislation, policies and initiatives regarding key rights of the child, including national and international commitments;
- A comprehensive review of secondary data and research-based information. This entailed data-mining from multiple sources to shed light on children's plight in Pakistan by synthesizing new statistics; examining national policies, laws and trends; and exploring new research published since UNICEF's last SitAn in 2012. Special attention is accorded to data from the latest provincial MICS, PDHS, PSLM and other sources listed in the references section. As part of this exercise, several studies examining child issues in Pakistan at the national, provincial and district levels were reviewed.



Data Sources: Completing the SitAn process required the collection of substantial data across Pakistan's provinces and regions. For national-level data, the SitAn used the *Pakistan Demographic and Health Survey (PDHS) 2012-13*, the *National Nutrition Survey 2011 (NNS)*, the *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, the *Household Integrated Economic Survey 2015-16 (HIES)* and the *Pakistan Education Statistics 2015-16* by the Academy of Educational Planning and Management (AEPAM) and the *National Education Management Information System (NEMIS)*.

The analysis is also informed by available data from the most recent provincial *Multiple Indicator Cluster Survey (MICS)*, where available; and published reports by government departments, the UN, development agencies and NGOs (where no official government data exists). A number of UNICEF's unpublished reports were also used where specific child-related data or analysis was required, such as the *Child Deprivation Analysis (CDA)* reports prepared by each UNICEF Pakistan programme in support of the SitAn process.

Limitations: Limitations in the analysis stem largely from data constraints in terms of reliability, availability and timeliness. Since data from the 2017 National Census had only just been released when the SitAn was being finalized, key population figures from the Census are included. However, sectoral analyses do not incorporate these figures as they were completed before the dissemination of the Census' preliminary findings.

The availability of statistical data was uneven with respect to provincial MICS due to the varying years of data collection, as well as to indicators missing from previous MICS in provinces such as Khyber Pakhtunkhwa (KP) and Balochistan, and regions including the Federally Administered Tribal Areas (FATA) and Azad Jammu and Kashmir (AJK). It is worth noting that MICS were used as sources of data for Sindh and Punjab, where surveys were conducted in 2014, and for Gilgit-Baltistan (GB), where a survey took place in 2016-17. The last MICS survey in Balochistan was conducted in 2010, while surveys were conducted in 2008 in KP and AJK, and in 2007 in FATA. Data sources for certain issues were taken from various national databases listed above, since they contain the most recent data on key indicators in various provinces and regions. All available data sources are not consistent, up to date, or sufficiently disaggregated at the country level. A list of available data and gaps is provided in Annex B.

Moreover, while UNICEF recognizes that women's rights are central to sustainable development, within the scope of this SitAn, adolescent and women's rights are only discussed in the context of the rights of the child. When addressing sensitive issues, care has been taken to ensure a balance between examining all the key issues which affect Pakistan's children, alongside their underlying causes, and producing an analysis marked by consensus and the ownership of all key stakeholders.

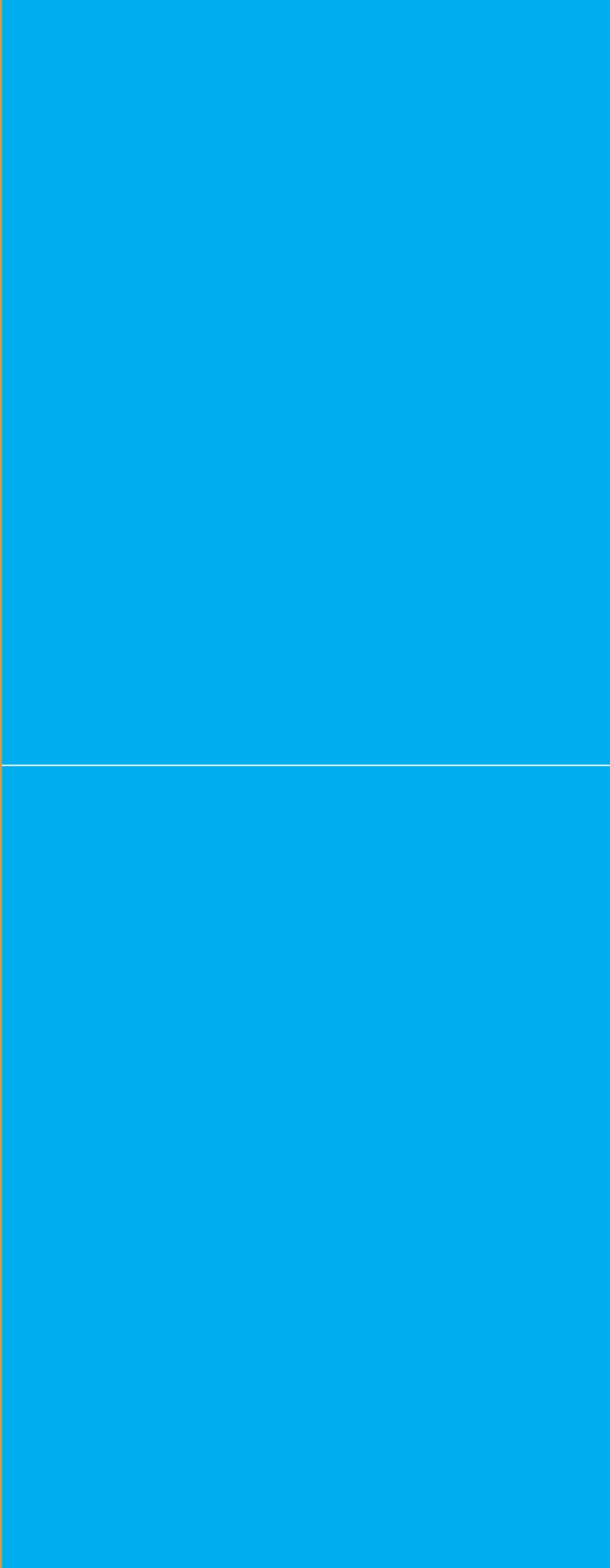
Research Ethics: Following UNICEF's *Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis* (2015), the SitAn's research team maintained the very highest professional standards, confidentiality, impartiality and transparency throughout the research process. The research process and methodology employed for this SitAn did not involve any direct interactions with children or marginalized sections of society.

Review and Quality Assurance Process: The preparation of the SitAn followed the guidance provided by the UNICEF Regional Office for South Asia, through its regional Planning and Monitoring Advisors, in the light of the guidelines set out in UNICEF's standard guidance on conducting SitAn. The multi-phased approach marked by the participatory and highly consultative process itself supported quality



assurance at different stages. From the government's side, the sectoral CDA reports were reviewed by relevant government partners and ministries and the final SitAn report was reviewed and endorsed by the Minister of State and Head of SDGs Parliamentary Taskforce. Within UNICEF, all chiefs of programmes and field offices and UNICEF's South Asia Regional Office were consulted repeatedly in the process of reviewing the SitAn – from its preliminary draft to its final version. Five major drafts were prepared, reviewed and endorsed by each UNICEF Chief of Programme. These were further reviewed by three international consultants. Along with national SitAn report, separate provincial summaries were prepared, highlighting major indicators for each province.





2

Context



Context

With a population of around 208 million, Pakistan is the world's sixth most populous country with around 39% of population comprising children (under 180-17) while 12% in the 0-4 year age bracket (early childhood) and 21% between the ages of 10 and 19 (adolescents).⁷ While the proportion of children and adolescents in the total population is expected to decline to 41% by 2022, their absolute number is projected to rise by 3.347 million, an increase of 4%.⁸ These figures may imply a potential demographic dividend, but will also pose serious challenges in terms of the provision of adequate services, education and jobs.

The preliminary findings of the 2017 national Census reveal that 36.4% of Pakistan's population is urban. As estimates of the urban population by other sources have often been far higher – for instance, the Agglomeration Index⁹ estimated that 55.8% of Pakistan's population was living in urban and peri-urban areas in 2010 – this may suggest the existence of considerable hidden urbanization.¹⁰ The immense size of the urban population has important implications for service delivery, particularly for children. In both urban (3.2%) and rural (4.2%) settings, fertility rates are high with the overall fertility rate at 3.8%. It should be noted that the fertility indicators mentioned in Table 1, below, do not fully reflect the challenges which Pakistan faces in terms of fertility. These were laid bare by the immense growth in the country's population size, found by the latest Census in 2017. Extremely high fertility rates directly impact child and maternal mortality, as short intervals between births lead to much higher mortality rates. High fertility rates also have a marked bearing on nutrition and education, given the difficulties of adequately

⁷ Government of Pakistan, Census 2017, Government of Pakistan, Islamabad, 2017.

⁸ National Institute of Population Studies, *Planning and Development Department Projections 2010-30*, Islamabad, 2010.

⁹ Developed for the World Bank Group's *World Development Report*, the Agglomeration Index proposes an alternative measure of urban concentration based on three factors: population density, the population of a 'large' urban centre, and travel time to this centre.

¹⁰ Ellis, Peter and Mark Roberts, *Leveraging Urbanization in South Asia: Managing Spatial Transformation for Prosperity and Livability*, World Bank, Washington, D.C., 2016, <www.worldbank.org/en/region/sar/publication/urbanization-south-asia-cities>, accessed 30 January 2017.

feeding or educating large numbers of children in a single household. Such fertility rates are grounded in intergenerational cycles of poverty – the poorest wealth quintiles, often concentrated in poorer districts, are unable to access proper health care, immunization coverage, nutrition security, education or WASH services. WASH services. Furthermore, these groups also tend to produce more than twice children with a fertility rate of 5.2% as compared to richest quintiles at 2.7%.¹¹

Table 1: Pakistan's key demographic indicators

DEMOGRAPHIC INDICATORS*	2013	2014	2015	2016	2017
Total Population (millions)	184.35	188.02	191.71	195.40	207.77
Urban Population (millions)	69.87	72.5	75.19	77.93	75.58
Rural Population (millions)	114.48	115.52	116.52	117.48	132.19
Total Fertility Rate (children per woman)	3.3	3.2	3.2	3.1	-
Crude Birth Rate (per thousand)	26.8	26.4	26.1	25.6	-
Crude Death Rate (per thousand)	7	6.9	6.8	6.7	-
Population Growth Rate (percentage)	1.97	1.95	1.92	1.89	2.4**

* All figures for 2013-2016 are projected figures, while figures for 2017 are from Pakistan's national Census 2017.

**Average Annual Growth Rate 1998-2017.

Source: Government of Pakistan, *Pakistan Economic Survey 2014-15*; *Pakistan Economic Survey 2015-16*; *Census 2017*.

Recent years have witnessed considerable economic progress in Pakistan, with the economy remaining resilient despite severe floods in 2010 and 2011, security concerns and pervasive energy shortages. After registering an average Gross Domestic Product (GDP) growth rate of 2.6% between 2007 and 2013, growth accelerated to an annual average of over 4.5% between 2013 and 2016 (4.71% in 2016, a modest increase compared to 4.24% in 2015).¹² 2017 witnessed growth of 5.28%, the highest rate recorded in over a decade.¹³ In fact, Pakistan's average annual GDP growth between 1998 and 2017 was higher than that of its regional peers, such as India, Iran and Bangladesh.¹⁴ Per capita income in US dollar terms grew by 6.4% in the 2017 fiscal year, reaching US\$1,629.¹⁵

The momentum of growth is attributed to a range of key sectors – agriculture, industry and services alike. The agriculture sector rebounded to a growth rate of 3.46% in 2017, compared to more muted performance in previous years associated with a decline in cotton production. The upswing in economic activity was also spurred by a combination of low commodity prices, increased spending on infrastructure, and reforms that lifted domestic demand and improved the business climate.¹⁶ The *China-Pakistan Economic Corridor* (CPEC) initiative, announced in 2015, is expected to bring US\$62 billion worth of investments into Pakistan. While this will provide the economy with considerable support, structural issues remain a concern for its future economic prospects.¹⁷

¹¹ Pakistan Demographic and Health Survey (PDHS) 2012-13

¹² United Nations Pakistan, Common Country Assessment Meta Analysis, UN Pakistan, Islamabad, 2017.

¹³ World Bank, *Global Economic Prospects: Weak Investment in Uncertain Times*. World Bank, Washington, D.C., 2017, <<https://open.knowledge.worldbank.org/bitstream/handle/10986/25823/9781464810169.pdf>>, accessed 4 February 2017.

¹⁴ Ministry of Finance, *Pakistan Economic Survey 2015-16*, Government of Pakistan, Islamabad, 2016, <www.finance.gov.pk/survey_1516.html>, accessed 10 February 2017.

¹⁵ Ibid.

¹⁶ World Bank, *Global Economic Prospects: Weak Investment in Uncertain Times*. World Bank, Washington, D.C., 2017.

¹⁷ The Economist, Intelligence Unit 'Short-term positives mask structural economic deficiencies', *The Economist*, London, 2016, <<http://country.eiu.com/article.aspx?articleid=1334864117&Country=Pakistan&topic=Economy>>, accessed 28 January 2017.

Although its macroeconomic outlook is largely positive, Pakistan faces significant governance and other challenges to achieving lasting sustainable development outcomes. Before elaborating on these issues, it is important to note that the country has made notable progress on a number of fronts – successes which now need to be taken forward and added to across the development spectrum. Especially notable are overall levels of poverty reduction; lower infant mortality, under-5 mortality and maternal mortality rates; an increase in net primary school enrolments; and increased immunization coverage for polio.

Nonetheless, poverty and underdevelopment remain daunting concerns. The country's low human development indicators dampen possibilities for human capital development, labour force productivity and the potential for further economic growth. Pakistan ranks 147th of 188 countries listed in the 2016 *Human Development Index* (HDI), with the bulk of its indicators registering below those of most other countries in South Asia (see Annex C). Although its HDI ranking has remained constant in recent years, it now falls in the 'Medium Human Development' category, with an HDI value of 0.550 in 2016, compared to a value of 0.538 in 2015 which categorized it as a 'Low Human Development' country. Between 1990 and 2015, Pakistan's HDI value increased at an average annual rate of 1.24%. The country's HDI ranking, however, has oscillated. It rose by 18 places between 2005 and 2009, before backsliding by 22 places in 2014 to its current ranking of 147th.¹⁸ The World Economic Forum's 2017 *Global Gender Gap Report* ranks Pakistan 143rd of 144 countries, indicating significant challenges in terms of gender equality.

Pakistan also has among the world's lowest rates of investment in education (2.3%) and health (0.76%)¹⁹ as a percentage of GDP, a fact which constrains efforts to develop human capital. Funds allocated to social services in the annual budget are often not fully spent. This is partly due to late transfers to ministries and provinces, and partly sparked by the need for strengthened planning and implementation capacity, particularly at the provincial level and in social sectors. As a result, access to education remains low, with the completion rate for primary education among the lowest in the world. Moreover, the low quality of education represents a major barrier to progress. Health outcomes have improved only slowly, while nutritional outcomes have not improved at all over the past two decades. In the case of some indicators, nutritional outcomes have actually deteriorated.²⁰

As Pakistan enters the SDG era, it faces the legacy of having achieved insufficient progress in terms of the Millennium Development Goals (MDGs). In 2013, Pakistan was on track to meet the targets of only 10 of the 34 indicators on which it reported progress under the MDGs.²¹ Targets missed included, among others, the Under-5 Mortality Rate, the Infant Mortality Rate, full immunization coverage, the Maternal Mortality Ratio (MMR), and all three targets related to achieving universal primary education. By 2015, Pakistan was on track to achieve targets related to even fewer MDG indicators, 9 in total, with progress on 24 indicators recognized as being 'off-track'.²² Nonetheless, the country met MDG 7's target for water and sanitation (91% and 64%, respectively) and Provincial Governments are committing resources to reduce WASH challenges, such as open defecation.²³

¹⁸ United Nations Development Programme, *Human Development Report 2016*, UNDP, New York, 2016, <http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf>, accessed 22 January 2017; United Nations Development Programme, *Human Development Report 2015*, UNDP, New York, 2015, <http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf>, accessed 22 January 2017.

¹⁹ Ministry of Finance, *Pakistan Economic Survey 2016-17*, Government of Pakistan, Islamabad, 2017.

²⁰ World Bank, 'The World Bank In Pakistan', World Bank, Washington D.C., n.d., <www.worldbank.org/en/country/pakistan>, accessed 02 March 2017.

²¹ Planning Commission, *Pakistan Millennium Development Goals Report 2013*, Government of Pakistan, Islamabad, 2013, <www.pk.undp.org/content/dam/pakistan/docs/MDGs/MDG2013Report/finalreport.pdf>, accessed 25 February 2017.

²² United Nations Development Programme, 'Eight Goals for 2015: Pakistan progress on the MDGs', UNDP, Islamabad, 2015, <www.pk.undp.org/content/pakistan/en/home/post-2015/mdgoverview.html>, accessed 25 February 2017.

²³ United Nations Economic and Social Council (ECOSOC), *Country Programme Document: Pakistan. UNICEF Executive Board, Second Regular Session 2017, E/ICEF/2017/P/L.24*, ECOSOC, New York, 2017.

Securing greater investment in pro-poor and social sectors will be critical to Pakistan's ability to achieve SDG targets. The lack of a national census since 1998 created uncertainty about the current status of many indicators. The country's first census in two decades took place during March to May 2017 and its preliminary findings have been made public. The final findings of the 2017 Census will be indispensable for setting baselines to track progress on development indicators, including against SDG targets. There is growing recognition that robust data collection and strengthening data systems is critical, as well as that concerted efforts and investment are needed to establish a credible baseline for monitoring and evaluating progress on the SDGs.

2.1 | Pakistan's National and International Commitments

International commitments: As highlighted in Chapter 1, Pakistan has pledged its commitment to achieving the interconnected SDGs, which represent a historic opportunity to advance the rights and well-being of every child in the country. Especially relevant for child rights is Pakistan's pledge to achieve SDG 1 ('no poverty'), SDG 2 ('zero hunger'), SDG 3 ('good health and well-being'), SDG 4 ('quality education'), SDG 5 ('gender equality'), SDG 6 ('clean water and sanitation'), SDG 8 ('economic growth and decent work'), the cross-cutting SDG 10 ('reduced inequalities') and SDG 16 ('peace, justice and strong institutions'), among others. This comes in the wake of Pakistan's commitment to the MDGs and Education for All (EFA) goals, both encompassing wide-ranging goals to be met by 2015.

The aspirations of the SDGs reiterate the aims of other international instruments which Pakistan has ratified. Pakistan is a state party to all major UN Conventions related to the rights of the child, including the CRC (ratified in 1990), CEDAW (1996) and the CRPD (2011). Other core international instruments it has ratified include the CRC Optional Protocol on the sale of children, child prostitution and child pornography (2011), the CRC Optional Protocol on the involvement of children in armed conflict (2016), the International Covenant on Economic, Social and Cultural Rights (2008), the International Convention on the Elimination of All Forms of Racial Discrimination (1966), the International Covenant on Civil and Political Rights (2010), the Convention Against Transnational Organized Crime (2010) and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (2010).²³ Pakistan is also party to key ILO Conventions, including the Minimum Age Convention (ILO Convention #138, ratified in 2006), the Worst Forms of Child Labour Convention (ILO Convention #182, ratified in 2001) and the Equal Remuneration Convention (ILO Convention #100, ratified in 2001).²⁴

National commitments: Pakistan's Constitution²⁵, the supreme national law, guarantees fundamental rights to all citizens (Articles 8-28). An individual's rights to life, liberty and dignity are considered inviolable (Articles 9 and 14). In tandem, it discourages all kinds of parochial, racial, tribal, sectarian and provincial prejudices among citizens (Article 33). The Constitution outlines specific prohibitions against torture and the elimination of all forms of exploitation (Article 3). It affirms that the state will not formulate any law which removes or restricts the fundamental rights enshrined in the Constitution, specifying that any law contravening this dictate will be rendered void (Article 8).

Articles 34 and 35 avow the full participation of women in all spheres of national life, alongside the protection of marriage, the family, mothers and children. Article 11(1) forbids slavery, declaring that no law shall permit human trafficking. Article 11(3) outlaws the employment of children under the age of 14 in any factory, mine or form of hazardous employment. In 2010, Pakistan amended its Constitution

²³ For more information see <http://www.ohchr.org>

²⁴ For more information see <http://www.ilo.org>

²⁵ Government of Pakistan, *Constitution of the Islamic Republic of Pakistan*, Government of Pakistan, 1973

to ensure the right to free and compulsory education through Article 25A – a legislative milestone, committing the country to providing free, compulsory education to all children between the ages of 5 and 16.

The country has also made great strides in translating international pledges into national commitments. For instance, a unanimous parliamentary resolution in 2015 adopted the SDGs as Pakistan's own national development agenda, making it the first country in the world to do so.²⁵ However, Pakistan has yet to adopt a uniform definition of a 'child' as any person under the age of 18, in line with Article 1 of the CRC.

2.2 | Governance and Policy Framework

To achieve sustainable, long-term development, a country needs wide-reaching social policies that uphold fundamental rights and foster human development, alongside a legislative framework which safeguards the rights of all citizens, particularly the poorest and most vulnerable. Pakistan's governance and policy frameworks have sometimes been unable to fulfil these aims, particularly as continuity in the country's policy and administrative structures has been affected by its history of alternating between civilian and military rule.

Nonetheless, recent trends bode well for its governance frameworks. In 2013, for the first time since Pakistan's foundation, a democratically elected government was able to complete its term in office. With a return to civilian rule in 2008, the country embarked on a major transformation of the state and its institutions. At the heart of this transformation was the devolution process initiated through a Constitutional Amendment (known as the 18th Amendment) in 2010, which created a new framework for power sharing between the federal and provincial levels, with major implications for service delivery across social sectors.

Devolution – progress and challenges: The 18th Amendment redefined the structural contours of the state, marking a paradigm shift from a heavily centralized structure to a predominantly decentralized federation. It did so by assigning responsibility for 53 subjects to the Federal Government, 18 subjects to the Council of Common Interests (CCI) and 17 remaining subjects to Provincial Governments. The issues that fall under the purview of Pakistan's provinces include education and special education; health; labour and manpower; local governance; rural development; women's development; population welfare; and social welfare. This transfer of power to the provinces required substantial changes to existing legal, regulatory and policy frameworks on devolved and shared subjects. As a result, Rules of Business were amended at the federal and provincial levels, and several new Acts were passed. The centre (federal government) does not take a leading role that provinces are expected to 'follow' – rather, standards and parameters are now set at the federal level for provincial legislative development and management.

Pakistan's provinces have evolved as administrative units with new departments, laws and oversight frameworks. Yet, this transition has also involved the absence of the platforms and capital needed to implement reforms and initiatives. Overall, the implementation and institutionalization of various reforms continue to face significant challenges in a country with a legacy of a dominant centre.

²⁵ Ministry of Planning, Development and Reform, 'Overview of SDGs', Government of Pakistan, Islamabad, n.d., <<http://pc.gov.pk/web/sdg/sdgpak>>, accessed 16 February 2017.

Although devolution aims to create a system of context-specific governance, in order to improve service delivery at the grassroots levels (district, tehsil (sub-district) and union council)²⁶, significant delays have impeded such improvements. Challenges were compounded by provincial reluctance to hold local government elections until 2015.

The implementation of the devolution process was completed in 2011, in terms of transferring functions, institutions, assets and projects. In practice, however, certain issues remain unresolved. The localization of authorities at sub-national levels is still evolving to empower district-level ownership of public programmes. This partly depends on the varying capacity of local governments to assume these functions. When the devolution process began, provinces were neither equipped, nor had adequate resources, to deal with the departments that came under their control. Accordingly, line departments at the provincial level were often overwhelmed by the tasks devolved to them, particularly downstream processes related to district administration. Despite its importance, inter-provincial coordination is still in its infancy, as yet unsupported by an effective overarching structure. As such, provinces have managed the transfer of devolved duties in isolation, particularly tasks related to the social sector.

Post-devolution, the Federal Government is no longer responsible for legislation related to the rights of the child in the provinces (except in the case of criminal law, procedures and evidence related to child rights). This includes administration and financial allocations, except in federal territories and those areas which are not part of a province. Thus, providing for the rights of the child by introducing specific legislation and policies – and ensuring their enforcement – is now a provincial responsibility. However, to date no mechanism exists to ensure effective implementation or accountability.²⁷

Policy framework: Pakistan's main national planning instrument is Vision 2025, prepared by the Planning Commission in 2014. It establishes a uniform direction for development at the provincial and federal levels, outlining the country's key priorities and goals. With its conception of "a state based on justice, dignity, security, and prosperity, without prejudice and discrimination"²⁸, Vision 2025 prioritizes economic growth and development grounded upon improving social indicators. Although Vision 2025 pre-dates the formal adoption of the SDGs by UN Member States in September 2015, its seven pillars are aligned with the SDGs. Links between Vision 2025 and the SDGs are explicitly mapped within the Vision 2025 document, with direct references to the global goals included as part of this policy framework.²⁹

Box 1: Key elements of Vision 2025 related to children, women and vulnerable groups

Nutrition: Reduce the food-insecure population from 60% to 30%. Focus on protecting the most food-insecure segments of the population through effective relief measures; increasing the production of critical food items, mainly in remote areas; strengthening nutritional education for high-risk groups (pregnant/lactating women, young children, the elderly and those with disabilities); and introducing innovative and cost-effective strategies.

²⁶ The administrative units of Pakistan consist of four provinces – Punjab, Sindh, Khyber Pakhtunkhwa (KP) and Balochistan – four regions – Islamabad Capital Territory (ICT), Gilgit-Baltistan (GB), the Federally Administered Tribal Areas (FATA) and Azad Jammu and Kashmir (AJK) – and three lower tiers of government – districts (*zillahs*), sub-districts (*tehsils*) and union councils (*sherwans*).

²⁷ United Nations Development Programme, 'Five Years of The 18th Amendment: Lessons Learnt, Milestones Achieved', *Development Advocate Pakistan*, vol. 2, no. 1, 2015.

²⁸ Ministry of Planning Development & Reform, *Pakistan Vision 2025*, Government of Pakistan, Islamabad, 2014, <<http://pc.gov.pk/vision/visiondoc>>, accessed 16 February 2017, p. ix.

²⁹ *Ibid.* p. 10.

Health: Reduce the Infant Mortality Rate (IMR) from 74 to less than 40 (per 1,000 live births) and the Maternal Mortality Ratio (MMR) from 276³⁰ to less than 140 (per 100,000 births), while also reducing the prevalence of diarrhoea by 50%. The vision is to expand the LHW programme to target poor female patients; bring fertility rates to levels consistent with maternal health; strengthen primary care with backup support in rural areas; train and place skilled personnel, including women medical officers, to promote family planning; establish a health emergency surveillance and response system; and implement a national plan for immunization.

Education: Increase the primary school enrolment and completion rates to 100%, the literacy rate to 90%, and raise the primary and secondary gender parity index to 1. The aim is to achieve this by targeting public expenditure on education, raising it to 4% of GDP by 2018, and to undertake comprehensive reforms in curricula, pedagogy, technology, governance, and assessment systems.

Water: Ensure access to clean drinking water for all and increase the proportion of the population with access to improved sanitation from 48% to 90%. Key targets in this regard include: providing safe drinking water, sanitation and hygiene (WASH) services for all; promoting water conservation; eliminating open defecation; enhancing domestic and industrial wastewater treatment and reuse; reducing pollution from water sources; and strengthening water-related disaster resilience.

Gender equality and women's development: Increasing the female workforce participation rate from 24% to 45%. This envisages a strengthened legislative framework to protect women's rights. Practices based on gender-discriminatory cultural patterns will be discouraged, including harassment at work, while the economic empowerment of women will be increased by ensuring access to education and enterprise. Day-care centres will be provided at offices to facilitate women working after marriage.

Inclusion of vulnerable segments: Reduce the poverty level by half. Vulnerable segments of society will be protected and encouraged by revamping and expanding the social protection system and social safety nets. Key steps envisaged include: the effective implementation of Plans of Action for Children; the promotion of an inclusive education system for children with special needs; the enforcement of a special quota in education and employment for non-Muslims and persons with special needs; and the encouragement of sports activities for persons with disabilities.

Source: Government of Pakistan, Vision 2025.

Provisions concerning the rights of the child appear in several specific Pakistani laws, acts and policy documents. Various legislative and policy-level initiatives are also worth highlighting in areas that affect children's well-being, such as education, nutrition, health, WASH and child protection. Article 25A, as noted above, cements the right to free, compulsory education for children between the ages of 5 and 16. Two major education policy interventions at the national level are also significant milestones, namely the *National Education Policy 1998-2010* and the *National Education Policy 2009*.

Landmark food and nutrition initiatives include the *Protection of Breastfeeding and Young Child Nutrition Act*. While it was passed in 2002, it took seven years before the rules of business related to the Act were

³⁰ It should be noted that Pakistan's MMR was recorded as 178 in 2015 (see the WHO, UNICEF, UNFPA, World Bank and UN Population Division publication, *Trends in Maternal Mortality: 1990 to 2015*). The figure of 276 deaths per 100,000 live births was noted by the *Pakistan Demographic and Health Survey (PDHS) 2012-13*.

notified, and another four years before the Infant Feeding Board was notified and began monitoring the Act's implementation in October 2013. The *National Health Policy 2001-2010* and the *National Health Policy 2009* both reiterate the need to focus on preventing and controlling diseases; improving reproductive health and child health; and reducing undernutrition and malnutrition. These policies mark a momentous shift away from the country's previous focus on the curative aspects of health. However, these policies have thus far not involved districts and provinces in the policy-making process. As a result, effective implementation remains elusive. Nevertheless, the *National Sanitation Policy 2006* and the *National Drinking Water Policy* have paved the way for provinces to draft laws and implement their own WASH policies.

In the sphere of protection, the *National Judicial Policy (NJP) 2009*, introduced by the Law and Justice Commission of Pakistan (LJCP), centres on the speedy resolution of juvenile offenders' cases. An overarching *National Plan of Action (NPA) for Children*, adopted in 2005, included targets and strategies up to 2015. A *National Child Protection Policy* has been drafted and is expected to prompt the adoption of a *Child Protection Bill*. Notable efforts to curb gender inequality are manifest in the *Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011*, the *Acid Control and Acid Crime Prevention Act 2012*, the *Protection Against Harassment at the Workplace Act (PHWA) 2010*, the *National Plan of Action (NPA) to Combat Human Trafficking* and the *Punjab Gender Policy*, approved by the province's Chief Minister in 2017.

At the federal level, the National Commission on Human Rights is mandated to work towards the protection and promotion of human rights for all, including children. However, its provincial chapters remain weak. The National Commission for Child Welfare and Development, within the Ministry of Human Rights, monitors, reviews and oversees the implementation of CRC Committee recommendations and Pakistan's overall commitment to the Convention.

Devolution has ushered in a plethora of provincial laws, bodies and administrative measures related to children and women. Commissions and Bureaus for the protection and promotion of the rights of the child – both girls and boys – now exist in all provinces except Balochistan, which does not yet have an operational Child Protection Department. Although greater provincial control over child rights' legislation allows the provinces to draft laws and adopt policies that address the specific needs of children, it has yielded disparities between provinces in the quality and type of child rights' legislation they offer (see Annex D). A lack of coordination among provincial departments tasked with child welfare has bred new concerns, such as delayed justice for children and adolescents who fall under the jurisdiction of more than one province. Similarly, capacity and resource concerns limit the National Commission on Status of Women's and provincial Women Development Departments' ability to effectively promote gender equality and women's empowerment.

Overall, the implementation of child-related laws in Pakistan needs to be enhanced. A lack of trained professionals in fields related to children (e.g. child protection, child participation, etc.) poses a critical government challenge. The need for capacity development and the provision of adequate financial resources to relevant ministries and departments at the federal, provincial and district levels cannot be over-emphasized. Furthermore, greater coordination is required between different stakeholders and government institutions. To improve the situation of children in Pakistan, institutional structures need to be strengthened, with an effective mechanism put in place for collaboration. As noted above, key initiatives will need to include capacity building for stakeholders working with and for children, as well as the allocation of adequate resources.

A longstanding concern is that the jurisdiction of laws in Pakistan does not include FATA and GB, and no laws covering the rights of the child have been passed specifically for these areas. This places the children of these regions at a disadvantage, and may lead to their fundamental rights not being observed. Where laws already exist, they are seldom implemented owing, in many cases, to the inadequate provision of resources and/or low administrative capacity.

2.3 | Public Financing: Child-Specific Investments

Limited domestic resource mobilization has serious implications for the country's ability to finance social spending, including spending on children's well-being and the rights of the child. This is evident in the case of Pakistan, with its low rates of tax revenue collection and extremely limited spending on social services. While clearly affected by the pace of overall economic growth, Pakistan's existing fiscal regime is weak when viewed through the lens of its tax-to-GDP ratio. This ratio rose from 9.8% in 2013 to 12.6% in 2016.³¹ Nevertheless, it remains low, placing Pakistan close to the bottom of country rankings denoting tax revenue collection globally.³² The country's tax base is very small, with an emphasis on regressive indirect taxation rather than more progressive direct taxation. However, it fares somewhat better than its regional peers Sri Lanka, Bangladesh and India, whose tax-GDP-ratios were 12.1%, 8.8% and 7.2%, respectively, in 2016.³³

Public expenditure on social services – such as education, health, nutrition and WASH – is considered critical for poverty reduction as it contributes to the formation and growth of human capital. Pakistan falls among countries which spend an extremely low share of their GDP on social services. It also lags behind on national and international commitments to children and women as a result of limited budgetary support to key social sectors, particularly health and education. Its performance is also affected by the under-utilization of development budgets at the district level and a lack of effective monitoring and evaluation of development projects.

Pakistan's budgetary system does not recognize children as a separate 'unit of allocation'. Therefore, children are neither a 'sector of development' nor a 'unit of expenditure' in the existing public financial management system. Instead, child-specific investments are scattered under sectoral programmes such as primary education, tertiary health care and social welfare. Accordingly, data availability is limited, both for assessing public financing and expenditure specific to children, as well as for tracking progress on the impact of multiple interventions targeting children. For example, no specific budget allocation exists for the protection of children's legal rights and official data is not available on this issue. Allocations are made through ad hoc policies, based on the priorities of the ruling Government. In this context, the analysis below is based on an examination of pro-poor expenditures, as well as budgets and allocations specifically for child-related programmes, as outlined in secondary data sources.

The changes implemented in Pakistan's decentralization framework have had a major impact on the Government's overall finances and functions. These include the 7th National Finance Commission (NFC) Award, which prescribes a formula for distributing resources among the federal and the provincial/

³¹ Asian Development Bank, *Key Indicators for Asia and the Pacific 2017*, ADB, Mandaluyong, 2017, <www.adb.org/publications/key-indicators-asia-and-pacific-2017>, accessed 10 February 2017.

³² Organisation for Economic Co-operation and Development, 'Revenue Statistics in Asian Countries', OECD, Paris, 2016, <<https://stats.oecd.org/Index.aspx?DataSetCode=REV>>, accessed 12 February 2017.

³³ Asian Development Bank, *Key Indicators for Asia and the Pacific 2017*, ADB, Mandaluyong, 2017.

district levels of government. The 7th NFC³⁴ resulted in a shift to calculating shares for provinces based on multiple criteria. These criteria encompass poverty/'backwardness' (10.3%), revenue generation (5%), area of inverse population density (2.7%) and provincial population (82%).³⁵ Thus, population is not the only factor for determining resource allocations to the provinces, as an emphasis on population size may have disadvantaged certain provinces, such as Balochistan and KP. The 7th NFC Award significantly increased the provincial share of federal revenue distribution. However, most of this increase was consumed by high inflation and the raised salaries of government employees.³⁶ The 8th NFC was constituted, but largely limited itself to monitoring the implementation of the 7th NFC Award. Deliberations on the 9th NFC are underway.

The key issue remains of how to incorporate measures to make devolution more meaningful in terms of raising the living standards of ordinary citizens by involving the third tier of government (i.e. representatives from local district governments and communities). Nevertheless, the NFC's positive impact on social sector development is evidenced by increased spending under the *Poverty Reduction Strategy Papers (PRSP)*.

An assessment³⁷ of the strengths and weaknesses of Pakistan's public financial management system hailed the preparation of multi-year fiscal forecasts and functional allocations as a milestone. *Medium Term Budgetary Framework (MTBF)* efforts have come a long way in preparing and presenting multi-year fiscal forecasts to the legislature. These forecasts comprise detailed budget estimates for three years for all ministries, on a rolling basis. Sector strategies for expenditures other than defence are also prepared, approved and mapped, featuring estimates of available resources. However, a number of constraints have been identified. These include gaps in overall expenditure controls, high levels of budget reallocations, gaps in in-year reporting on budget execution, the lack of a systemic internal audit function, weak procurement practices, the absence of internal audits and a dearth of timely legislative scrutiny.

Expenditure review: Pakistan faces the challenges of limited social development coupled with economic and socio-political concerns. Poverty reduction programmes are financed through both current and development expenditures. In 2014-15, total public expenditure stood at PKR 4,302 billion, encompassing current expenditure of PKR 3,463 billion and development expenditure of PKR 839 billion.³⁸ Over the past 5 years, current expenditure rose by 51%, whereas development expenditure increased by only 4%.³⁹

Social investments in the health sector are low (0.76% GDP)⁴⁰, considerably below the levels needed to achieve the SDGs. The education sector provides an illustrative example of the progress and

³⁴ The NFC's mandate is to make recommendations regarding: i) the distribution of specified taxes and duties between the federation and the provinces, ii) the disbursement of grants to Provincial Governments, iii) borrowing powers exercised by Federal and Provincial Governments; and iv) any other financial matter referred to the Commission. The vertical distribution between the federal and provincial levels is 42.5% and 57.5%, respectively. Based on this formula, Punjab has a share of 51.74%, Sindh of 24.55%, KP of 14.62% and Balochistan of 9.09%.

³⁵ Finance Department-KP, *White Paper 2016-17*, Government of Khyber Pakhtunkhwa, Peshawar, 2016, <www.kpkep.gov.pk/documents/White%20paper%202016-17.pdf>, accessed 19 February 2017.

³⁶ Consortium for Development Policy Research / Research and Advocacy for Advancement of Allied Reforms, *Pakistan's Public Expenditure Insights and Reflections*, CDPR/Raftaar, Lahore, 2015, <http://cdpr.org.pk/index.php/component/k2/download/42_b5d2eecff9f428dc3fdaca66111c9da4>, accessed 23 February 2017.

³⁷ World Bank, Pakistan: *Public Financial Management and Accountability Assessment*, World Bank, Washington D.C., 2012.

³⁸ Finance Division, Ministry of Finance, *Federal Budget 2015-16: Budget in Brief*, Government of Pakistan, <www.finance.gov.pk/budget/Budget_in_Brief_2015_16.pdf>, accessed 19 February 2017.

³⁹ Consortium for Development Policy Research / Research and Advocacy for Advancement of Allied Reforms, *Pakistan's Public Expenditure Insights and Reflections*, CDPR/Raftaar, Lahore, 2015.

⁴⁰ This is the figure for 2015-16 as quoted in the Pakistan Economic Survey 2016-17.

challenges experienced by Pakistan's social services. Public expenditure on education as percentage of GDP was 2.3% in 2017⁴⁰, up from 2.2% in 2015.⁴¹ The Government's commitment to investing 4% of GDP in education by 2018 has not yet been realized. However, following the 18th Amendment and the devolution of education, Pakistan's provinces have considerably increased allocations for education in their annual budgets. For instance, Punjab's spending on education rose by 46% over the past six years, increasing in real terms from PKR 155.15 billion in 2010-11 to PKR 286.51 billion in 2015-16. Expenditures increased by 90% in Sindh, from PKR 14.26 billion in 2011 to PKR 148 billion in 2015-16. This shows a clear a shift in public spending towards the education sector. It also suggests Sindh's efforts to catch up with national trends and, more specifically, with Punjab. In 2014, the economic composition of education sector spending revealed that 80% was spent on employees, primarily on salaries. This leaves extremely limited resources for other important issues, such as improving the quality of education, a major challenge discussed below. It also draws attention to the fact that an extremely high proportion of increases in social spending are being spent on salaries, with far lower investments in strengthening the capacity of human resources and improving quality. Public financing will have to prioritize these two issues across sectors to achieve progress on the SDGs. It will also be essential to overcome the health sector's persistent capacity gap. This is most apparent in planning and implementation, as vast resources are spent on a few large hospitals.

All four provinces have allocated a significant portion of their total budgets to education – 25% in KP and 20% each in Punjab, Sindh and Balochistan. Yet, it remains to be seen whether these resources will be effectively used. Sindh recorded the lowest utilization of its education budget in 2016, at only 79%, compared to 96% in KP, 82% in Punjab and 95% in Balochistan.⁴²

Table 2: Public sector health and education expenditure (provincial and federal) (PKR billion)

Years	EXPENDITURE ON EDUCATION				EXPENDITURE ON HEALTH			
	Current	Development	Total	% of GDP	Current	Development	Total	% of GDP
2010-11	276.23	46.57	322.81	1.8	23.00	19.00	42.00	0.23
2011-12	330.22	63.29	393.52	2.0	29.00	26.00	55.00	0.27
2012-13	428.94	50.90	479.85	2.1	92.00	33.00	126.00	0.56
2013-14	453.73	83.86	537.59	2.1	115.00	59.00	173.00	0.69
2014-15	499.98	98.33	598.31	2.2	130.19	69.13	199.32	0.73
2015-16	561.38	101.97	663.36	2.3	147.26	78.07	225.33	0.76
2016-17*	278.43	31.72	310.15	-	108.50	37.47	145.97	0.46
*Expenditures on education for 2016-17 (July-December, provisional)								
*Expenditures on health for 2016-17 (July-March)								

Source: Government of Pakistan, *Pakistan Economic Survey 2015-16*; *Pakistan Economic Survey 2016-17*.

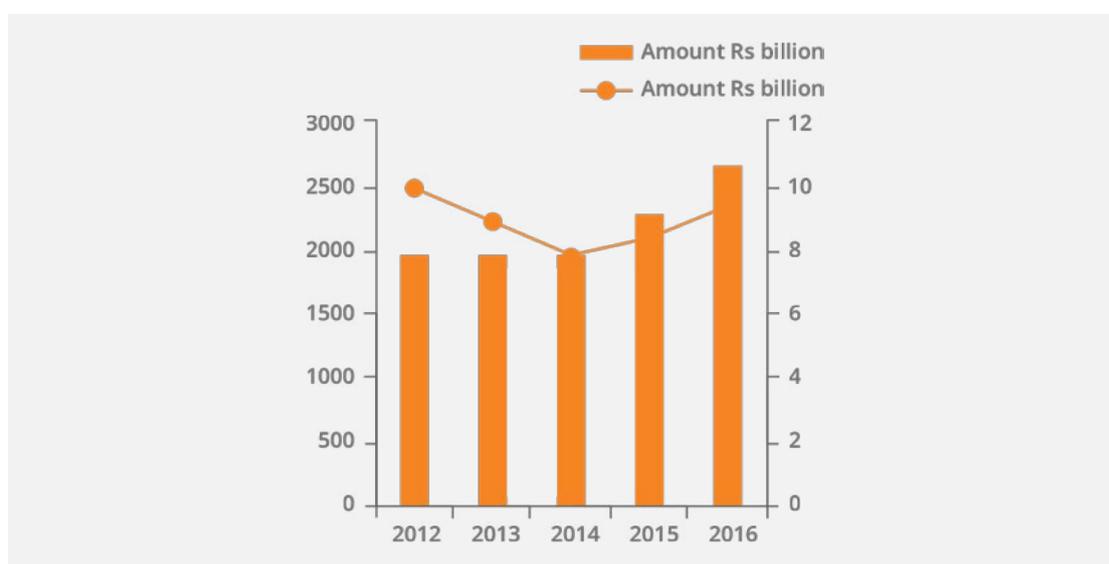
⁴⁰ Ministry of Finance, *Pakistan Economic Survey 2016-17*, Government of Pakistan, Islamabad, 2017.

⁴¹ Ibid.

⁴² Ibid.

Pro-poor expenditure: The Government has prioritized 17 pro-poor sectors through the *Medium Term Expenditure Framework (MTEF)* in the *Second Pakistan Poverty Reduction Strategy Paper (PRSP-II)*. These include the environment, water and sanitation, education, health, population planning, social security and welfare, natural disasters, agriculture and rural development, among others. In 2015-16, total expenditures in pro-poor sectors increased to PKR 2,694.6 billion. Since the adoption of the PRSP, pro-poor expenditures have grown as a percentage of GDP, from 8.5% in 2013 to 9.3% in 2015-16. However, expenditure on pro-poor sectors is not keeping pace with overall economic growth. Expenditure is lowest in Balochistan and highest in Punjab. Spending on human development and social safety nets amounted to only 3.07% and 2.31%, respectively, in terms of their GDP shares in FY 2014-15.⁴³ Not only are allocations for pro-poor and child-specific sectors low but, as highlighted above, the effective utilization of allocated funds also remains challenging.

Figure 1: Pro-poor expenditure as a proportion of GDP



Source: Government of Pakistan, *Pakistan Economic Survey 2015-16*; *Pakistan Economic Survey 2016-17*.

In terms of child-specific budgets and allocations, it is worth noting that child-specific funding as a proportion of Pakistan's total budget declined at the federal level between 2010 and 2014, falling from an already low 0.8% to 0.7%.⁴⁴ The share of child-specific budgets in Sindh and KP increased significantly in the same period. However, this share remained low in Punjab, the country's largest province, at 6.3%.

⁴³ Ministry of Finance, *Annual Pakistan Rural Support Programme (PRSP) Progress Report 2014-15*, Government of Pakistan, Islamabad, 2015, <www.finance.gov.pk/poverty/Annual_PRSP_Progress_FY_2014_15.pdf>, accessed 19 February 2017.

⁴⁴ Child Rights Movement Pakistan, *Budget Analysis from a Child Rights Perspective 2010-11 to 2013-14*, CRM, Lahore, 2013, <<https://resourcecentre.savethechildren.net/library/budget-analysis-child-rights-perspective-2010-11-2013-14-federal-and-provincial>>, accessed 10 March 2017.

Table 3: Total budget and allocations for child-specific programmes (PKR billion)

		2013-14 (Est.)	2012-13	2011-12	2010-11
Federal	Total Budget	3,985.0	3,478.3	3,109.7	2,620.3
	Child Budget	26.9	31.9	13.8	19.9
	Percentage (%)	0.7	0.9	0.5	0.8
Punjab	Total Budget	1,210.2	831.5	854.8	797.7
	Child Budget	76.1	30.9	38.1	33.8
	Percentage (%)	6.3	3.72	4.46	4.24
Sindh	Total Budget	703.5	591.2	568.6	394.9
	Child Budget	101.6	83.9	48.0	6.8
	Percentage (%)	14.5	14.2	8.5	1.7
KP	Total Budget	344.0	297.0	260.1	143.8
	Child Budget	86.6	9.3	11.8	9.4
	Percentage (%)	25.2	3.1	4.6	6.5
Balochistan	Total Budget	179.0	167.7	175.0	115.7
	Child Budget	14.4	15.2	16.0	13.0
	Percentage (%)	8.1	9.1	9.2	11.3
Total Child Budget		305.8	173.4	115.6	71.7
Education	Total Budget	72.7	48.2	55.2	41.4
	Child Budget	16.9	14.8	12.9	13.9
	Percentage (%)	23.3	30.7	23.6	33.6
Health	Total Budget	67.6	54.3	45.1	35.2
	Child Budget	8.3	4.7	0.7	5.9
	Percentage (%)	12.3	8.7	1.7	16.9
Social Welfare	Total Budget	2.9	8.9	31.1	1.9
	Child Budget	0.5	0.5	0.1	0.1
	Percentage (%)	18.6	5.3	0.4	7.5

Source: Child Rights Movement Pakistan, *Budget Analysis from a Child Rights Perspective 2010-11 to 2013-14*.

*Social safety net programmes for child welfare:*⁴⁵ Several government-led pro-poor programmes target the most vulnerable and disadvantaged people in the country, including women and children. The oldest is *Pakistan Bait-ul-Mal*, which provides financial assistance to the 'destitute, widows, orphans, invalids, the infirm and other needy persons'. It does so through programmes and services which focus on the 'poorest of the poor'. In 2015 alone, PKR 3,132 million was disbursed under the programme. The initiative emphasizes rehabilitation, particularly linked to child labour; educational assistance; residential accommodation; and necessary facilities for the needy.

⁴⁵ Ministry of Finance, *Pakistan Economic Survey 2014-15*, Government of Pakistan, Islamabad, 2015, <www.finance.gov.pk/survey_1415.html>, accessed 19 February 2017.

Another national-level social welfare programme is the *Pakistan Poverty Alleviation Fund* (PPAF). Created in 2000, it aims to improve the quality of life of poor and marginalized groups across the country. Since its inception, the programme has disbursed PKR 181 billion to over 1 million people. Its interventions seek to eradicate extreme hunger and poverty; promote gender equality and empower women; achieve universal primary education; improve maternal health; reduce child mortality; and establish and strengthen community-based institutions and non-governmental organizations (NGOs).

In 2008, the Government launched the *Benazir Income Support Programme* (BISP). This initiative provides cash transfers to eligible families in order to enhance the financial capacity of the poor, underprivileged and vulnerable people; reduce poverty; and promote the equitable distribution of wealth, especially for low-income groups and particularly for women. Since 2009, beneficiaries have grown from 1.7 million to 5.29 million, with annual disbursements rising from PKR 16 billion to PKR 102 billion. Cash transfers have totalled PKR 387 billion since the programme's inception. In 2012, the *Waseela-e-Taleem* cash transfer programme was initiated to encourage BISP beneficiary families with children aged 5-12 years to send their out-of-school children to primary school, or to continue the education of their 'in-school' children. As a result of this programme 1.1 million children have enrolled in primary schools, some 49.9% of whom are girls.⁴⁶

In the health sector, several initiatives have sought to increase child and maternal survival rates, as well as to provide basic facilities in less developed areas. One of the largest is the *LHW Programme*, which provides basic health care facilities for women and children, focusing on a number of critical health, nutrition and WASH interventions. These include improved hygiene, birth spacing, iron supplementation, immunization coverage, and ante-natal and post-natal coverage of pregnant women in local communities. Despite the Government's commendable efforts to deploy around 100,000 LHWs in all provinces, there are still gaps in terms of services due to large expanses of territory and population. Coverage varies across provinces, ranging from 44% in Balochistan (with 6,270 LHWs deployed)⁴⁷ to 80% in Punjab. Scores of women and children have also benefitted through the *Expanded Programme on Immunization* (EPI) that focuses on disease prevention through immunization, and the *Maternal and Child Health Programme* that provides neonatal and maternal health services for the poor.

Allocation of adequate and equitable resources for children and adolescents: Ensuring sufficient investments for children and adolescents – both girls and boys – requires continuous analysis of existing budget mechanisms, allocations and the efficiency of expenditures in key areas such as basic child health services, education and social protection. To this end, it is important to identify budget items directly related to children. However, such information is not readily available in Pakistan's official sources. As children and adolescents comprise nearly half of the country's population, there is a pressing need for more information on budgetary allocations and expenditures in social sectors that directly and indirectly affect children.

As outlined above, allocations for health (0.76%) and education (2.3%) jointly accounted for less than 3% of Pakistan's GDP in 2017. Pro-poor expenditures, including on the 17 priority sectors identified by the Government, were 9.3% of GDP in 2016, down from 9.7% in 2012. As discussed, the annual PRSP reports reveal that expenditures are highest in Punjab and lowest in Balochistan. These figures suggest overall low levels of expenditure on social sectors, which means low spending on protecting

⁴⁶ Benazir Income Support Programme, 'District Wise Gender Wise Enrollments', BISP, Islamabad, 2017, <<http://bisp.gov.pk/wp-content/uploads/2017/09/Gender-wise-enrollments.pdf>>, accessed 20 February 2017.

⁴⁷ As stated by the LHW Coordinator, Department of Health, Government of Balochistan.

and promoting the rights of the child. Provinces are constrained in terms of various resources, ranging from skilled human resources to logistical capacity and financial allocations. Since devolution began with the 18th Amendment, priorities and resources do not always conform to those envisaged in the original devolution plan.

2.4 | Multidimensional Poverty in Pakistan

Girls and boys affected by poverty face a range of challenges. Limited access to basic facilities not only disrupts their childhoods, it also keeps them at a disadvantage throughout their lives, with few opportunities for growth.⁴⁸ Some 35.7% of world's extremely poor children live in South Asia, mostly in rural areas. Children are more than twice as likely as adults to be living in households with extreme poverty. Younger children are the worst off, with approximately 20% of all children under-5 living in extremely poor households in the developing world. Children are especially likely to live in poverty in the absence of effective governance systems and policies, or in situations of economic volatility.⁴⁹

The immense proportion of children in Pakistan's population has implications for both public and private resource allocations. Based on the Household Integrated Economic Survey 2015-16, the country's average national household size is 6.31. Larger families are the norm in the first (poorest) quintile, while family sizes are much smaller among the fifth, richest quintile.⁵⁰ Thus, impoverished households have a heavy burden of dependents which stretches their limited household resources, often to breaking point.

According to Pakistan's first official report⁵¹ on multidimensional poverty⁵² between 2004 and 2015, nearly 39% of the population lives in multidimensional poverty. The highest rates of poverty are recorded in FATA (74%) and Balochistan (71%). Significant rural-urban disparities exist, with a higher proportion of rural inhabitants living in multidimensional poverty (54.6%) than their urban counterparts (9.4%). This is a major concern as 60% of Pakistan's population resides in rural areas.⁵³ Progress in alleviating poverty across regions and provinces is uneven, with notable disparities within provinces themselves. The incidence of multidimensional poverty is highest in rural Balochistan (85%) and lowest in Punjab (31%). The most striking feature of the intra-provincial distribution of poverty is the clustering

⁴⁸ Child poverty is the poverty experienced by children and young people without access to economic, social, cultural, physical, environmental and political resources vital for their well-being. Children and young adults who have experienced poverty often consider certain aspects most damaging, such as denial of opportunities that others enjoy, and insecurity of livelihoods and social relationships (Marcus et al., 2002). It is widely acknowledged that poverty harms children not only when it is experienced (Brooks-Gunn and Duncan, 1997), but also through longer-term consequences (Corak 2006; Esping-Andersen and Myles, 2009; Gregg and Machin, 2001). While many of the causes and manifestations of childhood poverty are common to poverty experienced by adults, there are some important different causes and effects that may have lifelong consequences. These include cognitive and physical impairment, where children become permanently disadvantaged and this perpetuates the cycle of poverty across generations.

⁴⁹ United Nations Children's Fund and World Bank, *Ending Extreme Poverty: A Focus on Children*, UNICEF, New York, 2016, <www.unicef.org/publications/index_92826.html>, accessed 20 February 2017.

⁵⁰ Consumption quintiles are used to distinguish the population according to their welfare. The poorest households are grouped into the first quintile, those with higher consumption into the second, and so on. Five quintiles rank the population from the poorest 20% to the richest 20%. Each quintile comprises 20% of the total population.

⁵¹ United Nations Development Programme, Oxford Poverty and Human Development Initiative and Ministry of Planning, Development and Reform, Government of Pakistan, *Multidimensional Poverty in Pakistan*, UNDP, Islamabad, 2015, <www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/Multidimensional-Poverty-in-Pakistan.html>, accessed 20 February 2017.

⁵² The report presents Pakistan's first national Multidimensional Poverty Index (MPI) based on the Alkire-Foster methodology. The MPI is a non-monetary index with three dimensions: education, health and living standards. Together, these enable calculations of the headcount ratio and average intensity of deprivation among the poor. The final product of these calculations is the 'MPI'. To tailor the measure to Pakistan's context and public policy priorities, 15 indicators were used for this national measure, instead of the 10 employed for the global measure. Within these 15 indicators, three indicators are included under the dimension of education (years of schooling, child school attendance and educational quality), four under health (access to health facilities/clinics/Basic Health Units, immunization, ante-natal care and assisted delivery) and eight under living standards (water, sanitation, walls, overcrowding, electricity, cooking fuel, assets and a land/livestock indicator specifically for rural areas). Each of the three dimensions carries an equal weight of one-third of the MPI.

⁵³ Ministry of Finance, *Pakistan Economic Survey 2015-16*, Government of Pakistan, Islamabad, 2016.

of poor people in certain geographic regions within each province, reflecting the stark inequalities mentioned above. These range from a 90% rate of multidimensional poverty in some districts (mostly in Balochistan) to a rate of 10% in large cities such as Islamabad, Lahore and Karachi.

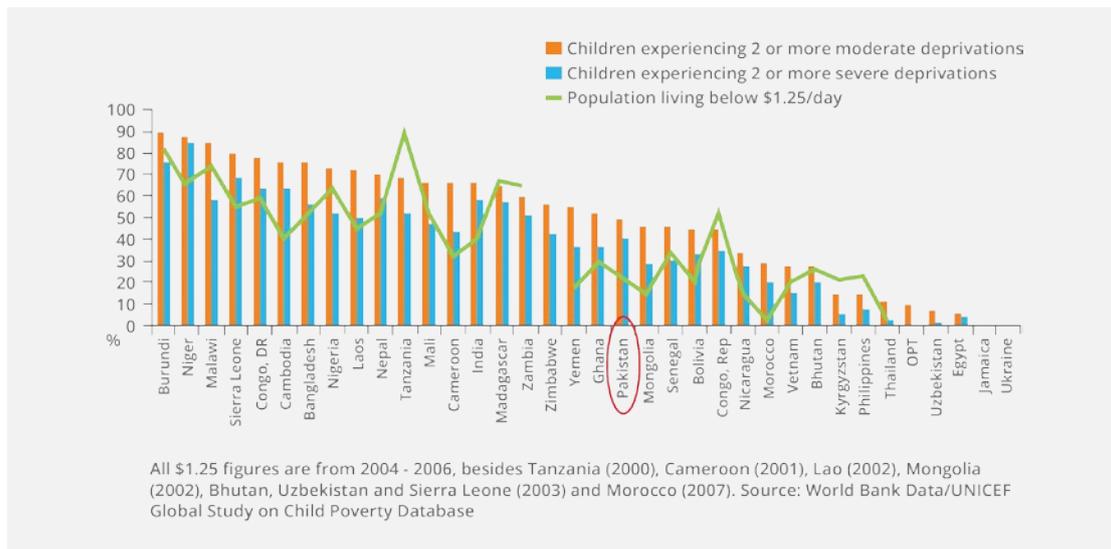
It is imperative that child poverty be measured as distinct from general household poverty, given its far-reaching and inter-generational impact. Measuring child poverty in Pakistan is complicated due to the limited availability of indicators at each level – from the national level, to the household level, to the level of the individual child. Government sources do not include estimates of child poverty. However, their figures can be used to extract child-specific information related to poverty. A UNICEF research paper⁵⁴ compares multidimensional child poverty and income poverty in Pakistan to other countries, based on a deprivation assessment matrix. Over 20% of Pakistan’s population is income-poor, living on under US\$1.25 per day.⁵⁵ Some 40% of children, however, suffer from multidimensional poverty – that is, they experience two or more forms of severe deprivation – and slightly fewer than 50% of children experience two or more forms of moderate deprivation.



⁵⁴ United Nations Children’s Fund Division of Policy and Practice, *A Multidimensional Approach to Measuring Child Poverty*, UNICEF, New York, 2011.

⁵⁵ US\$ 1.25/day was the World Bank international poverty line in 2008. In October 2015, the new global line was defined as US\$1.90/day.

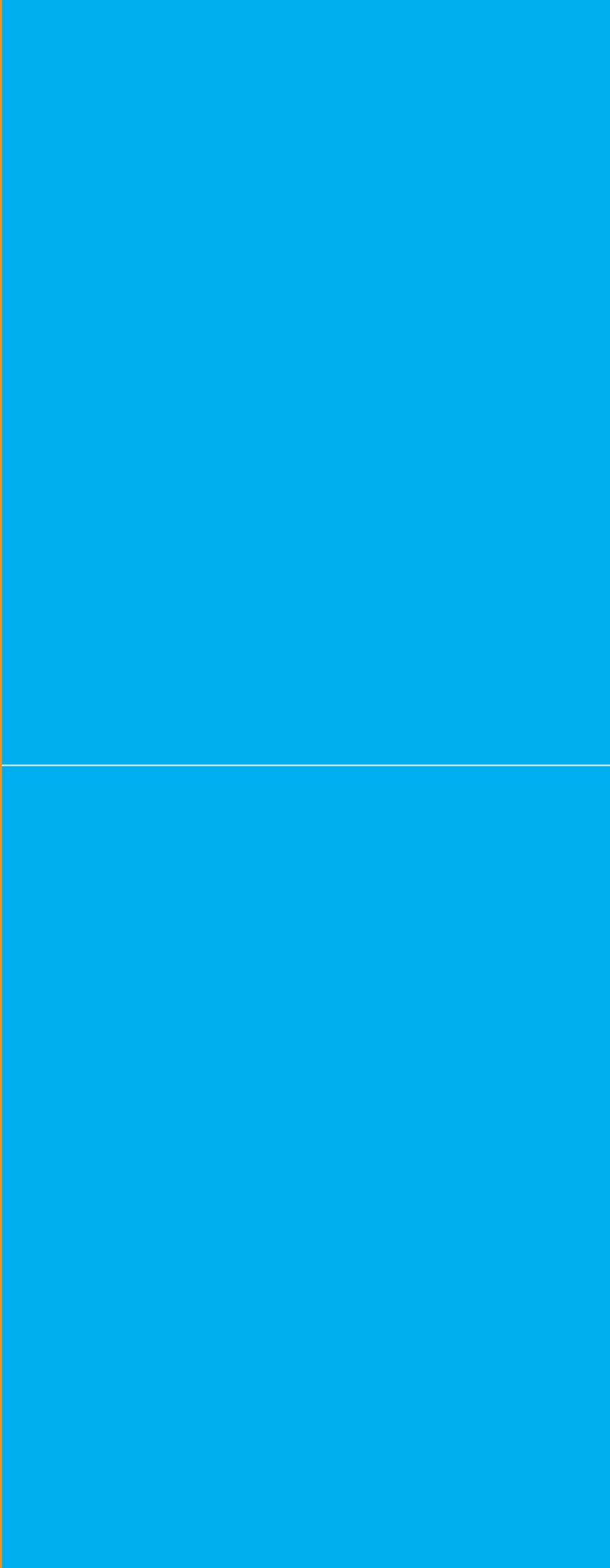
Figure 2: Multidimensional child poverty and income poverty: Country comparison



Source: UNICEF, *A Multidimensional Approach to Measuring Child Poverty*.

The SDGs mark the first time a set of global goals includes a specific goal related to child poverty. Goal 1.2 commits the global community to the following: “By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions, according to national definitions.” Echoing this pledge, reducing multidimensional poverty is one of the core objectives of Pakistan’s *Vision 2025*. The national priorities of inclusive and balanced growth discussed in *Vision 2025* are intended to benefit everyone, especially the most marginalized. This is in line with Pakistan’s SDG commitments, particularly to SDG 1 (‘no poverty’). An important policy lesson worth highlighting here is that poverty reduction efforts in different areas must recall the disparities in poverty rates between and within provinces, regions and rural/urban locations. Reducing poverty requires varied, specific interventions, depending upon the extent of deprivations and the intensity of poverty.





3

All Children
Survive and
Thrive



All Children Survive and Thrive

Healthy, well-nourished children are the key to Pakistan's future prosperity. Girls' and boys' right to survival is a grave concern for the country's ability to achieve the SDGs, especially SDG 3 ('good health and well-being') and SDG 2 ('zero hunger'). In addition to being a moral imperative, children's ability to survive and thrive will be a major deciding factor in whether Pakistan is able to develop the human capital it needs to succeed in the increasingly competitive globalized economy. Healthy children today become tomorrow's healthy, productive workers and responsible citizens able to contribute to society.

The most glaring inequity of all involves disparities in child survival. Far too many children in Pakistan suffer the consequences of malnutrition and insufficient maternal, infant and neonatal health care – all particular concerns highlighted by the SDGs. Health coverage across the country is limited. Serious inequities exist in the use of public health services due to demographic, geographic, economic, social and, at times, gender-related barriers. High infant mortality rates (IMR) and neonatal mortality rates (NMR) indicate that children's right to survival is grimly compromised at the very start of their lives. Pakistan ranks 23rd in the world for its under-5 mortality rate (U5MR).⁵⁵ Limited progress in reducing child mortality rates over the past 20 years is a matter of concern, as are high disparities among different districts –Pakistan's poorest areas are the site of exceptionally high U5MR.⁵⁶

Undernutrition is a major contributing factor to under-5 deaths in Pakistan. Sixty one per cent of the country's districts are food insecure, i.e. respondents from these districts do not feel that they have adequate resources to meet their food needs.

⁵⁵ United Nations Children's Fund, *The State of the World's Children 2016: A Fair Chance for Every Child*, UNICEF, New York, 2016, <www.unicef.org/publications/index_91711.html>, accessed 06 March 2017.

⁵⁶ All latest provincial MICS surveys indicate these huge disparities among districts in all provinces.

Nutrition insecurity is equally widespread, meaning that critical vitamins and minerals are missing from diets either because of poor food choices or because people are simply unable to afford nutritious food.⁵⁷ Both of these insecurities affect the future of Pakistan's children, perpetuating inter-generational inequalities of opportunity and attainment. Some 62% of Pakistan's children are anaemic, more than half suffer from Vitamin A deficiency, and 40% are deficient in both zinc and Vitamin D.⁵⁸ Clearly, more needs to be done to address such inequities, including by tackling all traditional, cultural or other practices that are harmful to children's health and development. This chapter's analysis mirrors a life-cycle approach, since certain dimensions of deprivations are specific to different age groups and do not apply to all children. Therefore, it is necessary to analyse the fulfilment of rights by age group.⁵⁹

Relevant child rights: Health and good nutrition are fundamental rights enshrined in national and international instruments, conventions and treaties signed and ratified by Pakistan. As noted above, SDGs 2 and 3 specifically focus on the twin pillars of nutrition and good health – issues which cut across the global goals as a whole. The CRC affirms that every child has the inherent right to life (Article 6) and that their best interests should be the primary consideration in all actions that concern them (Article 3). It specifies that all children have the right to enjoy the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation (Article 24). The CRC's provisions include ending infant and child mortality, providing necessary medical assistance and healthcare to all children, ending malnutrition, and making appropriate pre- and post-natal care available for mothers. Article 23 also recognizes the right of children with disabilities to a full and decent life, as well as to special care.

CEDAW commits state parties to uphold the well-being of mothers and children. Articles 10, 11 and 12 call for all appropriate measures to eliminate discrimination against women, particularly in the field of healthcare and in connection with pregnancy, confinement and the post-natal period. It exhorts countries to ensure adequate nutrition for women during pregnancy and lactation. Article 14 calls for access to adequate health care facilities for rural women, including information, counselling and family planning services. The CRPD reaffirms that every human being has the inherent right to life and the highest attainable standard of health, on an equal basis with others and without discrimination based on disability (Articles 10 and 25).

⁵⁷ United Nations Children's Fund Pakistan, *Nutrition Child Deprivation Analysis*, UNICEF, Islamabad, 2016.

⁵⁸ Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

⁵⁹ The term 'children' refers to individuals from birth to the age of 18 – thus, the developmental context should also be addressed by separating data, where possible, by age group and the rights of the child relevant to that age cohort. From a life-cycle perspective, the most crucial time for meeting a child's nutritional requirements is in the first 1,000 days of life – from conception through to a child's second birthday. During this time, children's nutritional needs increase to support their rapid growth and development. They are more susceptible to infections, have heightened sensitivity to biological programming and are completely dependent on others for nutrition, care and social interaction. The ages of 3-4 years are also an important milestone, when a child's brain is rapidly adapting to the environment. Studies show that children who experience poverty during their pre-school and early school years have lower rates of school completion than those who experience poverty when they are older. Therefore, interventions during early childhood may be the most significant in reducing poverty's impact on children.

Box 2: Concluding observations of the CRC Committee related to child health and nutrition in Pakistan

The CRC Committee encouraged Pakistan to take several immediate actions related to child health and nutrition, including:

- Prevent and combat malnutrition, especially among vulnerable and disadvantaged groups of children, such as children living in poverty and Dalit children.
- Provide, as a matter of the highest priority, access to safe drinking water and sanitation.
- Increase budget allocations to health and expand quality health care services, especially to rural areas.
- Provide easy access to quality maternal and neonatal care, especially in remote rural areas.
- Provide all children from birth to 5 years old, especially in FATA, with a package of health services including immunization (e.g. polio, measles), and raise awareness among communities about the importance of vaccinations.
- Provide children throughout the country with adequate health facilities and quality medical services by trained medical professionals, with particular attention to children of internally displaced persons.
- Take all necessary measures to significantly reduce the rate of under-5 child mortality to achieve the target of no more than 25 per 1000 live births, and reduce neonatal mortality to no more than 12 per 1000 live births by 2030.
- Introduce measures to prevent mother-to-child transmission of HIV/AIDS and provide anti-retroviral drugs to affected pregnant women.

Source: Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child on the Fifth Periodic Report of Pakistan: June 2016*.

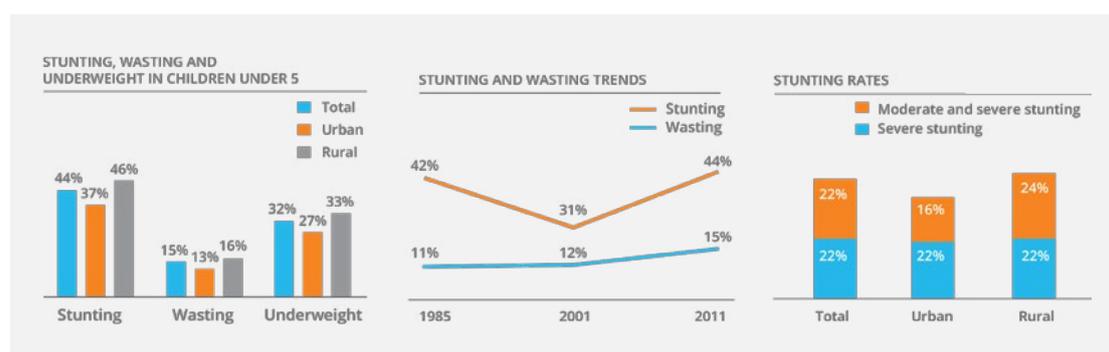
3.1 | Nutritional Status

Stunting, Wasting and Underweight Children Under-5

State of deprivation: **'Stunting', 'wasting' and children being 'underweight'** are indicators used to gauge the prevalence of childhood malnutrition worldwide, and are specifically included in the SDGs. Stunting (inadequate height for a child's age) denotes early chronic exposure to undernutrition. Wasting (inadequate weight for a child's height) belies acute undernutrition. Being underweight (inadequate weight for a child's age) is a composite indicator that includes elements of both stunting and wasting. National level figures differ across various sources, such as *PDHS 2012-13* and *NNS 2011*. Nonetheless, the prevalence of stunting, wasting and children being underweight is high – at 44%, 15% and 32%, respectively (see Annex F). Hidden within these figures are even more alarming trends – half of all stunting is severe, a situation that sets Pakistan apart from other countries in the region. Stunting is worsening, rising markedly between 2001 (31%) and 2011 (44%). Wasting rates have also risen, from 12% in 2001 to 15% in 2011.⁶⁰

⁶⁰ Planning Commission, *National Nutrition Survey (NNS) 2001 and 2011*, Government of Pakistan, Islamabad, 2001,2011;

Figure 3: Stunting, wasting and underweight children under-5



Source: Government of Pakistan, *National Nutrition Survey (NNS) 1985*; *National Nutrition Survey (NNS) 2001*; *National Nutrition Survey (NNS) 2011*.

While stunting rates in Pakistan are increasing, neighbouring countries have successfully reduced the phenomenon. Pakistan now has the highest rate of stunting in the region, compared to 41% in Afghanistan, 39% in India and 36% in Bangladesh.⁶¹ Only 14 countries are home to 80% of the world's stunted children – Pakistan ranks third in the world for stunting. In total, Pakistan accounts for 6% of the global burden of stunting, with 9.6 million stunted children.⁶² The deterioration in stunting over time, coupled with the high prevalence of wasting, reflects poor performance in improving children's nutritional status.

The most recent data from various provincial MICS (2014-2016) indicates that the prevalence of stunting among children under-5 is at 'moderate and severe'⁶³ and 'severe'⁶⁴ levels. Sindh has an extremely high prevalence of moderate and severe stunting (48%), the highest among Pakistan's provinces.⁶⁵ Rates are similarly high in KP (41.9%)⁶⁶, although they are declining from levels recorded in 2011 (47.8%). FATA's incidence of stunting is even more acute (49%)⁶⁷ yet it marks an improvement from significantly higher levels (58%) in 2011. While Punjab fares better, moderate and severe stunting still affects over a third (33.5%) of children under-5⁶⁸, albeit fewer than in 2011 (39.2%).⁶⁹ Of this number, 13% suffered from severe stunting. Evidently, no part of the country is left unscathed.

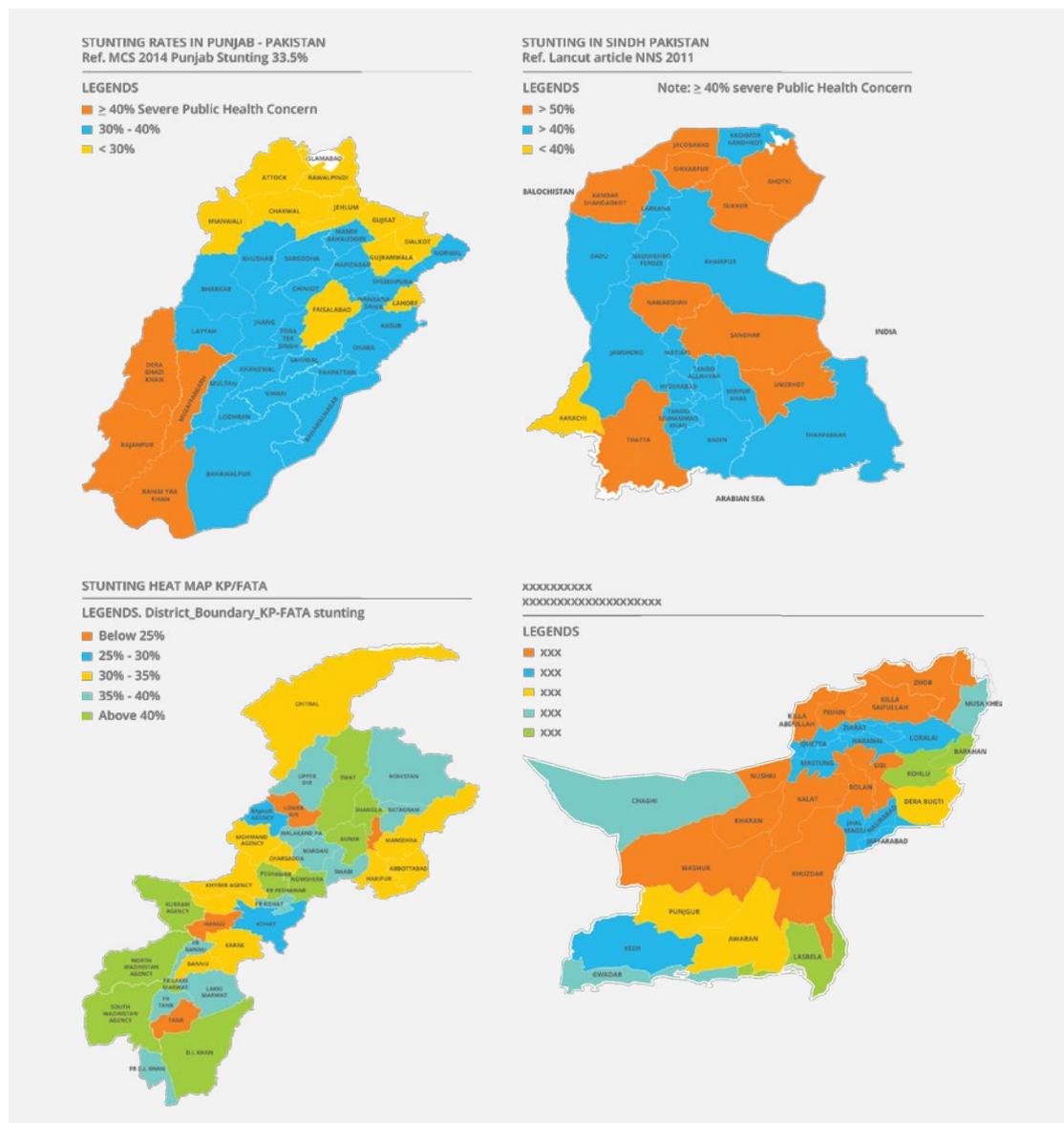
Wasting in early life increases the likelihood that a child will become stunted. Wasting rates are high in Pakistan (15%), with 6% suffering from 'severe wasting', well above international emergency thresholds. This means that 3.4 million Pakistani children suffer from wasting. Pakistan ranks third in the world for the number of children affected by wasting. Approximately 17.5% of children in Punjab suffer from wasting, according to MICS 2014 data, with severe wasting rates at 4.4%. It is worrying that

⁶¹ United Nations Children's Fund, *The State of the World's Children 2016: A Fair Chance for Every Child*, UNICEF, New York, 2016.
⁶² United Nations Children's Fund, *Improving Child Nutrition: The Achievable Imperative for Global Progress*, UNICEF, New York, 2013, <www.unicef.org/publications/index_68661.html>, accessed 15 March 2017.
⁶³ Minus 2 standard deviations.
⁶⁴ Minus 3 standard deviations.
⁶⁵ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014; Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.
⁶⁶ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013, <<https://dhsprogram.com/pubs/pdf/fr290/fr290.pdf>>, accessed 12 March 2017.
⁶⁷ FATA Secretariat, *FATA Development Indicators Household Survey (FDIHS) 2013-14*, FATA Secretariat, 2014.
⁶⁸ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014; Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.
⁶⁹ Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

there has been almost no change in severe wasting rates since data was collected by the NNS 2011 (4.8%). Wasting rates in southern Punjab are particularly high, a potential red flag for future stunting. Wasting is also prevalent in Sindh (15.4%), as is severe wasting (3.6%).⁷⁰

Stunting and other forms of undernutrition are major contributing factors to child mortality, disease and disability. For instance, a severely stunted child is four times more likely to die than a healthy child. For a severely wasted child, the risk of death is nine times greater. Specific nutritional deficiencies, such as Vitamin A, iron or zinc deficiency, further increase the risk of child death. Undernutrition can also cause serious disabilities – ranging from blindness, caused by Vitamin A deficiency, to neural tube defects due to folic acid deficiency. Undernutrition early in life has serious implications for a child's future educational outcomes, income and productivity.

Figure 4: Provincial maps for stunting



Source: UNICEF Pakistan, *Nutrition Child Deprivation Analysis 2016*.

⁷⁰ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014; Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

Causality analysis: The high prevalence of stunting exists against the background of widespread food insecurity, affecting 58.1% of households in Pakistan. Inequity underlies nutritional issues, with stunting and wasting higher within 'food insecure' households. All of these issues are central concerns within the SDGs – thus, progress on these concerns will be a major factor in enabling Pakistan to meet the global goals, ensure child rights and, in turn, secure a more prosperous future.

Table 4: Breakdown of food insecure households in Pakistan

Food insecure households	
Overall	58.1%
Food insecure without hunger	28.4%
Food insecure with moderate hunger	19.8%
Food insecure with severe hunger	9.8%
Food insecure rural households	60.6%
Food insecure urban households	52.4%
Punjab	59.5%
Sindh	72%
KP	28.2%
Balochistan	63.5%
GB	39.8%
FATA	58.4%
AJK	57.1%

Source: Government of Pakistan, *National Nutrition Survey (NNS) 2011*.

While most food insecure households are food insecure 'without hunger' (28.4%), significant numbers are food insecure with 'severe hunger' (9.8%). More rural households (60.6%) than their urban counterparts (52.4%) suffer from food insecurity (see Annex G). Among the provinces, Sindh has the highest level of food insecurity (72%) and KP has the lowest (28.2%). While the highest levels of food insecurity without hunger are in Balochistan (33.9%), Sindh has the highest levels of moderate (33.8%) and severe hunger (16.8%). In part, this may be tied to climatic conditions, particularly the prevalence of drought in Sindh and Balochistan. Alongside other contributing factors, such as institutional bottlenecks, poverty plays a central part in exacerbating food and nutritional insecurity – for instance, in rural Sindh, where the majority of households are impoverished and landless, food insecurity and malnutrition run rampant.

As per NNS 2011 data, stunting appears to follow similar patterns, with considerably higher levels in rural areas (46.3%) than in urban settings (36.9%). However, a recent statistical analysis, based upon data collected through a small study in 2014 in Punjab, shows that urban environments can also be a main driver of stunting. This suggests that the rapid pace of urbanization may be moving the challenge of stunting from rural to urban areas, an aspect that requires further investigation

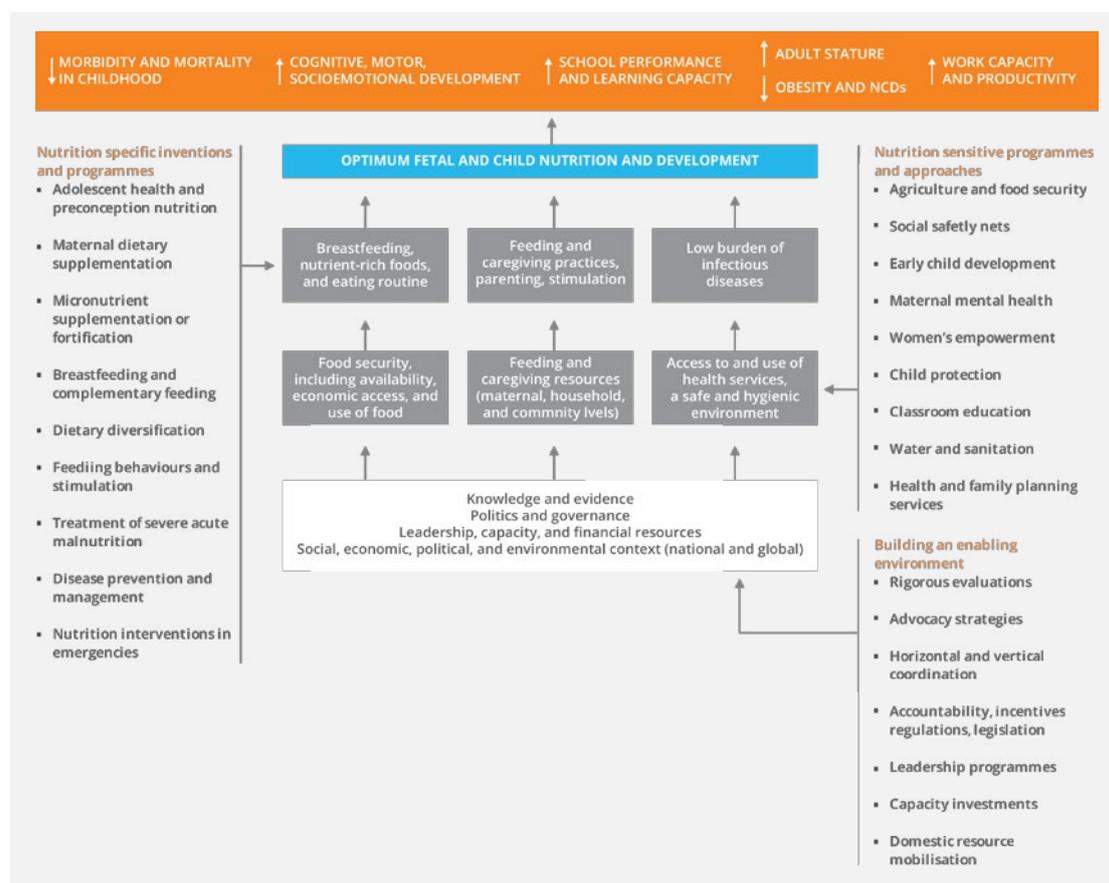
through a representative sample. Stunting is also higher within households affected by food insecurity with severe hunger (52%) than in food secure families (38%). Similarly, wasting is higher where food insecurity coincides with severe hunger (22%), compared to 15% in food secure households. Stunting is most prevalent among the poorest wealth quintile (53.1%) and far less frequent among the richest (28.9%).

The reasons for high stunting rates are manifold. As noted above, they are linked to poor Infant and Young Child Feeding (IYCF) practices, a lack of exclusive breastfeeding, insufficient awareness of good eating practices and the effects of poverty and geographic (urban/rural) location. The coverage of existing income support programmes is limited, as is the coverage of initiatives, such as food vouchers and conditional cash transfer programmes. At all levels, the availability, accessibility and quality of maternal and child nutrition services and support also remains limited, as does public health coverage. These health services are marred by inequities caused by economic and social constraints, particularly in rural areas. Child marriage compounds nutritional challenges, as undernourished adolescent mothers are more likely to give birth to stunted children. Levels of stunting are high among women, which also increases the likelihood of stunted children. This is exacerbated by insufficient attention to the nutritional needs and well-being of pregnant women and adolescent girls. Underlying causes include gender disparities, inequitable gender norms and cultural practices, whereby women in a household often eat last and consume the least.

In terms of policies, Pakistan does not have an overarching national nutrition policy or strategy. The structural factors that contribute to poor nutritional indicators include inadequate systems for monitoring and evaluation; difficulties in tracking public expenditure on nutrition through financial reporting systems; and implementation delays in provincial multi-sectoral nutrition strategies. To date, most nutrition initiatives have focused on treating acutely malnourished children, which alleviates the symptoms of malnutrition without addressing its root causes. The figure below illustrates interventions proven to prevent and treat malnutrition in support of the '1,000 day window' - that is, the first critical 1,000 days of a child's life, starting in utero. Pakistan clearly needs strong institutional mechanisms and capacities, particularly at the sub-national levels; greater ownership of nutrition interventions at the district level; and a greater focus on preventing malnutrition by tackling its root causes.

The nutrition sector receives only small budgetary allocations, making it heavily dependent on donors. Public sector interventions tend to be oriented towards treatment rather than prevention. A lack of investment in nutrition overall means a lack of investment in building the capacity of stakeholders and trained professionals involved in nutrition interventions. Thus, not only are nutrition initiatives few and far between, they also do not entail sufficient focus on strengthening capacity and improving quality in a cost-effective manner - such by as taking a preventive, rather than curative, approach to malnutrition and undernutrition.

Figure 5: Key proven interventions to prevent and treat stunting and other forms of undernutrition



Source: Adapted from Lancet, *Maternal and Child Nutrition*.

Infant and Young Child Feeding (IYCF) Practices

State of deprivation: A mother’s nutritional status affects that of her child in utero and in the first 2 years of life, when children are dependent on breastmilk for all or part of their nutritional needs. From the first hour of birth, exclusive breastfeeding helps to protect against childhood infections, particularly diarrhoea and pneumonia, the two biggest killers of children in Pakistan. This also has a positive effect on cognitive development and leads to lower rates of later-life obesity and diabetes. Despite its advantages, the prevalence of the early initiation of breastfeeding is limited in Pakistan. Within an hour of birth, only 18% of newborns were breastfed in 2012– down from 29% in 2006 – and only 58% were breastfed the day that they were born.⁷¹

The proportion of children under the age of 6 months who are **exclusively breastfed** remains virtually unchanged over time – 38% in 2012 compared to 37% in 2006.⁷² Most children are not exclusively breastfed. Instead, 9 out of 10 infants receive some breast milk and the average duration of breastfeeding is 18.3 months. In Punjab, exclusive breastfeeding for children under 6 months old has plummeted, from 49% in 2008 to 17% in 2014.⁷³ In Sindh in 2014, only 28.9% of children under 6 months old were exclusively breastfed.⁷⁴

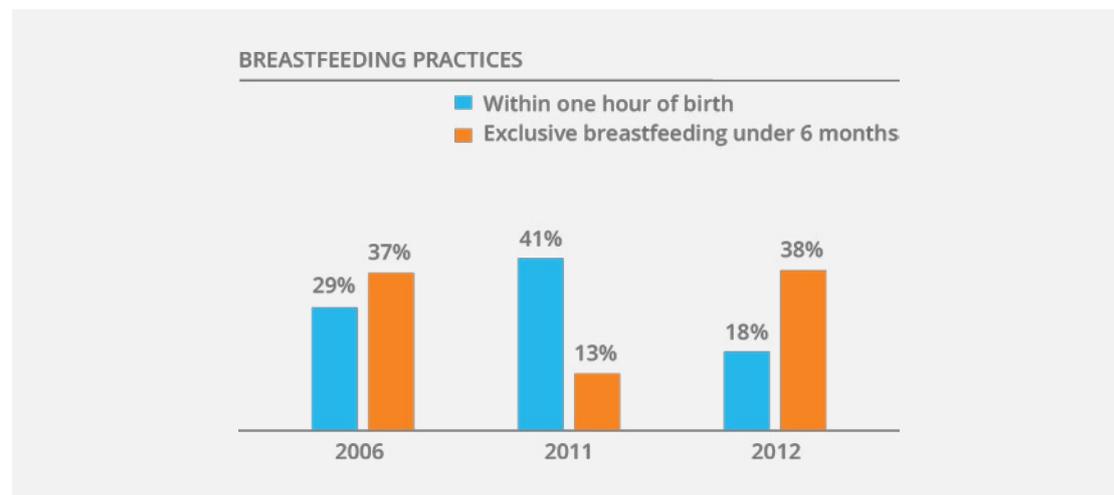
⁷¹ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2006-07;2012-13*, Government of Pakistan, Islamabad, 2007;2013.

⁷² Ibid.

⁷³ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2008;2014*, Government of Punjab, Lahore, 2008;2014.

⁷⁴ Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

Figure 6: Breastfeeding practices in Pakistan (2006-2012)



Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 2012-13*; *Pakistan Demographic and Health Survey (PDHS) 2006-07*; *National Nutrition Survey (NNS) 2011*.

Overall, 51.3% of children are introduced to semi-solid foods at 6-8 months of age – 68.4% in urban centres and 44.7% in rural areas. Rates are highest in Sindh (62.6%), followed by FATA (55%), GB (51.3%), Punjab (49.2%), Balochistan (48.6%) and KP (35.3%).⁷⁵

The proportion of girls and boys who receive a **minimally acceptable diet** (MAD) is extremely low across the country. MAD is defined as a combination of eating enough times a day and eating foods from an adequate number of food groups. Only 8% of mothers and children attain the minimum required level. A minimum acceptable diet is an important indicator reflecting the state of child food insecurity. Only 15% of all children aged 6-23 months are fed a minimum acceptable diet in Pakistan. Among children in this age group, only 22% attain minimum dietary diversity, while 63% achieve minimum meal frequency.⁷⁶ While meal frequency is not quite optimal, the diversity of diets is extremely poor. Diets appear to be notably fixed, with even the richest and best-educated quintiles eating from only a limited number of food groups. A lack of vegetables and fruits is common across all groups. Poorer people consume very little protein; although anaemia rates indicate that protein and other iron-rich foods are under-consumed by all wealth quintiles.

Causality analysis: Breastfeeding is the single most critical nutrition intervention for improving children's diets, as it meets all of a child's nutritional needs while bestowing immunological and psychological benefits. However, breastfeeding requires that mothers are also well-nourished and informed about the benefits of the practice. Reasons for decline in exclusive breastfeeding are not definitively known, although they may be tied to a variety of factors. For instance, introducing breast milk substitutes to infants before they are 6 months old and if women are unable to breastfeed exclusively while juggling the demands of work – whether they work outside the home or in home-based occupations. The propensity to supplement breast milk with other liquid or solid foods often begins when children are very young.⁷⁷ In some cases, there may be societal or commercial pressure to stop breastfeeding, including aggressive marketing and promotion by formula producers, or a lack of medical advice from health workers who lack proper skills and training in breastfeeding support.

⁷⁵ Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

⁷⁶ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

⁷⁷ Ibid.

While LHWs are trained to counsel mothers on breastfeeding, the quality of these counselling sessions is unclear. Worsening or static indicators reveal that behaviours are not changing as a result of current interventions to promote breastfeeding. In part, this is tied to low levels of LHW coverage, the fact that the capacity of LHWs to promote good nutritional practices is not monitored, and a lack of general awareness about adequate feeding practices. There is also a serious lack of enforcement of marketing codes for breastmilk substitutes, resulting in the widespread use of infant formula. While complementary feeding practices depend on significant interpersonal communication with trained staff, this has largely been absent in Pakistan. Plans are underway in several provinces to spearhead Behaviour Change Communication (BCC) programmes to improve dietary practices.

Thus, multiple factors lead to sub-optimal IYCF practices in Pakistan. These include mothers' inability to increase their caloric intake of sufficient iron-rich foods and supplements during pregnancy; low levels of early initiation of breastfeeding and the inadequate use of colostrum, which is regarded as bitter or harmful; and the widespread substitution of breast milk with goat's or cow's milk, water, tea or formula during the first 6 months of a child's life. These challenges are compounded by a lack of clear legislation to support and promote breastfeeding in some provinces, and limited enforcement of breastfeeding policies where they do exist. Challenges are also influenced by inequitable gender norms that make it common for women to eat last, and least, in many households around Pakistan – a practice which takes a serious toll on the nutritional status of women and girls, including pregnant and lactating women.

Micronutrient Malnutrition among Children Under-5

State of deprivation: Data on child micronutrient malnutrition in Pakistan is limited, making it difficult to gauge the status of vital indicators enshrined in SDG targets. It is known that 44% of children under-5 suffer from iron deficiency, more in urban centres (46.1%) than in rural areas (42.9%). On average, 3 out of 5 children under the age of 5 suffer from moderate or severe iron deficiency, suggesting insufficient iron in their diets. Anaemia rates are highest in Sindh (72.5%), followed by Punjab (60.3%), Balochistan (56.8%) and KP (47.3%). Anaemia is comparatively less prevalent among mothers and children in AJK and GB (see Annex E), although the reasons for this are not clear. Overall, 37% of pregnant women suffer from iron deficiency across the country, with maternal iron deficiency higher in rural areas (38.1%) than in urban centres (34.1%).⁷⁸ Iron deficiency anaemia is seen among all age groups and in all wealth quintiles across the country.⁷⁹ Iron deficiency anaemia in childhood adversely affects children's cognitive abilities, leading to a decline of half a standard deviation in adult IQ and cognitive test performance.

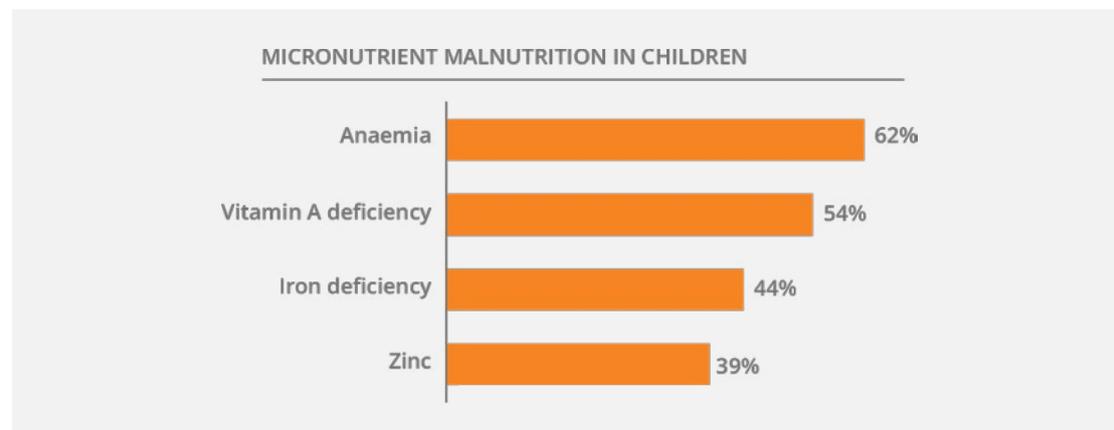
Nearly half of Pakistan's children are **deficient in critical vitamins and minerals**, such as Vitamins A and D, calcium and zinc. Some 54% of the country's children suffer from Vitamin A deficiency⁸⁰, a major preventable cause of child blindness. Rates are higher in rural areas (57%) and highest in Balochistan and GB, where they surpass 70%. An estimated 39.2% of children under-5 are affected by zinc deficiency, at nearly equal levels across urban and rural settings. Zinc deficiency is most prevalent in AJK (47.2%) and KP (45.4%). As noted above, protein is lacking in all diets, even within food-secure families. Protein-rich foods tend to be expensive and, even when available, distribution among family members can be unequal. As discussed, women and children – especially girls – often receive less than men and, in some cases, boys.

⁷⁸ Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

⁷⁹ European Commission, *Nutrition Sector SMART Survey Report Pakistan*, EC, Brussels, 2013.

⁸⁰ Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

Figure 7: Micronutrient malnutrition in children



Source: Government of Pakistan, *National Nutrition Survey (NNS) 2011*.

Various studies and surveys indicate that sub-clinical micronutrient deficiencies of iron, zinc and Vitamin A are widespread among pre-school children and women of reproductive age, particularly pregnant women. Nearly half of these populations suffer from micronutrient deficiencies.⁸¹ Pregnant women need a diverse diet rich in vitamins and minerals, yet this is rare in all but the richest quintiles. In 2011, over 50% of pregnant women suffered from anaemia, 46% from Vitamin A deficiency and 69% from Vitamin D deficiency. This reflects the poor nutritional status of women of reproductive age in Pakistan.

Causality analysis: Pakistan ranks 107th out of 118 countries listed in the *Global Hunger Index 2016*.⁸² Half of the country's children are chronically malnourished.⁸³ This not only underlies low rates of child survival, but also adversely effects long-term physical and mental development, including the incidence of disabilities. Mothers are similarly malnourished, which compromises their health and triggers a negative development cycle for their children. Moreover, this perpetuates perceptions of poor quality breastmilk production that negatively affects breastfeeding practices. The immediate causes of poor nutritional status among children include childhood diseases and inadequate dietary intake that are embedded in a host of underlying causes such as household poverty, inadequate care of children, insufficient health services and unclean and unhygienic environments. Furthermore, other important contributing factors to children's nutritional status include people's inability to purchase sufficient and diverse types of food, replete with adequate vitamins and minerals; as well as the lack of increased caloric intakes derived from iron-rich foods among pregnant women.

Due to the poor quality of food consumed, either due to diets that are not sufficiently diverse or because nutritious foods are unavailable or out of reach due to household poverty, many children under-5 and pregnant women experience serious micronutrient deficiencies, as highlighted above. In addition to access factors, mothers, fathers and other caregivers lack awareness of good diets. As a result, children are not fed from diverse food groups, with their diets particularly lacking in fruits, vegetables and proteins. Households' knowledge of micronutrients is significantly low. Only 24.8% of surveyed mothers were aware of the benefits of iron while half did not know which foods contain iron.

⁸¹ Planning Commission, *National Nutrition Survey (NNS) 2001*, Government of Pakistan, Islamabad, 2001.

⁸² International Food Policy Research Institute, *Global Hunger Index 2016*, IFPRI, Washington D.C., 2016, <www.ifpri.org/publication/2016-global-hunger-index-getting-zero-hunger>, accessed 14 March 2017.

⁸³ Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

Few vitamin and mineral supplementation programmes for children exist in Pakistan. Fortified staples are neither widely available nor consumed, although iodized salt is an exception. Food fortification is a relatively new phenomenon in the country, with extensive national and sub-national fortification activities currently underway. Several critical dietary elements, if present in a child's diet in the first 1,000 days of life, can reverse and prevent the long-term consequences of nutritional deprivation, including stunting.

Children's right to a high-quality diet is also affected by non-nutritional factors, most importantly those related to diarrhoea and enteric enteropathy. These ailments are caused by faecal contamination through unsafe water and poor hygiene and sanitation practices. Widespread open defecation and unclean water provoke a persistent form of mal-absorption, limiting children's caloric, vitamin and mineral absorption from the food that they consume. This is exacerbated by repeated bouts of diarrhoea common in children, which remains one of the leading causes of child mortality in Pakistan. The absence of a comprehensive de-worming programme, and the high prevalence of helminths, are other immediate causes of mal-absorption. The linkages between limited WASH facilities, ill-health and poor nutrition are highlighted at length by the SDGs, reflecting how important it will be for Pakistan to invest in cross-sectoral initiatives to achieve sustainable development.

As discussed, even when families are food secure, food choices are often poor, resulting in non-nutritious diets. Practices such as drinking tea with meals, and tea consumption by young children, limit the absorption of already-scarce vitamins and minerals. Problems in diets cut across all wealth and education quintiles, indicating that food preferences and cultural eating patterns do not include diverse food choices. This may indicate a general lack of awareness of adequate nutritional practices among the public at large.

Much more needs to be done to overcome these challenges, yet available resources are unlikely to be enough to cope with the sheer number of moderately or severely malnourished children in Pakistan. The country lacks a standardised mechanism to identify potential beneficiaries for supplements, except in emergency areas. Challenges exist in detecting and managing acute malnutrition, partly because no surveillance system exists. Weak supply chain management systems, and variable procurement, storage capacities and services yield an inadequate and inconsistent supply of nutrition commodities. Recurrent emergencies, such as flooding, earthquakes, cyclones, drought and other crises, further strain coping mechanisms and provoke greater food insecurity. Key factors which will mitigate the situation are extensive multi-sectoral, gender-responsive strategies and plans in all provinces designed to address children's nutritional needs. However, high levels of poverty and multi-causal food insecurity often undermine progress.

Legislative and policy analysis: *Vision 2025* highlights nutrition as a specific issue. Its focus is explicitly in line with SDG 2's targets on improving nutrition; curbing malnutrition and undernutrition, particularly stunting and micronutrient deficiencies in children and women; and championing improved feeding practices. However, *Vision 2025's* focus is more on food security than on specific elements of nutrition security.

Nationally, a draft *Multi-Sectoral Nutrition Strategy* is expected to be finalized in 2018. Nutrition is largely covered under provincial health strategies, and Pakistan's provinces have developed multi-sectoral nutrition strategies or plans for nutrition-specific activities, as well as for activities in related sectors which can improve children's nutritional status. KP and Punjab have recently declared nutrition 'an emergency'. Other provinces are expected to follow. Whether and how this will translate into strengthened financing and accountability remains to be seen.

Among Pakistan's provinces and regions, Sindh and Punjab have advanced the furthest in terms of multi-sectoral planning. However, the nutrition-sensitive aspects of multi-sector planning remain under-developed in most spheres, with the exception of WASH. Positive moves in this sphere include Punjab's health reform programme, the *Integrated Reproductive Maternal New Born & Child Health (IRMNCH) & Nutrition Programme*, which has allocated PKR 9 billion to WASH in the province's poorer southern districts.⁸⁴ Punjab's *Sector Development Plan 2014-2024 for WASH* provides clear guidance on the correlation between WASH, nutritional status and child mortality.⁸⁵ Over the past two years, the Federal Government has increased investments in nutrition, enabling nutrition to move from being an entirely donor-funded sector to a predominantly Government-led one. Their efforts enjoy the strong support of a Multi-Donor Trust Fund and technical expertise and resources from the World Bank and UN agencies.

Pakistan lacks legislation on food fortification, although a *Protection of Breast-feeding and Child Nutrition Ordinance* was promulgated in 2002. In 2009, *Breastfeeding Rules and Regulations* were developed at the federal level. Where legislation exists on breastmilk substitutes or the iodization of salt, its impact is constrained by a lack of enforcement. In the case of salt iodization, enforcement had been largely funded and undertaken through donors. The situation may improve in the coming years given substantial new funding for fortification initiatives and the re-establishment of Infant Feeding Boards.

Pakistan joined the global *Scaling Up Nutrition (SUN)* movement in 2013, strengthening relations among federal and provincial authorities, international and national NGOs, the private sector and UN agencies. Pakistan's National Planning Commission has recently taken an interest in Early Childhood Development (ECD), including nutrition, promoting the establishment of a high-level Task Force on policy development around ECD. Thus, the Planning Commission has invited the SUN Secretariat to coordinate actions on this issue.

Nutrition-specific plans cover a broad spectrum of activities across the life cycle. This may dilute their focus on what could be 'quick wins' in reducing stunting. Coordination mechanisms have only recently been established and remain untested. The synchronization and integration of activities among the myriad sectors involved in multi-sectoral plans is likely to be challenging. Additional platforms, such as SUN, the SDGs and future ECD interventions, could further complicate coordination efforts.

Duty bearers and partners:

- The Ministry of Planning, Development and Reform (MoPDR) is responsible for the overall coordination of nutrition-specific and nutrition-sensitive activities, and oversight of the SUN movement. As the central government body for cross-sectoral support, MoPDR requires capacity development to raise awareness of the linkages between deprivations and the SDGs across sectors.
- The Nutrition Development Partners Group and the National Nutrition Committee (NNC) were established to improve development partner coordination and multi-sectoral platforms for discussion.
- National and provincial SUN Secretariats have also been set-up in the MoPDR.

⁸⁴ Ministry of Planning, Development and Reform, *Annual Plan 2017-18: Chapter 21 Nutrition*, Government of Pakistan, Islamabad, 2017, <<http://pc.gov.pk/uploads/annual2017/Ch21-Nutrition.pdf>>, accessed 10 March 2017.

⁸⁵ Government of Punjab, *Drinking Water Sanitation and Hygiene Punjab Sector Development Plan 2014-2024*, Government of Punjab, Lahore, 2015, <[www.pndpunjab.gov.pk/system/files/Punjab WASH Sector Development Plan 2014-24.pdf](http://www.pndpunjab.gov.pk/system/files/Punjab_WASH_Sector_Development_Plan_2014-24.pdf)>, accessed 16 March 2017.

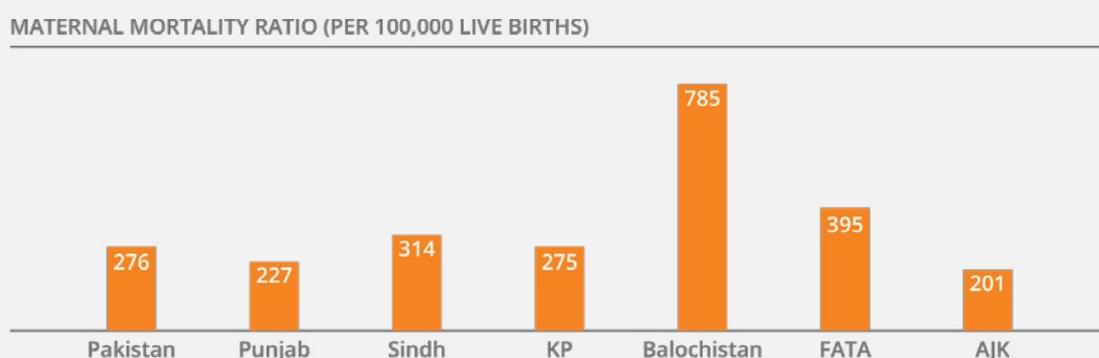
- Donors work in close consultation with all levels of Government, civil society and development partners. Nonetheless, sustainability is uncertain due to heavy reliance on donor funding and the engagement of development partners in the areas of health and nutrition. Varying levels of funding exist, as do slightly overlapping mandates without clear delineation.
- FAO, WHO, WFP, UNICEF and other UN agencies fund and implement nutrition programmes, provide technical advice upon request and support nutrition cells, both provincially and federally.
- Other donors who work to combat undernutrition in Pakistan include the UK's Department for International Development (DFID), the United States Agency for International Development (USAID), the Australian Department of Foreign Affairs and Trade (DFAT), Global Affairs Canada (GAC), the European Union (EU) and the European Commission's Directorate General for Civil Protection and Humanitarian Aid Operations (ECHO).

3.2 | Maternal, Neonatal and Child Survival

Box 3: A glimpse at maternal survival in Pakistan

Maternal survival: Pakistan's Maternal Mortality Ratio fell from 430 per 100,000 live births in 1990-91 to 178 in 2015 – an impressive decline of 59%.⁸⁶ Despite clear progress, Pakistan did not reach its MDG target of fewer than 130 maternal deaths per 100,000 live births by 2015. To meet SDG targets on lowering material mortality, Pakistan will have to do more to protect the rights, health and well-being of women and adolescent girls. An estimated 8,000 women die every year of pregnancy-related causes, with wide variations between provinces. MMR is lowest in AJK (201 per 100,000 live births) and Punjab (227 per 100,000), and highest in Balochistan (785 per 100,000). Quality care is indispensable to combat key contributors to maternal mortality, including post-partum haemorrhage, puerperal sepsis and eclampsia. Antenatal care delivered by a skilled provider reduces the risk of morbidity for both mother and child during pregnancy and delivery.

Figure 8: Maternal Mortality Ratio (MMR)



Source: Government of Pakistan, PDHS 2006-07; MICS AJK 2008; FATA Secretariat, FATA Development Indicators Household Survey (FDIHS) 2013-14.

⁸⁶ World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank Group, and United Nations Population Division, *Trends in Maternal Mortality: 1990 to 2015*, WHO, Geneva, 2015, <www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>, accessed 12 March 2017.

The main reasons for high MMR in Pakistan include the large numbers of women delivering without a Skilled Birth Attendant (SBA) (48%) and the highly limited use of family planning services. The current contraceptive prevalence rate (CPR) is low, at 35%. Seven days after delivery is a critical period for both newborns and mothers. Yet, only 60% of mothers and 43% of newborns received a postnatal check-up within two days of birth.⁸⁷ No data is available on functional WASH systems in health facilities to shed light on any links between these systems, the quality of care and maternal mortality.

Antenatal Care (ANC): Overall, 73% of women in Pakistan access antenatal care from a skilled provider, more so in urban centres (87.8%) than rural areas (66.7%). This means that one in three rural women lack access to antenatal care, one of the many signs of the entrenched geographic and gender disparities that take an especially severe toll on rural women. According to the MICS 2014, 78.8% of pregnant women in Punjab and 79.6% in Sindh received antenatal care from skilled health personnel. However, fewer than half of overall deliveries (48.2%) are reported by health facilities. Only 14.6% take place in public health facilities, and 33.6% in private health facilities. Therefore, over 50% of deliveries occur at home.⁸⁸ Institutional deliveries take place in 60.8% of cases in Punjab, 64% in Sindh⁸⁹ and 60% in GB.⁹⁰ The lowest rates of deliveries in health facilities occur in Balochistan (16%⁹¹) followed by FATA (32%⁹²) (see Annex J).

The proportion of pregnant women who access antenatal care, institutional delivery and post-natal check-ups within the first two days of a child's birth increases with women's education level. Rates are lowest among the poorest quintiles. As above, this highlights the fact that scores of women are deprived of SBAs every year. The PDHS 2012-13 found that 52.1% of deliveries were attended by skilled attendants, with wide disparities between urban (71%) and rural settings (44.4%). Differences in SBA coverage across provinces are striking. Only 17.8% of deliveries in Balochistan were attended by a skilled health provider, compared to 88.1% in ICT. Given that post-partum haemorrhage, puerperal sepsis and eclampsia are major contributors to maternal mortality, the quality of care remains an important challenge. Newborns also suffer from a lack of obstetric care provided by a qualified health professional, a critical service factor for reducing maternal and neonatal mortality.

After devolution, no major disruptions or visible improvements are evident in service delivery. Positive trends include a steady increase in the rate of deliveries assisted by SBAs since 2008, across all provinces. Overall, the proportion of mothers who received antenatal care from SBAs rose from 26% in 1990-91 to 61% in 2006-07 and 73% in 2012-13, according to the PDHS. Maternal survival and access to high impact interventions during pregnancy and around the time of birth influence neonatal outcomes. There is a need to increase access to safe delivery services during the pre-natal, natal and post-natal periods, overcoming issues of access and quality while bridging major urban/rural disparities.

⁸⁷ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

⁸⁸ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

⁸⁹ Bureau of Statistics, Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014; Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

⁹⁰ Planning & Development Department, *Gilgit-Baltistan, Multiple Indicator Cluster Survey (MICS) 2016-17 Gilgit-Baltistan*, Government of Gilgit-Baltistan, Gilgit, 2017.

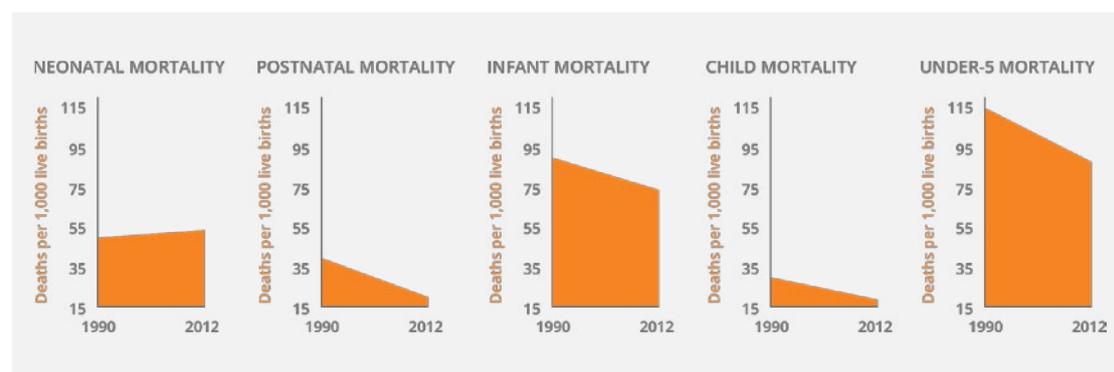
⁹¹ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

⁹² FATA Secretariat, *FATA Development Indicators Household Survey (FDIHS) 2013-14*, FATA Secretariat, 2014.

Neonatal, Infant and Child Survival

State of deprivation: Ending **preventable deaths among newborns, children and mothers** is one of the SDGs' most prominent targets – securing their survival is both a marker and a driver of sustainable development. Pakistan has an IMR of 74 per 1,000 live births and an U5MR of 89 per 1,000 live births.⁹³ This means that nearly 1 in 10 children in Pakistan die before they reach the age of five. Of these children, more than half – as many as 264,000 newborns – die in their first month.⁹⁴ Over 13,000 children are left without a mother's care, even if they survive their first year. Clearly, the country faces serious challenges in terms of protecting its children from preventable deaths⁹⁵, in line with its commitments to child rights, achieving the SDGs and enabling its society and economy to thrive. Meeting the SDG commitment to “end preventable deaths of newborns and reduce neonatal mortality to at least as low as 12 per 1,000 live births” (SDG target 3.2) will require immense effort. Pakistan has made progress by reducing its under-5 mortality from 117 in 1990-91⁹⁶ to 89 one decade later. However, newborn deaths have increased as a proportion of live births over the past decade, growing by 8% in the past 20 years. Thus, the most worrying figure is neonatal mortality, which has deteriorated to 55 per 1,000 live births from 51 in 1990-91.⁹⁷

Figure 9: Trends in child mortality (1990-2012)



Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 1990-91 (1986-1990)*; *Pakistan Demographic and Health Survey (PDHS) 2012-13 (2008-2012)*.

In addition to newborn mortality being highest among the country's poorest quintile, disparities exist between urban and rural populations, as well as within provinces and districts. Overall, early childhood survival is higher in urban areas than in rural regions. For example, neonatal mortality is more prevalent in rural areas (62 per 1,000 live births) than in urban centres (47 per 1,000 live births). Among Pakistan's provinces, rates of neonatal mortality are highest in Punjab and Balochistan (63 per 1,000 live births), followed by Sindh (54) and KP (41). Infant mortality is highest in Balochistan (97 per 1,000 live births) followed by FATA (95), Sindh (82), GB (74), AJK (62) and KP (58) (see Annex H). Data indicates that children have a better chance at survival when their mothers are educated.

⁹³ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

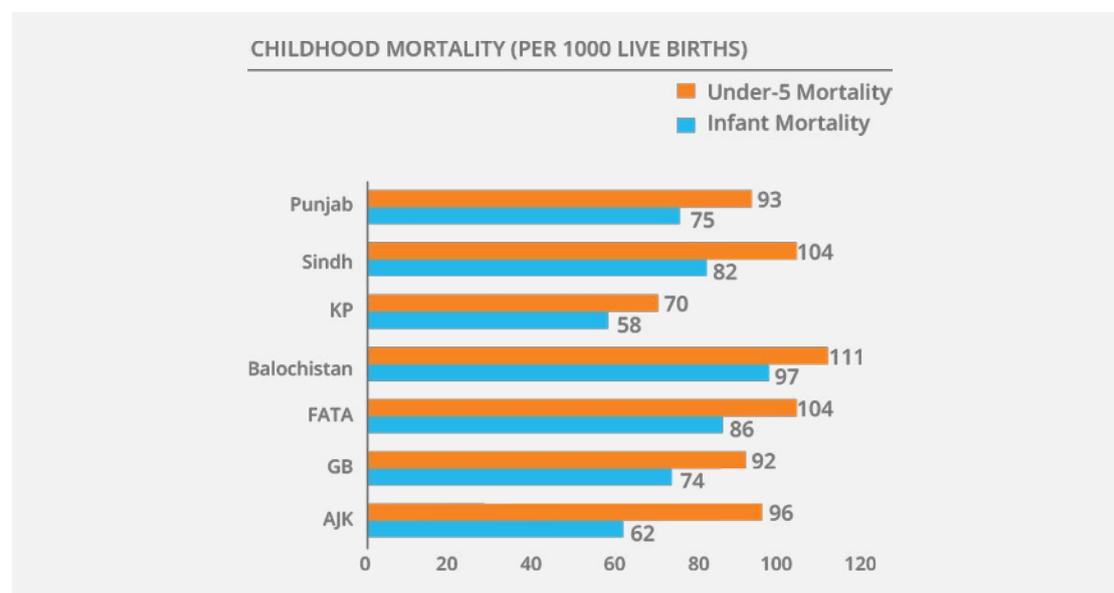
⁹⁴ United Nations Children's Fund, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016.

⁹⁵ Ibid.

⁹⁶ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 1990-91*, Government of Pakistan, Islamabad, 1991.

⁹⁷ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

Figure 10: Child mortality across provinces



Source: Multiple Indicator Cluster Surveys (MICS) for Punjab (2014), Sindh (2014), GB (2016-17), AJK (2008) and FATA (2007); *Pakistan Demographic and Health Survey (PDHS) 2012-13*.

Causality analysis: Newborn deaths are a major contributor to under-5 mortality. In 2016, the main causes of death among children under-5 included pre-term birth complications (18%), pneumonia (16%), intra-partum incidents (12%), diarrhoea (8%), neonatal sepsis (7%) and malaria (5%).⁹⁸ Each year, about 91,000 children die from pneumonia and 53,300 from diarrhoea. On average, 22.5% of children suffer from diarrhoea and 16% from Acute Respiratory Infections (ARIs), predominantly pneumonia. Prevalence varies between provinces, wealth quintiles, and mothers' education levels. Only 42% of children with diarrhoea received oral rehydration salts (ORS) or a recommended homemade fluid. Oral rehydration therapy (ORT) or increased fluids were provided to some 46% of children. A mere 41.5% of those suffering from ARIs received antibiotics.⁹⁹ On average, fewer girls than boys receive treatment for these ailments, indicating gender disparities in access to health services and in terms of the resources to pay for health care. It is important to note that the prevalence of both diarrhoea and pneumonia decreases with a child's age, with the highest prevalence observed in infants.

Deaths from both pneumonia and diarrhoea are closely associated with overlapping risk factors. These include issues related to poverty, undernutrition, poor hygiene, a dearth of accessible health services and deprived home environments, all of which make children more prone to disease. Both ailments are associated with disadvantaged populations with inadequate WASH practices. WASH services in health care facilities are especially important for the provision of quality, people-centred care, while contributing to the prevention of illness and high mortality rates.

⁹⁸ UNICEF, WHO, World Bank and UN-DESA Population Division, *Levels & Trends in Child Mortality 2017*, UNICEF and WHO, New York and Geneva, 2017, <www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2017/en>, accessed 19 March 2017.

⁹⁹ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

Box 4: The impact of HIV on children in Pakistan

Specific health concerns, like HIV/AIDS, reflect a lack of equity, geographic disparities and access constraints to improved child and maternal health. Slightly fewer than 1,000 children aged 0-14 live with HIV in Pakistan. In 2016, only 269 were receiving treatment and only 7 HIV treatment centres specialized in anti-retroviral therapy (ART). Most HIV positive (HIV+) pregnant women in Pakistan do not have access to services which prevent mother-to-child transmission of HIV, as only 11 Prevention of Parent to Child Transmission (PPTCT) centres exist in select districts. A 5-20% chance exists of transmission from an HIV+ mother to her infant during pregnancy and delivery. This risk is significantly reduced through antiretroviral medication, an integral part of antenatal care for HIV+ pregnant women.

Since PPTCT services were introduced in 2007, a total of 391 HIV+ pregnant women have received such services. 334 infants have been born and, of the 299 infants tested, only 4 were diagnosed as HIV+. This reflects a 99% success rate. In 2015, 103 HIV+ pregnant women received PPTCT services, out of an estimated 1,950 HIV+ pregnant women in Pakistan in need of these services. This unmet need of HIV+ pregnant women must be addressed, although identifying these women is a significant challenge. By the end of 2017, Early Infant Diagnosis (EID) involved 38 tests conducted at the National Reference Laboratory – only one HIV-exposed infant tested HIV positive, whose mother had not received PPTCT services.

Source: Government of Pakistan National AIDS Control Programme.

Improving the quality of care around birth stands to save the most lives. Doing so will require educated and well-equipped health workers, including those with midwifery skills. It also requires the availability of essential commodities. A strategic and accountability framework on the quality of care is needed to optimize the supply and demand elements of care quality. Inequities are evident in provincial data, especially with respect to mothers' education levels and wealth quintiles. Moreover, significant disparities exist between major cities and rural areas.

Diverse factors contribute to Pakistan's high child mortality rates. Among these are low levels of early initiation of breastfeeding; low levels of exclusive breastfeeding; limited sick newborn care; and non-existent Kangaroo Mother Care.¹⁰⁰ Despite overall progress on under-5 mortality, high rates persist. U5MR are higher in remote districts, among groups with little or no education, and among the poor. Recognition of danger signs at the household level is particularly lacking among these groups. Dangers are compounded by harmful practices at the household and community levels, alongside the absence of skilled health care providers able to offer preventive health education and timely services for sick children. As noted above, health care coverage is limited and geographic, economic and social barriers cause inequities to persist in the use of public health services. The health sector's reach is constrained by low levels of public financing and persistent capacity issues – both among health care professionals and those responsible for planning and implementation within the sector. As UN Pakistan's *Common Country Assessment 2016* notes, public financing priorities favour spending on infrastructure (e.g. large hospitals in major cities) rather than on strengthening service delivery, including through capacity development.¹⁰¹

The rapid devolution of health services to the provinces has entailed challenges, especially as the roles and responsibilities of Federal and Provincial Governments have not been clearly delineated. This has

¹⁰⁰ United Nations Children's Fund Pakistan, *UNICEF Monitoring Reports*, UNICEF, Islamabad, 2015.

¹⁰¹ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

affected already-poor health indicators, compounded by low public health expenditures and recurrent natural disasters. A large, unregulated and unaccounted-for private health sector has emerged to cater to Pakistan's rapidly growing population.

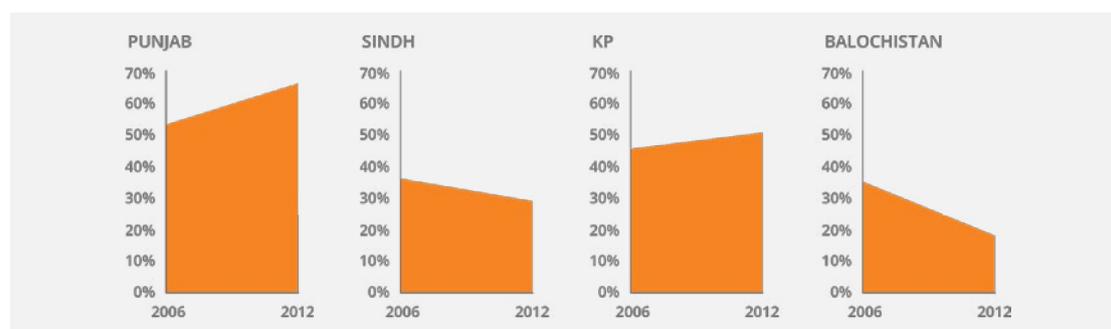
3.3 | Child Immunization

State of deprivation: Pakistan has made great strides in expanding immunization, with marked recent progress on reducing **polio**. In 2014, the country reported 306 polio cases, comprising 85% of the global burden of polio. Many cases occur in known reservoir areas. By September 2017, there were only five cases reported in the country – a reduction of 98% in reported polio cases.¹⁰² Targeted efforts have successfully reduced the number of children 'missed' by immunization drives due to inaccessibility. In the wake of persistent Government efforts, their numbers fell sharply, from 500,000 in 2013 to 16,000 in 2015 – an impressive decline of 96.8%. With the Government's continuous support, 26.3 million children were vaccinated during the September 2017 polio eradication campaign.

Nevertheless, Pakistan is one of only three countries in which polio remains endemic.¹⁰³ About 69.4% of newborns in Pakistan receive the polio vaccine at birth. While vaccinations for Polio 1 are provided to 92.3% of children, the coverage of the required second and third doses is lower – 89.2% for Polio 2, and 85.3% for Polio 3. For all three polio doses, immunization coverage is higher in urban settings than in rural areas.

The proportion of children who have received all their **basic vaccinations** is low (54%) across Pakistan. More boys (56%) than girls (51.5%) are fully vaccinated.¹⁰⁴ Overall, WHO estimates¹⁰⁵ indicate that 1.2 million children in Pakistan were 'unvaccinated' in 2014.¹⁰⁶ While immunization coverage at the national level has improved – from 47% in 2006 to 54% in 2012 – it has deteriorated in Sindh and Balochistan. Punjab and KP have been able to sustain an increasing immunization coverage rate.

Figure 11: Immunization coverage across provinces (2006-2012)



Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 2006-07*; *Pakistan Demographic and Health Survey (PDHS) 2012-13*.

¹⁰² End Polio Pakistan, *Pakistan Polio Update August 2017*, Government of Pakistan, Islamabad, 2017, <www.endpolio.com.pk/images/polio-briefer/Pakistan-Polio-Update-AUGUST-2017.pdf>, accessed 29 March 2017.

¹⁰³ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

¹⁰⁴ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

¹⁰⁵ Following WHO guidelines (Hasan et al., 2010), the Government of Pakistan initiated a national immunization programme 30 years ago, the *Expanded Programme on Immunization (EPI)*. The EPI was launched with all six recommended antigens (BCG, diphtheria, pertussis, and tetanus (DPT), oral polio vaccine (OPV), and measles). In 2003, the monovalent hepatitis B (HepB) vaccine was introduced, which was later administered as a single-tetravalent (DPT-HepB) injection. In 2009, a vaccination against *Haemophilus Influenzae Type b (Hib)* was included to form a pentavalent dosage (DPT-HEPB-Hib) and launched in different phases in the country (PDHS 2012-13).

¹⁰⁶ Bill & Melinda Gates Foundation, GAVI Vaccine Alliance, United Nations Children's Fund and World Health Organization, *Global Vaccine Action Plan, Monitoring, Evaluation & Accountability, Secretariat Annual Report 2015*, GAVI, Geneva, 2015.

The latest MICS 2014 reveals full immunization coverage of 43.2% in Sindh and 62.3% in Punjab. However, PDHS 2012-13 data suggests that Sindh has one of the lowest rates of immunization coverage (29%) as does Balochistan (16%). In GB, 39% of children have had all their basic vaccinations¹⁰⁷, as have 45% of children in AJK¹⁰⁸ and 34% in FATA¹⁰⁹ (see Annex I). Immunization coverage is considerably higher in urban areas (66%) than rural areas (48%). It also varies widely by wealth quintile. Children from the highest wealth quintile are much more likely to be fully immunized (75%) than those in the lowest quintile (23%). As noted above, boys are more likely than girls to be fully vaccinated, reflecting gender disparities in access to immunization services similar to access issues affecting overall access to health care. Only 40% of children whose mothers are not educated are fully immunized, compared to 76% of children with educated mothers.

Causality analysis: While commendable efforts have been made, routine immunization coverage needs to be improved further. Pockets of missed children or missed opportunities persist across Pakistan. The overall situation for the EPI is particularly concerning in FATA, where safety concerns are cited as a major contributor to low immunization coverage.

Considerable differences in immunization rates exist across geographic, social and economic divides. The poorest suffer from clear inequities in terms of access to, and the utilization of, immunization services. A lack of awareness among parents about the importance of vaccinations, and doubts about the benefits of each vaccine, also contribute to low coverage and high immunization dropout rates. Similarly, low literacy rates, poverty and women's disempowerment constrain access to immunization and maternal, newborn and child health services. Communities have become passive recipients for immunization, rather than actively seeking it out. Misperceptions exist among communities, with some expecting vaccinations to be delivered to their doorsteps.

Within Pakistan's provinces and regions, the EPI is constrained by limited resources, ranging from a lack of skilled human resources to logistical concerns and financial limitations. A lack of appropriate vaccine forecasting leads to unreliable targets. Low immunization coverage has implications for the cost of vaccinations for each child. The *EPI Comprehensive Multiyear Plan 2011-2015* noted that, during the baseline year of 2008, per-child expenditure was US\$24.51. This is 40% higher than it would be if coverage were adequate. However, the overall per capita Total Health Expenditure (THE) in 2012 was US\$22 and the per capita general health expenditure was US\$8.¹¹⁰ This level of expenditure is significantly lower juxtaposed to the higher per-capita expenditure reported earlier.

Poor infrastructure and access issues (e.g. roads, electricity) make coverage especially hard to achieve in remote areas, such as KP's Kohistan district, most parts of FATA and Balochistan, southern Punjab, and certain pockets of southern and northern Sindh. Public financing priorities, with their preference for infrastructure projects over strengthening human resource capacity and service delivery, may also be exacerbating the situation.

Since the 18th Amendment, priorities and resources have not been made available as anticipated in the original devolution plan. Resource allocation is now within the purview of Provincial Governments. Federal grants and allocations, as well as donor support, are also channelled through the provinces.

¹⁰⁷ Planning & Development Department Gilgit-Baltistan, *Multiple Indicator Cluster Survey (MICS) 2016-17 Gilgit-Baltistan*, Government of Gilgit-Baltistan, Gilgit, 2017.

¹⁰⁸ National Institute of Population Studies, *AJK Demographic and Health Survey 2010*, Government of Pakistan, Islamabad, 2010.

¹⁰⁹ FATA Secretariat, *FATA Development Indicators Household Survey (FDIHS) 2013-14*, FATA Secretariat, 2014.

¹¹⁰ Government of Pakistan, *EPI Comprehensive Multiyear Plan 2014-2018*, Government of Pakistan, Islamabad, 2014.

Their own allocations depend on their discretion and provincial priorities. In some instances, federal and donor funding is used to replace, rather than supplement, provincial government allocations.

Legislative and policy analysis: Pakistan's Constitution reflects the state's commitment to ensuring that all citizens can access health services and medical relief as a policy principle, without any discrimination on the basis of age, gender, class, religion, ethnicity or social status. Thereby, it seeks to enable the achievement of favourable health outcomes for all of the population, including children. This commitment is reflected in *Vision 2025* and the Government's expressed pledge to meet the targets of SDG 3 ('good health and well-being'), which includes access to safe, effective, high-quality and affordable vaccines for all. Pakistan is also a signatory of the *Global Vaccine Action Plan (GVAP)*. It is worth noting that Pakistan's *Comprehensive Multi-Year Strategic Plan (cMYP) 2011-2015* for immunization was updated in 2014 and extended until the end of 2018.

In practice, however, the health sector is struggling with bottlenecks after devolution. The Ministry of National Health Services & Regulations was established in 2013, yet roles and responsibilities remain undefined. The *National Health Policy 2010* has not yet been approved, although provincial health strategies are in place. Specifically, Pakistan lacks a legal and policy framework on SBAs at the provincial and district levels. Provincial EPI policies are also absent. In a bid to curb the scourge of HIV/AIDS and improve care and treatment for HIV+ individuals, the *Pakistan AIDS Strategy* was approved in 2015. Provincial roles are important to bear in mind – the health sector has been a site of particular challenges with respect to good governance, with devolution introducing power struggles which negatively influence efficient governance in the sector.

The Federal Government has endorsed the *Global Every Newborn Action Plan (GENAP)* to end preventable newborn deaths, a joint commitment with WHO and UNICEF. GENAP was rolled out in Pakistan in 2015 via a phased approach. In line with Pakistan's commitment to ending preventable maternal and child deaths, 'A Promise Renewed' initiative was integrated into *Vision 2025* to coordinate priority actions that address challenges of reproductive, maternal, child and adolescent health. This is a promising step that bodes well for achieving SDG 3.

To improve immunization performance, the *National Expanded Programme on Immunization (EPI) Policy* was approved in 2015. Vaccine Management Improvement Plans were approved for all four provinces. The Government is implementing the *Global Vaccine Action Plan (GVAP)* with UNICEF's technical support for procuring vaccines, strengthening the vaccine management system, and bolstering the overall health system.

Pakistan is also a signatory to the *Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD)*, committing it to provide preventive and treatment services. All Provincial Governments have approved and circulated the *Very Essential Drugs List*, which includes oral rehydration salts (ORS), zinc sulphate and amoxicillin. These should now be available at all primary health care facilities. Nevertheless, procurement and supply chain systems for the recommended formulations of these essential drugs remains patchy or non-existent around the country.

Despite efforts to improve institutional frameworks, budgetary constraints in the health sector persist. Low levels of public health expenditure and variable governance limit the health system's capacity to deliver universal health coverage in line with SDG 3 targets for neonatal and child survival, as well as maternal health and immunization.

Duty bearers and partners:

- The Ministry of Planning, Development and Reforms and provincial Planning and Development (P&D) Departments are responsible for identifying needs in terms of development projects, sectoral planning, resource prioritization, allocation and monitoring, with the support of other relevant provincial departments. The role of P&Ds is critical in coordinating the execution of sectoral plans and the allocation of resources. After the 18th Amendment, power dynamics have fluctuated between provincial P&Ds and other provincial departments. This is largely because P&Ds are responsible for approving budget schemes, while execution is carried out by relevant provincial line departments.
- The Ministry of National Health Services & Regulations is responsible for facilitating, regulating and representing the health sector at the national and international levels. It is also the custodian of the draft *National Health Policy*, alongside the National Institute of Health, the Emergency Preparedness Centre, and the National Institute of Population Studies (NIPS). Following devolution, roles and responsibilities remain undefined between Federal and Provincial Governments, as highlighted above. Hence, the ministry has only been able to exercise a limited role in resource allocation and in the implementation of health programmes within the provinces.
- Provincial Health Departments lead on health and nutrition interventions. They are primarily responsible for primary and secondary health care at the provincial level.
- The initiatives responsible for implementing newborn care interventions are the *Integrated Reproductive Maternal Newborn Child Health & Nutrition Programme* (IRMNCH) in Punjab, the *Maternal, Newborn and Child Health* (MNCH) initiative in Sindh and LHW programmes across the country. Some 60% of the population have direct access to services through LHWs. Health alerts and surveillance for waterborne diseases, as well as micronutrients, are mainly conducted and managed by provincial health departments.
- Punjab's Department of Specialized Health Care and Medical Education provides specialized newborn care, including neonatology units at teaching hospitals. Health departments require robust training mechanisms to keep their knowledge and skills up-to-date. Provincial Health Development Centres (PHDCs) and District Health Development Centres (DHDCs) require significant capacity building for health care providers. Further recruitment, training and deployment of LHWs and community midwives is also urgently needed.
- The EPI is the principle stakeholder for basic routine immunization service delivery for all target age groups at the federal, provincial and district levels. It has a well-established infrastructure and human resources, from union council to district level. However, outreach and mobile service delivery vary across provinces and regions. Provincial EPI is managed by Provincial Health Departments, thus requiring the commitment of governments and partners in all areas.
- WHO collaborates closely with national health authorities and their partner organizations to identify national health priorities, assist policy formulation and support immunization and health system development. It provides technical and capacity building support across all provinces and, to a certain extent, in districts, to improve newborn care and to implement immunization programmes.
- The Global Alliance for Vaccines and Immunization (GAVI) works to increase access to immunization and provides financial support to the EPI. Its efforts encompass WHO's technical support, UNICEF's assistance in vaccine logistics and procurement, and the World Bank's financial expertise.
- The Bill & Melinda Gates Foundation (BMGF) facilitates polio eradication by strengthening synergies between the Polio Eradication Initiative (PEI) and the EPI. A joint UNICEF-BMGF project aims to help implement GAPPD in Pakistan.

- The World Bank recently approved the *National Immunization Support Project* (NISP) to support the EPI, and has worked extensively in Sindh, KP and Balochistan. The World Bank's *Water and Sanitation Program* (WSP) aims to bolster the enabling environment for WASH with initiatives in Punjab, Sindh, KP and AJK.
- USAID supported the Government in developing a *Logistics Management Information System* (LMIS) and related infrastructure for vaccine and logistics management.
- The Asian Development Bank aids urban policy planning and management issues, including WASH, largely through its Intermediate Cities Development programmes.
- UN Habitat supports the strengthening of the enabling environment, through advocacy and the implementation of scalable WASH projects/programmes, mainly in urban and humanitarian contexts.
- UNICEF assists Federal and Provincial Governments in developing cost-effective *Vaccine Management Improvement Plans*. As part of the PEI, UNICEF supported a *National Emergency Action Plan 2015–2016*, contributing to a decline in children 'missed' by immunization drives. UNICEF is an important partner in improving access to sanitation through its *Sanitation Programme at Scale*, geared towards community mobilization and ending open defecation. With the help of development partners, Pakistan achieved its sanitation target under MDG 7 through UNICEF's *Pakistan Approach to Total Sanitation* (PATS).¹¹¹ UNICEF also provided advice to enable Vision 2025 to address nutrition concerns and reproductive, maternal, newborn, child and adolescent health challenges.
- The EPI programme requires greater synergies with the polio programme. This stands to be a key partnership, as EPI can learn key lessons from the polio programme's experiences of strengthening accountability mechanisms, as well as on data driven decision-making and programming.

3.4 | Key Conclusions and Considerations

Only if all of Pakistan's children survive and thrive can the country achieve progress on the SDGs and secure its future prosperity. Ensuring their survival and well-being means ensuring that every child in the country enjoys adequate nutrition and health care, at every stage of her/his life. The analysis presented in this chapter leads to the conclusion that the following considerations will be important for ensuring that children both survive and thrive:

- The implementation, monitoring and evaluation of multi-sectoral, gender responsive nutrition strategies and plans require improvement.
- Low-cost, high-impact nutrition interventions are needed, as are innovative approaches that address stunting and improve the early detection and treatment of severe wasting. Many strategies to prevent stunting are identical to those that will prevent wasting and other forms of undernutrition.
 - Reductions in stunting and other forms of undernutrition can be achieved through proven interventions, such as: improving women's nutrition, especially before, during and after pregnancy; the early initiation of breastfeeding, coupled with exclusive and continued breastfeeding; timely, safe, appropriate and high-quality complementary feeding; and appropriate micronutrient interventions.

¹¹¹ United Nations Children's Fund, *Pakistan Annual Report 2016, UNICEF*, Islamabad, 2017.

- Interventions should focus on the critical '1,000-day window' of a child's life, from conception until the age of 2.
- All programmes that tackle malnutrition and undernutrition should be encouraged to integrate the reduction of stunting and other forms of malnutrition, timely care and treatment of severe wasting, as well as other forms of severe acute malnutrition.
- Special attention should be given to improving the nutrition of girls, adolescents and women throughout the life cycle.
- Strategies for nutrition should be integrated with ECD interventions.
- The coverage of LHWs should be enhanced to support nutrition programmes.
- All programmes on undernutrition and malnutrition should take preventive rather than curative approach.
- Key goals for nutrition programming should include promoting optimal health and nutrition practices by taking a life cycle approach; meeting micronutrient requirements; and preventing and treating severe acute malnutrition.
- Promoting good hygiene practices is essential for good nutrition and child health, along with access to clean drinking water and improved sanitation. This is especially true as strong linkages exist between health and WASH strategies in the area of behaviour change. Links should be strengthened with WASH and with other health and nutrition-sensitive activities that can reduce stunting in Pakistan.
- Programmes such as PATS and a renewed focus on EPI, as well as essential newborn care, will improve the nutritional status of infants and children, while making them more resilient to diseases and illnesses related to stunting.
- Aligning communications efforts will also be essential to ensure harmonized messaging on key nutrition-related elements such as hand washing with soap at critical times, the early initiation of breastfeeding and exclusive breastfeeding for the first six months of a child's life.
- Food fortification should be expanded given the current context of poor-quality diets in the country.
- Assistance should be provided to governments to implement communication for development (C4D) campaigns to improve diets over time.
- Advocacy and lobbying is required to support the development of national and provincial comprehensive legal and administrative frameworks for EPI, SBAs and key childhood illnesses so as to improve newborn care, strengthen routine immunization and reduce child mortality. A focus is needed on reducing pneumonia and diarrhoea.
- A greater focus is required on maternal and neonatal health. Pakistan has fared poorly in terms of maternal health and neonatal survival – for instance, progress achieved on the post-neonatal period was not sufficient to achieve relevant MDG targets by 2015. For both maternal and newborn survival, inequities, disparities in services and in the quality of care were responsible for limited progress.
- Improving the quality of care around births will save the most lives, thus more investments need to be made in the capacity development of human resources – specifically educated and equipped health workers, including those with midwifery skills – as well ensuring the availability of essential commodities.

- Evidence-based, high-impact and cost-effective interventions for newborn health should be spearheaded, like Kangaroo Mother Care, the use of chlorhexidine, breastfeeding support, the Baby Friendly Hospital Initiative (BFHI) and sick newborn care. All such interventions will be instrumental for reducing newborn mortality. Evidence shows that interventions for both women and babies simultaneously, in the same place, by the same health care provider or teams, will have the highest impact on saving lives and improving health outcomes.
- To reach all children, immunization programmes require a paradigm shift from 'covered children' to 'continuously missed children' (i.e. dropouts), including those in often inaccessible areas.
- Provincial health strategies should be reviewed in light of the SDGs and an *Every Newborn Action Plan* (ENAP) should be developed.
- The EPI programme and cold chain system need to be expanded and strengthened, drawing on lessons learned from the polio programme. This could be achieved by strengthening synergies between the two programmes, enhancing accountability mechanisms and the effective collection and use of data.
- Strategies should be developed to address adolescent girls' issues in the areas of nutrition, reducing maternal mortality and birth complications, improving Menstrual Hygiene Management (MHM) and curbing harmful practices like child marriage.
- Priority should be given to a developing a stronger focus on poorly performing Polio Tier 1 districts, urban slums and union councils, targeting children under the age of 1.





4

All Children
Learning



All Children Learning

Education is a fundamental right, enshrined in Article 25A of Pakistan's Constitution and a host of international commitments, including the CRC. Educated girls and boys are the bedrock of a skilled, productive workforce and a responsible, engaged citizenry. This is why quality education is at the heart of the SDGs and achieving progress on SDG 4 will be a pre-requisite for the kind of growth and productivity that Pakistan aspires to achieve. Enabling all children to learn is the pivotal focus of SDG 4, which also stresses the need to get out-of-school children into schools and improve the quality of education.

Pakistan has made notable efforts to improve access to education in recent years. For instance, there has been an upward trend in Gross Enrolment Rates (GER) for primary and Early Childhood Education (ECE) in most provinces and areas.¹¹² Other positive trends include relatively high investments in primary education, increasing efforts by Provincial Governments since devolution to expand access to education, and progress on core education indicators¹¹³ like youth literacy rates.¹¹⁴

More needs to be done to overcome serious remaining challenges in terms of access, equity and the quality of education in Pakistan. Around the world, 58 million children of primary school age are not in school,¹¹⁵ including 5 million children in Pakistan.¹¹⁶ The country is 2nd on the global ranking of out-of-school children, with the highest proportion in South Asia.¹¹⁷ Out-of-school children have limited or no access to inclusive, quality

¹¹² As discussed in the UNICEF Deprivation Analysis on Education in Pakistan; National Education Management Information System, *Pakistan Education Statistics 2013-14; 2015-16*, Government of Pakistan, Islamabad, 2015; 2017.

¹¹³ United Nations Children's Fund Pakistan, *Education Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016.

¹¹⁴ Ministry of Education, Trainings and Standards in Higher Education, *Pakistan Education for All 2015 Review Report 2015*, Government of Pakistan, Islamabad, 2014, <<http://unesdoc.unesco.org/images/0022/002297/229718E.pdf>>, accessed 30 March 2017.

¹¹⁵ United Nations Educational, Scientific and Cultural Organization, *Education for All 2000-2015: Achievements and Challenges: EFA Global Monitoring Report 2015*, UNESCO, Paris, 2015.

¹¹⁶ United Nations Educational, Scientific and Cultural Organization Institute for Statistics (UNESCO UIS), 2012.

¹¹⁷ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 - Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

education. Their plight is tied to inequality and discrimination in educational opportunities based on gender, income and social and geographic characteristics. Gender disparities deepen deprivations for Pakistan's poorest girls, especially poor rural girls. The latter receive, on average, 0.75 years of education throughout their lives, compared to 10.76 years for boys from affluent urban families.¹¹⁸

Pakistan's Net Attendance Ratio (NAR) for primary schools at the national level is very low (59.9% - male 62.9% and female 56.5%)¹¹⁹ and its primary school completion rate is even lower (52%).¹²⁰ The NAR for middle schools and secondary education level is only 37% (male 39.7% and female 34%).¹²¹ Overall, education in Pakistan is witnessing an expansion of fiscal space and a simultaneous shrinkage in student learning in public schools.¹²² The vast majority of public school students receive poor-quality education due to various institutional issues, such as the limited number of teachers, ineffective school learning environments, a lack of capacity for programme implementation and the limited use of data for informed decision-making at the local level. Learning challenges are further exacerbated by complex, gendered social and cultural norms. Diverse sources and methodologies for assessing student learning point to inadequate student competencies, skills and knowledge acquired through classroom education. Essentially, children in schools are not learning what they ought to learn. For example, fewer than 50% of students in Class 5 meet the minimum standard of educational attainment due to a range of factors such as ineffective teaching and learning processes, poor classroom management, language issues, multi-grade teaching, inadequate textbook quality, and the poor quality of assessments and examinations, all of which hamper educational attainment.

Challenges are also posed by insufficient inputs, including access constraints; the inadequate quantity and quality of teaching and learning materials; the lack of updated and gender-sensitive textbooks and curricula; and poor or non-existent physical facilities. Quality concerns in public sector education have enabled the private sector to also become an important service provider. However, there has also been a proliferation of low-quality private schools in recent years and most private schools also do not achieve high levels of student learning – indicating that quality issues abound across both the public and private sectors. Since 1980, the number of private schools in Pakistan has risen from some 3,000 to 70,000. Over one-third of all primary school children attend private schools, across all income spectrums. It is estimated that a large proportion of these private schools are 'low-cost'.¹²³ The private sector's prominence is also due to private education-linked social enterprises, focusing on pedagogical approaches, designing and developing textbooks, and teacher training. A greater focus on building capacity is needed in the public education sector, to improve the capacities of teachers and administrators to deliver high quality education to all students.

Relevant child rights: Pakistan has committed to the SDG's new comprehensive education agenda articulated in SDG 4: "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all." This involves issues that are especially relevant for Pakistan –improving access by getting out-of-school children into schools and helping students to stay in school; strengthening the quality, relevance and inclusivity of education so that all children, whether boys or girls, rural or urban, can access the same high-quality education; and expanding learning opportunities beyond solely

¹¹⁸ United Nations Children's Fund, *The State of the World's Children: A Fair Chance for Every Child*, UNICEF, New York, 2016.

¹¹⁹ National Institute of Population Studies, *PDHS 2012-13*, Government of Pakistan, Islamabad, 2013.

¹²⁰ Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, Government of Pakistan, Islamabad, 2015.

¹²¹ National Institute of Population Studies, *PDHS 2012-13*, Government of Pakistan, Islamabad, 2013.

¹²² Analysis presented by the Institute of Social and Policy Sciences (I-SAPS), a national NGO which works on education policies, at the National Education Development Partners' Group meeting in 2016.

¹²³ IIm Ideas, *Access to Finance for Low Cost Private Schools in Pakistan*, IIm Ideas/UKAid, 2014, <[www.educationinnovations.org/sites/default/files/Access to finance for low cost private schools May 2014 FINAL.pdf](http://www.educationinnovations.org/sites/default/files/Access%20to%20finance%20for%20low%20cost%20private%20schools%20May%202014%20FINAL.pdf)>, accessed 14 April 2017.

mainstream classroom settings. Pakistan is making headway on all three fronts, as discussed below, although substantially more progress is needed before SDG 4 targets are in sight. Encouragingly, Pakistan has pledged its commitment to the *2030 Education Framework for Action* and host of other relevant international instruments like the Education for All (EFA) Goals.

The SDGs reaffirm every child's right to education, highlighted by Article 26 of the Universal Declaration of Human Rights. Article 28 of the CRC reiterates this right, specifying that education must be free. This Article also states that primary education must be compulsory, that different forms of secondary education should be developed and made available, and that higher education should be accessible to every child. It calls for concrete measures to encourage regular school attendance and reduce dropout rates. Article 29 highlights children's right to relevant, quality education that aims to develop their personality and talents to the fullest extent possible. These calls for free, quality education are echoed in SDG target 4.1.

Every child's right to non-discrimination is articulated by Article 2 of the CRC, while Articles 5 and 18 focus on parental responsibilities to ensure child rights in a manner consistent with children's evolving capacities. Article 23 recognizes the special needs of all children with disabilities. While Pakistan has committed to these provisions, the *Concluding Observations on the Fifth Periodic Report of Pakistan 2016* found that the country lags behind in fulfilling child development benchmarks set by the CRC.

Article 10 of CEDAW upholds women's and girls' right of equal access to education. The CRPD's Articles 24, 26 and 9 highlight the right of persons with disabilities to education without discrimination, by ensuring an inclusive education system at all education levels; independence; and the full inclusion and participation of persons with disabilities in all aspects of life. Articles 5, 6 and 7 prohibit all discrimination on the basis of disability, especially against children, women and girls with disabilities.

Box 5: Concluding observations of the CRC Committee related to education and development in Pakistan

The 2016 CRC periodic review proposed the following recommendations to strengthen education across Pakistan:

- Ensure universal, free and compulsory primary education for all children in the country by adopting relevant laws and policies at the national, provincial and territorial levels.
- Prevent children from dropping out-of-school, including by facilitating access to schools and providing financial support to children from disadvantaged families.
- Emphasize the importance of education for girls by overcoming deeply rooted attitudes preferring boys and their well-being to the well-being of girls.
- Improve the quality of education and provide quality training and incentives for teachers, with particular emphasis on rural areas. Ensure monitoring of the curricula and teaching methods to prevent unlawful content of teaching and/or behaviour.
- Raise awareness and encourage communities and parents in particular to enrol children in schools, especially girls, and those who reside in under-represented provinces and rural areas.
- Allocate sufficient financial resources for the development and expansion of early childhood

care and education, based on a comprehensive and holistic policy of early childhood care and development.

- Prioritize construction and reconstruction of school infrastructure, especially those schools affected by natural disasters or insecurity. Allocate sufficient resources to provide basic facilities, including drinking water, toilets and heating.
- Take measures to protect schools, in particular secular and girls' schools, and prevent possible attacks, including targeted attacks on teachers, as well as prevent occupation of schools by armed groups.
- Ensure that the curricula of *madrassas* follow the overall state curriculum and do not include religious or sectarian intolerance, are designed in the spirit of human rights, and include subjects on children's rights and other international human rights instruments.
- Encourage and ensure that all children with disabilities have access to inclusive education. Prevent and protect children with disabilities from abandonment by providing appropriate assistance and guidance to their families. Ensure that inclusive education is given priority over the placement of children in specialized institutions and classes.
- Collect data and adopt a comprehensive national child mental health policy. Ensure that mental health promotion, counselling, prevention of mental health disorders in primary health care, schools, communities, and child-friendly mental health services are integral features of the policy.
- Integrate refugee, asylum seeking and displaced children in national and provincial education systems on equal terms as nationals of the state.
- Prevent privatization of schools and establish mechanisms to monitor the compliance of private schools with minimum educational standards.
- Adopt a comprehensive sexual and reproductive health policy for adolescents. Ensure that sexual and reproductive health education is part of the mandatory school curriculum and targeted at adolescent girls and boys, with special attention to preventing early pregnancy and sexually transmitted infections.

Source: Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child on the Fifth Periodic Report of Pakistan: June 2016*.

4.1 | Out-of-School Children

State of deprivation: Multiple data sets ¹²⁴– each offering slightly different percentages and figures – all affirm that large number of children in Pakistan are **out-of-school** and that certain major patterns of exclusion are evident, specifically that girls, rural children, poor children and those from less developed provinces are more likely to be out-of-school. An estimated 22.6 million children between the ages of 5 and 16 are out-of-school at the primary, middle and secondary levels – 44% of the country's children (40% boys vs. 49% girls, a significant gender gap). These include children who have never gone to school, as well as children who have dropped out. The overall percentage of out-of-school children has fallen, from 47% in 2015 – a positive development that needs to be urgently continued. Some 5 million

¹²⁴ This section principally uses three sources of data – the Pakistan Education Statistics, the Annual Status of Education Report (ASER) and UNICEF's and UNESCO's joint study on out-of-school children.

children of primary school age are out-of-school, a decline from 6.1 million in 2015. 23% of children in this age group do not access any educational opportunity (29% of girls vs. 17% of boys).¹²⁵ As noted in this chapter's introduction, Pakistan has the highest proportion of out-of-school children in South Asia.¹²⁶ In 2011, the Pakistan Education Task Force reported that roughly 10% of the world's primary school age children who are not in school¹²⁷, and nearly 1 in 3 of those from South Asia¹²⁸, live in Pakistan. Of these children, an estimated 3 million will never enter school. Since 21% of Pakistan's total population is aged 5-14 years, the country must accommodate roughly 42 million children in primary, middle and secondary schools at any given time.¹²⁹

A 2013 study¹³⁰ on out-of-school children in Pakistan established a profile of excluded children using a 'Five Dimensions of Exclusion' framework: (i) children of pre-primary school age (4 years) who are not in pre-primary or primary education; (ii) out-of-school children of primary school age (5-9 years) who are not in primary or secondary education; (iii) out-of-school children in the lower secondary school age group (10-12 years) who are not in primary or secondary education; (iv) children in primary school who are considered at risk of dropping out; and (v) children in lower secondary school who are at risk of dropping out. The analysis found that:

- 51% of 4 year-olds are not attending either pre-primary or primary school.
- 34% of children of primary school age are out-of-school, encompassing 15.2% of boys and 18.8% of girls (2.9 million boys and 3.6 million girls).
- 30% of children of lower secondary school age children are out-of-school, encompassing 12.2% of boys and 17.8% of girls.
- Dropout rates are lowest in the early years of primary school, from 2.5% for Class 1 to 16% for Class 4 and 43% in Class 5.
- Dropout rates also rise from 16% in Class 6 to 27% in Class 8.
- Out-of-school children often experience deeply rooted structural inequalities. Overall, the profile of excluded children (both out-of-school and those at risk of dropping out) includes girls, rural children, children in the poorest wealth quintile, and Balochi-speaking children, followed by those from other ethnic groups. Rural girls were more likely to be out-of-school at the lower secondary level and to experience more pronounced deprivation in terms of their right to education.

Data confirms that rural children, particularly rural girls, are more likely than urban children to be out-of-school. 59% of out-of-school girls aged 5-9 years belong to the country's poorest households, compared to 5.1% from the richest.¹³¹ Only some 4% of children with disabilities attend school.¹³² Child labourers are far more likely to be out-of-school than children who do not work (82% vs. 25%).¹³³

¹²⁵ National Education Management Information System, *Pakistan Education Statistics 2013-14; 2015-16*, Government of Pakistan, Islamabad, 2015; 2017.

¹²⁶ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 - Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

¹²⁷ United Nations Educational, Scientific and Cultural Organization Institute for Statistics (UNESCO UIS), 2012.

¹²⁸ United Nations Children's Fund, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016.

¹²⁹ Based on the Planning & Development Department's projections 2010-2030, prepared by the National Institute of Population Studies.

¹³⁰ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 - Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

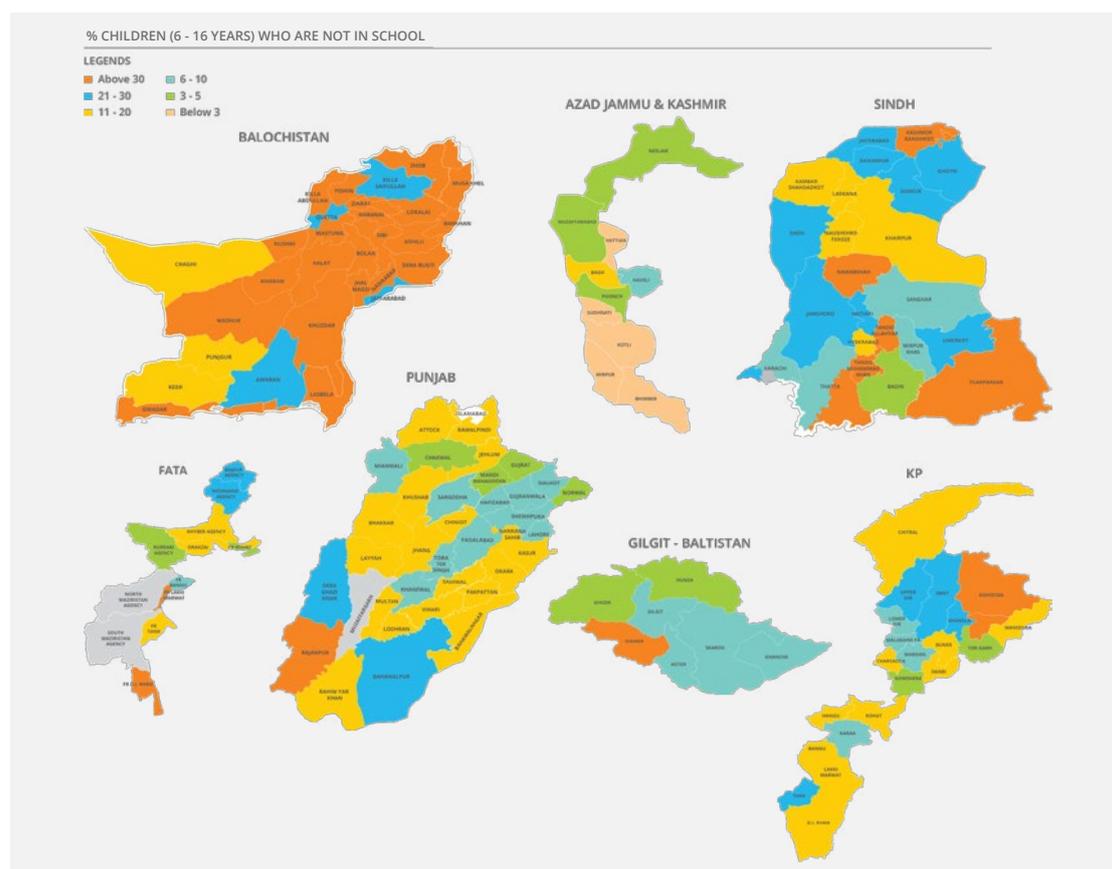
¹³¹ Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13*, Government of Pakistan, Islamabad, 2013.

¹³² Hameed, Abdul, *Social and Economic Issues of Persons with Disabilities in Pakistan*, University of Management and Technology, Lahore, 2012; in the absence of a regular census, no updated statistics are available on the number of children with disabilities, and integration of these children within the mainstream education system is fairly recent, compounded by cultural stigma.

¹³³ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 - Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

In rural Sindh, 65% of the poorest children never attend school, while 78% of girls in Balochistan are out-of-school.¹³⁴ These trends demonstrate that the most disadvantaged are the most likely to be left behind in terms of education – making it all the more necessary for the education system to focus on redressing disparities based on gender, geographic location, socio-economic status and disability. The figure below, based on the 2016 ASER report, reaffirms and illustrates disparities between urban and rural areas in Pakistan’s provinces.

Figure 12: Provincial rural maps for out-of-school children (aged 6-16)



Source: Annual Status of Education Report, *Annual Status of Education Report (ASER) 2016*.

Provincial breakdowns reveal that Balochistan has the highest percentage (70%) of children between the ages of 5 and 16 who are out-of-school, followed by FATA, Sindh, GB and AJK. In AJK, over half of children in this age group are out-of-school.¹³⁵ This indicates that children are most likely to be out-of-school if they live in areas which are less developed, more impoverished and more remote. Moreover, the proportion of out-of-school children amongst the school aged population as a whole varies across provinces and is highly dependent on gender.¹³⁶ Thus, girls in FATA and KP are significantly more likely to be out-of-school than boys. The gender divergence is less across other provinces and areas, and almost disappears in Islamabad and AJK.¹³⁷ The percentage of out-of-school children increases in higher levels of education – the lowest rates are at the primary level, while highest at the secondary

¹³⁴ Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014; National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

¹³⁵ National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

¹³⁶ Based on analysis of data included in the *Pakistan Education Statistics 2014–2015*.

¹³⁷ *Ibid.*

level. This trend is especially marked in Balochistan and FATA. Thus, while more of Pakistan's children are attending primary school, secondary schools remain out of reach for far too many children and adolescents, particularly girls.

A number of factors contribute to this scenario, as discussed below, including supply factors – simply put, there are fewer middle and secondary schools available for girls – and gendered cultural norms that put pressure on boys to start working at an early age, while discouraging girls' mobility and social participation, and promoting early marriage. For instance, according to PSLM 2013–2014 data reveals that boys were more likely to attribute dropping out of, or not attending, school to the need to 'help at work' while girls were more likely to cite the need to 'help at home'. This is a concern both for the rights of the child and Pakistan's growth prospects, as well-educated workers are the key to greater labour force productivity, innovation and sustainable economic prosperity.

Table 5: Percentage of out-of-school children

Out-of-school children%		(5-16 years)	Primary	(5-16 years)	Primary	Middle	Secondary
		2016	2016	2015	2015	2015	2015
Pakistan	Total	44	23	47	28	53	69
	Girls	49	29	52	34	57	73
Punjab	Total	38	14	44	24	47	67
	Girls	40	17	46	27	49	68
Sindh	Total	55	35	56	36	66	74
	Girls	61	44	61	44	69	78
KP	Total	36	15	36	14	39	62
	Girls	51	26	52	28	56	80
Balochistan	Total	70	53	70	52	75	89
	Girls	78	66	75	60	80	92
GB	Total	50	34	50	33	56	71
	Girls	53	36	53	36	60	74
AJK	Total	50	39	50	40	55	62
	Girls	52	40	52	40	56	68
FATA	Total	58	31	60	35	73	84
	Girls	74	53	75	55	88	93

Source: Government of Pakistan, *Pakistan Education Statistics 2014-15*; *Pakistan Education Statistics 2015-16*.

Causality analysis: Progress on SDG 4 will depend on doing more to get children into schools. . The reasons why so many of Pakistan's children are out-of-school relate to issues like limited infrastructure, the poor quality of education and stark disparities related to gender, economic status, provinces/regions, urban/rural location, language, ethnicity, disability and disaster-induced displacement.¹³⁸ Poverty is an especially key factor for exclusion. As noted above, nearly half of the children from the country's poorest households (aged 5-9) are out-of-school, compared to only 17% from the wealthiest strata¹³⁹ and girls from poor rural families receive nearly ten years less education than privileged urban boys.¹⁴⁰ On average, 62% of children have attended school in Pakistan at some point.¹⁴¹ This falls to a mere 33% for children over the age of 10 from the poorest quintile, compared to 72% from the richest quintile.¹⁴² Clearly, income poverty plays a major role in limiting children's participation in education (see Annex K). Although public schools are free, indirect costs associated with schooling (e.g. transport, books and bags) are considered a barrier to education.

Gender disparities abound, disadvantaging both girls and boys. The opportunity costs of sending boys to school, compared to their entering the labour force, leads to a large number of out-of-school boys. This is closely tied to high rates of poverty and vulnerability across the country. The opportunity costs associated with continuing education increase at the secondary level. These can cause a shift in parental attitudes, prompting boys to drop out. By contrast, girls are at a greater disadvantage because of child marriage and cultural attitudes towards educating girls¹⁴³, especially after they reach puberty. For adolescent girls, exposure and mobility are not widely accepted, including due to safety concerns. Opportunities for education decline as girls grow older. A 2011 study of extremely poor households found that fewer than 6% of parents disapproved of educating girls between the ages of 5 and 11 as compared to less than 1% disapproving educating boys, suggesting that disapproval of girls' education is more prevalent among poor households than disapproval for boys' education. However, parental disapproval among very poor families increased to 16% for girls aged 12-17, while remaining at 1% for boys.¹⁴⁴ This reflects greater constraints on adolescent girls' participation in the educational and social sphere. Evidently, gender norms disadvantage both girls and boys since proscribed ideas about what boys and girls 'should do' force both groups to forego their education.

Provincial and regional disparities exist between boys and girls, reflecting inequalities in terms of equal opportunities for schooling for all children aged 5-16. Nationwide, more girls are out of school than boys, but this trend is extremely pronounced in Balochistan and FATA, where 3 out of 4 girls between the ages of 5 and 16 are out-of-school. This trend also exists in other parts of Pakistan – over half of the girls in Sindh, KP, GB and AJK are out-of-school, as are over one-third in Punjab.¹⁴⁵

Rural children, especially girls, are particularly disadvantaged, as are children with disabilities, only 4% attend school. Their exclusion is linked to the social stigma that afflicts children with special needs. This, in turn, discourages parents from sending children with disabilities to school. It is also tied to an absence of facilities, educational materials and trained teachers capable of meeting the needs of students with disabilities.

¹³⁸ United Nations Children's Fund Pakistan, *Education Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016.

¹³⁹ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 – Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

¹⁴⁰ United Nations Children's Fund, *The State of the World's Children: A Fair Chance for Every Child*, UNICEF, New York, 2016.

¹⁴¹ Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, Government of Pakistan, Islamabad, 2015.

¹⁴² Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2013-14*, Government of Pakistan, Islamabad, 2014.

¹⁴³ United Nations Children's Fund Pakistan, *Education Equity Analysis 2016(unpublished paper)*, UNICEF Pakistan, Islamabad, 2016.

¹⁴⁴ Benazir Income Support Programme, *Impact Evaluation, baseline survey report*, Government of Pakistan, Islamabad, 2011.

¹⁴⁵ National Education Management Information System, *Pakistan Education Statistics 2015-16*, Government of Pakistan, Islamabad, 2017.

Legislative and policy analysis: see the overarching legislative and policy analysis for education issues below, under Section 4.3.

Duty bearer and partners: see the overarching discussion of duty bearers for education below, under Section 4.3.

4.2 | Children in School

Early Childhood Education (ECE) or Pre-Primary Education

State of deprivation: **ECE** is a critical part of education, providing the foundation for effective learning and children's holistic growth. It is the focus of SDG target 4.2, which highlights its importance for children's growth and development, and thus by extension, for Pakistan's future human capital. The quality of early learning experiences has a marked bearing on school preparation, participation, completion and achievement.¹⁴⁶ Increasing access to ECE can also have a positive impact on school participation and retention for older siblings, particularly girls, when they are freed from the responsibility of caring for younger children.¹⁴⁷ Pre-school enrolment was 39% nationwide in 2014, with much higher rates in urban areas (58%).¹⁴⁸ In 2014, pre-primary attendance was 37.3% in Punjab and 17% in Sindh.¹⁴⁹

For years, Pakistan has informally offered one-year pre-primary education (*katchi*) in public sector schools, albeit without the allocation of teachers or other resources. Although this is an informal space, in practice it serves as an entry class for public sector primary schools. This is reflected by total enrolment at the pre-primary stage of 8.7 million pupils in 2016. While the public sector has a pre-primary enrolment of 4.5 million (52%), private sector enrolment in pre-primary has reached similar levels, 4.2 million (48%).¹⁵⁰ Reliable data does not exist on pre-primary schooling and ECE due to continuing gaps in the definition of, and approaches to, pre-primary education. A large number of children reported as pre-primary students are actually in *katchi* class.

Pre-primary enrolment rates rose by 8% between 2010 and 2015, with a higher increase for girls (12%) than boys (5%). The Gross Enrolment Rate (GER) at pre-primary level improved from 71% in 2014 to 74% in 2016.¹⁵¹ An upward trend is evident in all provinces. Nevertheless, provincial disparities are substantial. GB (39%), Balochistan (56%) and Sindh (61%) have the lowest rates of pre-primary GER.

Causality analysis: Low levels of Early Childhood Education ('pre-primary') may be tied to the fact that this is not guaranteed in the Constitution, although its growing presence appears linked to the recognition of ECE's importance by Pakistan's *National Education Policy (NEP) 2009*, the CRC and SDG 4.2. In fact, considering that the education system does not provide resources for this age group, it may be argued that enrolment levels in *katchi* classes are surprisingly high.

¹⁴⁶ Denboba, Amina Debissa, Leslie K. Elder, Joan Lombardi, Laura B. Rawlings, Rebecca K. Sayre, Quentin T. Wodon, *Stepping Up Early Childhood Development: Investing in Young Children for High Returns*, World Bank Group and CIFF, Washington D.C., 2014.

¹⁴⁷ Lokshin, M. M., E. Glinskaya, and M. Garcia, *The Effect of Early Childhood Development Programmes on Women's Labour Force Participation and Older Children's Schooling in Kenya*, World Bank, Washington D.C., 2000.

¹⁴⁸ Ministry of Finance, *Pakistan Economic Survey 2014-15*, Government of Pakistan, Islamabad, 2015.

¹⁴⁹ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014; Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

¹⁵⁰ National Education Management Information System, *Pakistan Education Statistics 2015-16*, Government of Pakistan, Islamabad, 2017.

¹⁵¹ National Education Management Information System, *Pakistan Education Statistics 2013-14; 2014-15, 2015-16*, Government of Pakistan, Islamabad, 2015;2016; 2017.

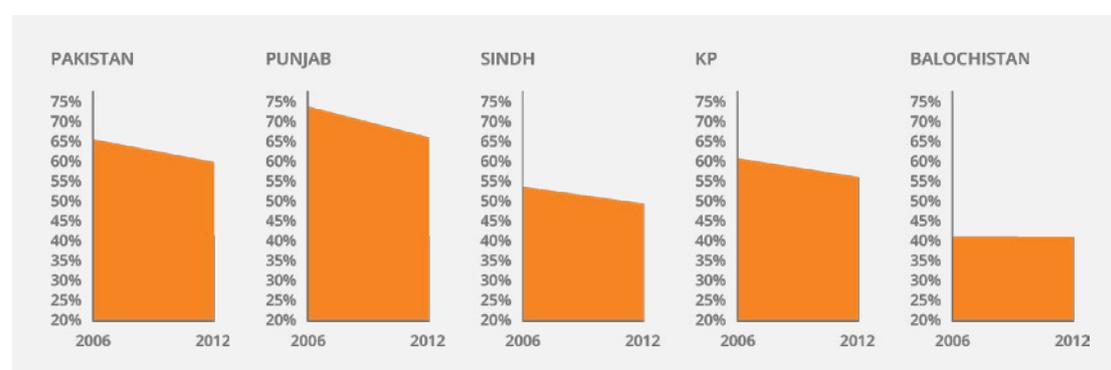
Many children enter school beset by disadvantages, including malnutrition and a lack of early childhood development. Children with a poor immune system or those who are malnourished are not likely to enrol or perform well in school. Their numbers are substantial, given Pakistan's high rates of stunting and wasting. A lack of awareness among parents also leads to children's late induction into pre-primary schools. This causes significant age variations among students, delayed progression, poor motivation, low levels of achievement and high dropout rates. Although evidence is only available for Punjab and Sindh, there appears to be a link between low ECE attendance and language barriers. Children may be unlikely to attend pre-primary schools when the school's language differs from the language they speak at home. For instance, only one-tenth of children from Balochi speaking families are in any form of pre-primary or primary education, compared to over half of children who speak Punjabi.¹⁵²

Although enrolment in *katchi* class is regarded as enrolment in pre-primary school, it cannot be regarded as a full form of ECE. For instance, many *katchi* teachers and caregivers may not be adequately trained in Early Childhood Development (ECD). Public sector ECE programmes are only just emerging, thus they lack an effective, standard curriculum; monitoring systems; teaching-learning materials; adequate classroom space; and qualified ECE teachers. Whereas public schools have no teacher allocations for the pre-primary age group, the private sector's provision of ECE with dedicated teachers is growing in significance.

Primary (5-9 years) and Middle and Secondary Education (10-16 years)

State of deprivation: Primary education in Pakistan is beset by challenges in terms of access, enrolment, attendance, retention and completion rates, alongside the pervasive low quality of teaching and learning (see Section 4.3 for an in-depth discussion of quality concerns). Pakistan's national Net Attendance Ratio (NAR) for primary schools is 59.9%¹⁵³, despite government efforts to improve enrolment rates. Key positive moves in recent years include provincial *Education Sector Reform Programmes* in Punjab, Sindh, KP and Balochistan. Further progress is needed, given that over 40% of children of primary school age are either not going to school, or have dropped out from school. At the provincial level, primary NAR is highest in Punjab (67%), followed by KP (57%), GB (56%), Sindh (50%) and Balochistan (42%). MICS 2014 data reports ratios of 45.2% for Sindh and 58% for Punjab. When compared to PDHS data from 2006-07 to 2012-13, primary NAR has declined at both the national and provincial levels.

Figure 13: Primary school Net Attendance Ratio (NAR) (2006-2012)



Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 2006-07*; *Pakistan Demographic and Health Survey (PDHS) 2012-13*.

¹⁵² United Nations Children's Fund Pakistan, *Education Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016.

¹⁵³ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

The *National Education Management Information System* (NEMIS) offers the most reliable information available on the country's Net Enrolment Rate (NER) that it reports as the Adjusted Net Primary Enrolment Ratio (ANER). The latest NEMIS' data shows 77% of all children of primary school age in Pakistan are enrolled in schools. However, great variations exist between provinces and genders. Islamabad Capital Territory (ICT) has the country's highest ANER (96%). ICT's ANER for girls (97%) is higher than that for boys, whereas the opposite is true for all other provinces and regions. Following ICT, strong ratios are evident in Punjab (86% overall – 83% for girls and 88% for boys) and KP (85% overall, with a much starker disparity between 74% for girls and 95% for boys). Nationwide, Pakistan's ANER has improved over time, rising from 68% in 2012/13 to 77% in 2015/16 (71% for girls and 83% for boys). At the middle school level, Pakistan's overall ANER falls to 49% (45% for girls and 53% for boys), and is down to 32% at the secondary school level (28% for girls and 36% for boys).¹⁵⁴ Comparative analysis of enrolment data reveals that completion rate dropped 1% - declining from 67% in 2012-13 to 66% in 2015-16 (65% for girls and 67% for boys).¹⁵⁵

Beyond enrolment rates, completion rates are also extremely significant. NEMIS 2015-16 data for Punjab and Sindh reveals primary school completion rates of 75% and 49%, respectively. Primary-level completion is especially low in rural areas. It varies between 35% in rural Sindh and 65% in Sindh's urban areas. Similarly, completion rates range from 69% in rural Punjab to 88% in Punjab's urban centres.¹⁵⁶ Overall, nationwide only 31% of rural girls complete their primary education compared to 61% of girls in urban settings. Gender disparities linked to the rural-urban divide are especially marked at the provincial level. For instance, only 20% of rural girls in Sindh complete their primary education, compared to 64% of urban girls in the province. In Balochistan, only 13% of rural girls complete their primary schooling, as opposed to 33% of girls in urban centres.¹⁵⁷ Retention rates in schools are alarmingly low across all grades.

Attendance rates are lowest among 5 year olds (45.1%) and highest among 8 year olds (78.1%). This suggests that many children do not start primary school at the official entry age. The attendance rate of 9 year olds falls to 72.9%, indicating significant student dropouts at this stage. Considerable proportions of 'over age' children exist in each school year, i.e. over the intended age for the level of education that they attend. There are children as old as 11 still attending pre-primary classes, and children aged 17 still in primary school. Boys are slightly more likely than girls to be 'over age' for the level of education that they attend (9% of boys vs. 8.1% of girls).¹⁵⁸

Gender ratios among primary school students highlight girls' limited access to education. The *Gender Parity Index* (GPI) for primary education in Pakistan is 0.86.¹⁵⁹ Primary GPI for Sindh and Punjab in 2015-16 was 0.94 and 0.78 respectively, according to NEMIS data. It is lowest in FATA at 0.53. GPI for secondary education is 0.81 with Punjab being at the highest level (0.96 %) followed by AJK and GB at 0.85 and 0.80 respectively. Sindh at 0.78 % seems better only because Balochistan, KP and FATA remain at alarming 0.57 %, 0.48 % and 0.23 % respectively. Furthermore, household surveys show stark disparities among some districts and rural/urban areas in this regard. For example, in Sindh's

¹⁵⁴ National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

¹⁵⁷ Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, Government of Pakistan, Islamabad, 2015.

¹⁵⁸ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 – Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

¹⁵⁹ National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

Rajanpur district, 64% of rural girls either do not attend school or are over age for the class they attend. This falls to 19% for urban girls in Sindh. In Balochistan's Kalat district, these figures are 74% for rural girls and 13% for urban girls.¹⁶⁰

The NAR for **middle and secondary education** is 37% at the national level. Ratios are notably higher in Punjab (41%) and KP (39%) than in Sindh (29%) and Balochistan (20%). MICS 2014 data records provincial middle and secondary school NAR as 37% in Sindh and 42% in Punjab. While primary school level NAR has decreased, it has improved for middle and secondary levels since 2006 across all provinces.

Figure 14: Middle and secondary Net Attendance Ratio (NAR) (2006-2012)



Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 2006-07*; *Pakistan Demographic and Health Survey (PDHS) 2012-13*.

Nationally, middle and secondary level NAR is very low – 22% for middle school (26% in Punjab; 19% in Sindh; 21% in KP and 14% in Balochistan) and 13% for secondary education (15% in Punjab; 12% in Sindh; 10% in KP and 6% in Balochistan). Dropout rates tend to fluctuate, peaking at Class 5 and again in Class 8. Dropout rates among rural children in Class 5 are 46%. While they fall to 18.5% for Class 6, and even further to 14.9% for Class 7, they rise to 28% for Class 8. Rural children are more likely to drop out than their urban peers. In Class 8, for example, 28.3% of rural children drop out, compared to 24.1% of urban children. Dropout rates tend to be higher for children in poorer wealth quintiles.

The quality of education tends to be poor at both the primary and secondary levels for both girls and boys. Low levels of learning achievement and weak learning outcomes are evident across the country. An emphasis on rote-learning and outdated, or not contextually relevant, curricula are central concerns. This is particularly significant where skills taught in schools do not match the needs of the job market, which has implications for students' future employability.¹⁶¹ This also reinforces the need for concerted investments in developing capacity – of teachers and education system administrators alike – to improve standards and thereby, boost enrolment, retention and completion rates while ensuring that educating children makes a real, positive difference to their lives. As noted in Chapter 2, the economic composition of education sector spending in 2014 revealed that 80% was spent on employees, primarily on salaries, leaving very little for investments in building capacity and improving quality. Quality and equity concerns pose significant challenges to Pakistan's achievement of SDG 4,

¹⁶⁰ Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, Government of Pakistan, Islamabad, 2015.

¹⁶¹ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

which specifically highlights 'quality' and 'inclusive' education. Thus, there will be a need to improve the quality of education, as discussed below, while making education more equitable – and therefore accessible to more children left behind due to their gender, location, disability or socio-economic background.

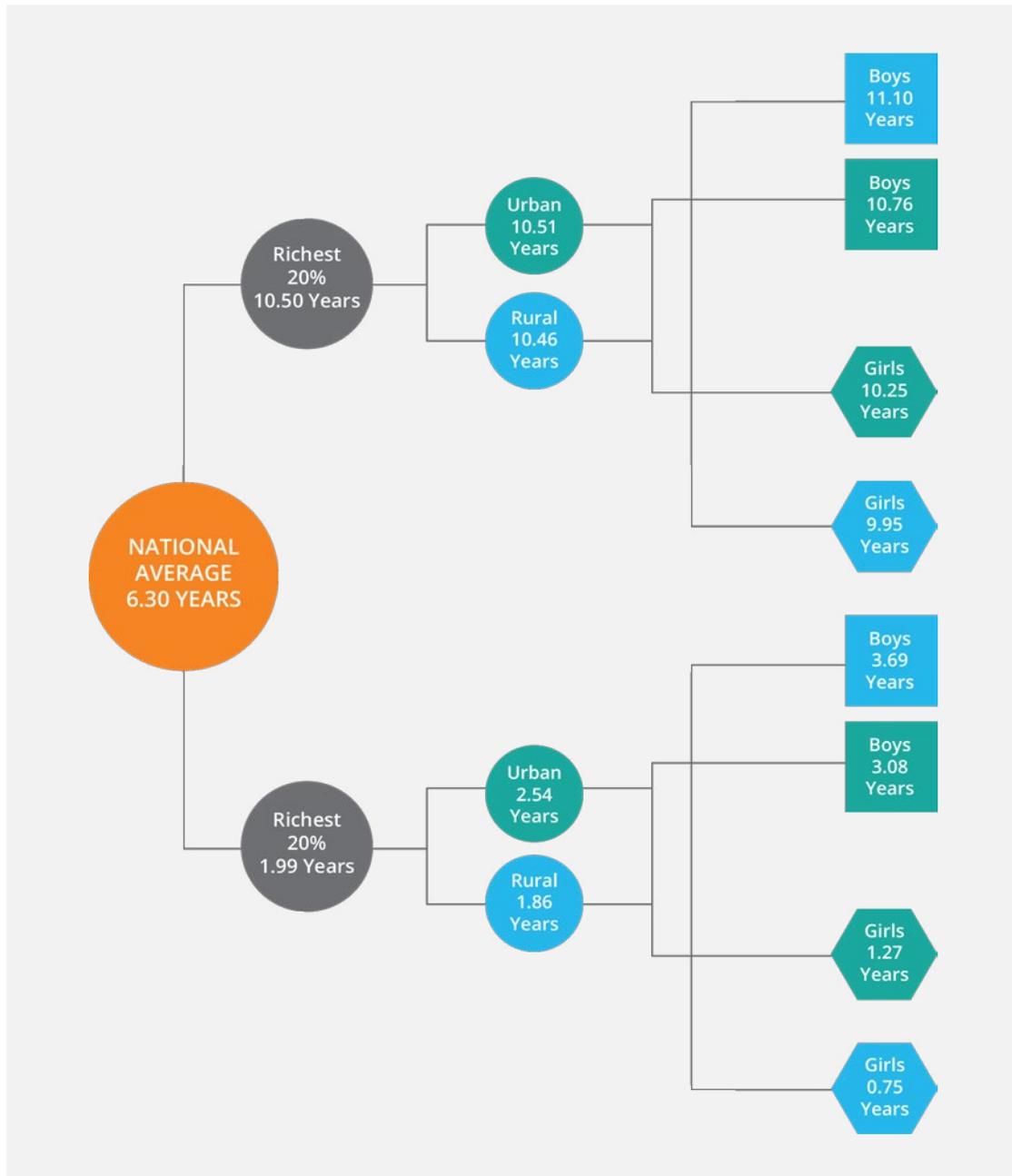
Causality analysis: Limited provision, poverty and low quality education are major barriers to realizing children's rights to education and achieving SDG 4. For middle, secondary and higher-levels of education, provision is especially key – simply put, there are not enough schools in Pakistan that offer post-primary education. Failing to achieve SDG 4 would also be a major impediment to achieving progress on all other SDGs and ensuring that the country has a skilled, productive workforce. Without high-quality secondary schooling, Pakistan's future cadre of workers will lack critical skills required for optimal economic productivity and social participation.

Data from the PDHS 2012-13 reveals that reason for high dropout rates across all education levels (primary, middle and secondary schools) are intimately linked to socio-economic trends, gendered access constraints and a disinterest in education, likely linked to the lack of high-quality, contextually-relevant education available in Pakistan. The most cited reasons by boys for dropping out included "not interested in studies" (33%), "need to work to earn" (28%), and high costs (16%). Among girls, key drivers were high costs (19%), "not interested in studies" (17%), "got married" (12%), and "school too far" (10%). Among girls 13% dropped out-of-school because they believed further education was not necessary.

Despite its importance, low quality and low levels of secondary education are evident across the country. As with primary schooling, levels of education completed in Pakistan depend on gender, area of residence and wealth. Wealth has a positive effect on NAR across all levels of, suggesting that poverty is an important factor which hinders children from attending school. Multiple disadvantages constrain children's right to education. Access to education is extremely inequitable – as noted above, only 20% of poor rural girls are in school, compared to 81% from rich urban backgrounds.¹⁶² Children in the richest 20% of the population get nearly nine more years of schooling, on average, than children in the poorest 20%. Gender disparities deepen deprivations among the poorest girls, especially in rural areas. Both low school participation rates and the high number of out-of-school children are directly linked with a poor learning environment and outcomes in schools, as discussed below in Section 4.3. Poverty, gender, location, language, ethnicity, disability and other factors further influence learning opportunities for all children. Combined, they create an inequitable environment in which children some are privileged while others are left behind, an unacceptable predicament for Pakistan's pursuit of the SDGs.

¹⁶² United Nations Children's Fund, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016.

Figure 15: Average number of years of schooling for youth (aged 20-24) (2013)



Note: This chart is not drawn to scale.

Source: Reproduced from UNICEF, *The State of the World's Children 2016: A Fair Chance for Every Child*; UNESCO, *Global Education Monitoring Report*; World Inequality Database on Education, *WIDE 2013 DHS data*.

While public schools are free, other direct and indirect costs negatively impact children's pursuit of education. The low quality education offered in public schools and lack of relevance of educational to people's economic needs is a factor contributing to high dropout rates. Parents' perception of school education being unlikely to lead to greater job or income generation opportunities make it less important for them to keep their children in schools.

Many families deem the 'opportunity cost' of education too high to keep their sons and daughters in school. They prefer their children – particularly boys – to work and earn an income outside home, as opposed to studying, while girls stay at home and perform household chores. Moreover, as school environments are often not child-friendly, cases of corporal punishment, violence and maltreatment can result in children dropping out-of-school.¹⁶³

After responsibility for education was devolved to the provinces in 2010, provincial budget allocations for education resources rose an estimated 41 per cent in the overall allocations for resources. In 2015–2016, provincial allocations increased by 8.4% in Sindh, 12% in KP, 19% in Balochistan and 21.4% in Punjab compared to the previous year. They will need to rise further to provide the funding necessary to educate all children between the ages of 5 and 16. Since development expenditures are lower than recurrent expenditures, interrelated factors have led to structurally weak implementation and enforcement of commitments, legislation and policies. These factors include insufficient allocations, under-utilization, lack of transparency, limited oversight and particularly inequitable allocation of education resources at all levels. Effective resource utilization remains a challenge¹⁶⁴ and with spending on education amounting to 2.7% of GDP in 2015–2016, Pakistan is far from achieving its commitment to allocate 4% of GDP to education by 2018.¹⁶⁵ Allocations also do not necessarily take into account equity considerations. The cumulative impact of recurring small and large scale disasters also drain substantial resources from government budgets, impeding planned development programmes, including the opening of new schools.

Key challenges to achieving an equitable education system, able to uphold Article 25A and achieve SDG 4 include low levels of public financing; the variable utilization of allocated resources, particularly of development budgets; and a lack of needs- and equity-based budgeting mechanisms. Another concern is that sector plans do not sufficiently target marginalized girls and boys. Even plans with equity provisions are either not implemented or may be contradicted by other policies. For example, villages below a certain population threshold do not qualify for a primary school in Balochistan.

In terms of supply, there are not enough education opportunities at different levels to meet the needs of Pakistan's children. The overall number of schools is insufficient, especially for girls and particularly in FATA. Improvements in public school facilities are a notable positive trend. In Punjab, for instance, nearly all schools now have access to safe drinking water and sanitation facilities. Across the country, WASH facilities exist in 70% of primary schools and 82% of middle schools.¹⁶⁶ Where infrastructural facilities are lacking – including boundary walls, gender segregated toilets and drinking water – enrolments fall and dropout rates rise. This is particularly true for adolescent girls as most schools are not sufficiently equipped with MHM facilities and related information.

Schools tend to lack sufficient learning and teaching materials, including guides for teachers and textbooks for students.¹⁶⁷ Most primary school teachers simultaneously teach several age groups and class levels. Yet, many lack the necessary competency to manage multi-lingual and multi-class education. Lack of safety in schools is also a major source of concern for parents and children, particularly in areas affected by natural and human-induced disasters or those lacking facilities like separate toilets for girls.

¹⁶³ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

¹⁶⁴ Institute of Social and Policy Sciences, *Public Financing of Education in Pakistan: 2010-2011 to 2015-2016*, I-SAPS, Islamabad, 2016.

¹⁶⁵ Alif Ailaan, *Government allocations for education in Pakistan: The road to getting to 4% of GDP*, Alif Ailaan, Islamabad, 2016, <http://www.alifailaan.pk/budget_allocation_2015>, accessed 15 April 2017.

¹⁶⁶ National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

¹⁶⁷ United Nations Children's Fund Pakistan, *Education Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016.

Quality issues abound across public sector education, from the primary level through to secondary schooling. Low levels of learning achievement are evident across the country. Approximately half of public school students in Class 5 are unable to read a Class 2 story in Urdu or to divide a two-digit sum.¹⁶⁸ The widespread emphasis on rote-learning does little to hone students' cognitive faculties or analytical skills. Curricula tend not to reflect contextual realities for girls and boys nor, nor do they fully prepare students with the skills they will need to lead productive lives. The quality of teaching is also a concern, spurred by fragmented governance; a dated pre-service training structure; and a highly limited in-service training regime.¹⁶⁹ As noted above, this highlights the need for continual capacity development for teachers, coupled with effective monitoring and oversight.

Pakistan's parallel systems of public and private education may be widening inequitable social disparities. Its elite English medium schools are attended by children from privileged backgrounds, offering high quality education that only the rich can afford. Low-cost private schools, public sector schools and *madrassas* are attended by children from more modest or impoverished socio-economic backgrounds. Most of the country's numerous *madrassas* or *deeni madaris* (faith-based religious institutions) do not teach the mainstream public curriculum, which leads to further divisions and exclusions. A gradual shift is occurring from enrolment in public primary schools to private sector institutions. Some 39% of Pakistan's private schools were established within the past 5 years.¹⁷⁰ While the private sector has witnessed tremendous growth, it is evolving in terms of standard setting and quality. Low-cost private schools, a significant part of the private system, are fragmented, with little or no standardization in their curricula or pedagogies. In the absence of regulations, many such private schools offer poor quality education to their pupils.

In terms of demand, challenges include an unsupportive home environment, encompassing a lack of parental care and understanding about quality education. There is a preference for boys' education over that of girls. Low ECE rates result in children's late induction in schools, as discussed above, delaying progression and achievement, dampening motivation, expanding the age variations between students in the same class, and contributing to dropout rates.

Non-Formal Basic Education (NFBE)

Lifelong learning is championed by SDG 4, a particularly relevant issue for Pakistan given the challenges of marginalized, disadvantaged and out-of-school children. Alternative forms of learning offer children a 'second chance' at an education that responds to the real contexts of many children's lives. Nearly 16,000 **non-formal basic education** (NFBE) institutions and 12,600 *madrassas* (also known as *deeni madaris*) exist in Pakistan. Among non-formal enrolments for children of primary school age, over half (1.6 million) are in *madrassas*. NFBE is largely provided by community-based schools. Accelerated Learning Programmes (ALP) are a major component of NFBE, used as a common strategy to meet the needs of many out-of-school children. Many of these children require classes to help them catch up with their peers, or a condensed curriculum. ALP represents an alternative to the formal education system, with the potential to reach children who have never attended school, as well as those who have dropped out. As such, Pakistan has witnessed the development of ALPs, parallel to the formal education system.

Of the total Alternative Learning Programmes 44% are run by the Federal Government, 19.6% by Provincial Governments, 30.9% by *madrassas* and 5.5% by NGOs. 15% of all students enrolled in ALPs

¹⁶⁸ Annual Status of Education Report, *Annual Status of Education Report (ASER) 2016*, ASER, Lahore, 2017, <http://www.aserpakistan.org/documents/Report_Final_2016.pdf>, accessed 11 May 2017.

¹⁶⁹ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

¹⁷⁰ Ilm Ideas, *Access to Finance for Low Cost Private Schools in Pakistan*, Ilm Ideas/UKAid, 2014.

attend provincial ALPS. Great variations exist between provinces. For instance, 90% of these facilities are located in Punjab. Sindh, by contrast, has only 0.2%. Girls comprise 52% of ALP students, with the highest percentage in KP and FATA (55.8%).¹⁷¹

Causality analysis: Provincial service delivery in the non-formal education sector is increasing, helping to give out-of-school children a second chance at an education. Remaining challenges include a lack of coordination post-devolution, and uncertainty about exactly what the responsibilities of provincial Education Departments are in terms of NFBE.

All provinces have developed *Education Sector Plans* which address the issue of out-of-school children and non-formal alternatives to formal schooling. Punjab has established a separate Department of Literacy and Non-Formal Basic Education, while Sindh has set-up a Directorate of Non-Formal Education. Issues which have yet to be addressed systematically by existing programmes including access for older children; systemic limitations, such as limited governance and accountability; low levels of federal funding; and a lack of collaboration between duty bearers.

Provincial and rural/urban disparities also limit the reach of non-formal education. As discussed above, ALP initiatives have been implemented in all provinces, though not equitably planned across the country.¹⁷² Drop-in Centres for street children, child labourers and children engaged in various forms of work tend to operate only in metropolitan centres. These programmes are characterized by flexible timings, thus allowing the children freedom of movement to engage in other activities. However, the financial sustainability of initiatives like Drop-in Centres is uncertain, as they are wholly dependent on donor funding and are frequently delivered by the NGO sector.

Legislative and policy analysis: see the overarching legislative and policy analysis for education issues below, under Section 4.3.

Duty bearer and partners: see the overarching discussion of duty bearers for education below, under Section 4.3.

4.3 | Children's Learning Outcomes

State of deprivation: Access, equity and the quality of education are all major concerns for Pakistan. Learning environments tend to be poor, facilities missing and teaching-learning practices ineffective – all major contributors to high dropout rates.¹⁷³ While the overall education landscape is experiencing an expansion in fiscal space, this is not translating into improved **student learning**, particularly in public schools. The quality of education, however, is fundamental to achieving progress on SDG 4 – making it a vital pre-requisite for the country's labour force participation, its sustainable development and a strong economy.

Alongside the *National Education Assessment System* (NEAS), Pakistan participates in an annual citizen-led assessment, the *Annual Status of Education Report* (ASER). While data and methodologies for student learning vary across provinces, rural/urban locations, gender disparities and public and private schools, weak student learning outcomes remain the single most common factor across the board. Various sources and methodologies for student learning assessment point to inadequate student competency,

¹⁷¹ United Nations Children's Fund Pakistan, *A Review of Alternative Learning Programmes in Pakistan 2014*. UNICEF, Islamabad, 2015, <https://www.unicef.org/pakistan/ALP_2014-15_BOOK_eVersion.pdf>, accessed 19 April 2017.

¹⁷² Ibid.

¹⁷³ Annual Status of Education Report, *Annual Status of Education Report (ASER) 2015*, ASER, Lahore, 2016.

skills, and knowledge acquired through classroom education. In short, students are not learning what they are ought to learn, or rather, schools are not ensuring that children learn what they ought to. The consensus between different assessments of learning achievement¹⁷⁴ is that Pakistan is facing a 'learning crisis'. Simply put, too many students are not able to learn the basics and disadvantaged children fare worst.

The *National Education Assessment Report 2014* found average student performance was 'basic' and 'below basic' for core subjects in Class 4 and 8. While the performance of the average Class 4 student is at 'basic' levels for science and English reading, it falls below basic for English writing. Average Grade 8 scores are 'basic' and 'below basic' for Urdu reading, Urdu writing and mathematics.¹⁷⁵ As noted above, ASER 2016 found that fewer than 50% of the children in Class 5 meet the minimum threshold of educational assessment, largely due to the lack of a support system for child survival and development (see Chapter 3). 48% of Class 5 pupils in both public and private schools could not read a Class 2 story in Urdu, Sindhi or Pashto. 54% could not read a Class 2-level English sentence, while 52% could not divide a two-digit sum.¹⁷⁶

ASER's findings suggest that children in private schools perform somewhat better than their peers in public schools. However, further detailed assessments are required before drawing any substantive conclusion on private schools' performance on learning outcomes compared to that of public schools. ASER 2016 data notes that 66% of privately educated children were able to read a story in Urdu, Sindhi or Pashto. Similar patterns exist for arithmetic, 64% of Class 5 students in private schools were able to do division, compared to 44% of their counterparts in public schools.

In rural contexts, learning gaps are more prominent. The NEAS found that urban students obtained higher average scores than rural students. Rural girls are behind in both learning and enrolment, denoting gender and location-based disparities in learning outcomes. Boys mostly outperformed girls in Class 8, while girls were on average ahead of boys in Grade 4.¹⁷⁷ Similarly, ASER 2016 found that as 49% of boys and 41% of girls in Class 5 could not do subtraction or read a sentence in Urdu, Sindhi or Pashto. Disparities are also tied to children's socio-economic backgrounds. For instance, only 14% of the poorest girls could read a story in these languages, compared to 22% of the poorest boys.¹⁷⁸

At the provincial level, the Punjab Examination Commission Report 2015 reveals that Class 5 students performed best in *Islamiyat* and were weakest in science. Average scores obtained by students ranged between 68% in *Islamiyat* to 61% in Urdu, 50% in mathematics, 49% in English and 45% in science. Students in private schools out-performed their counterparts in public schools. Girls performed better than boys, especially in Constructed Response Questions, which test understanding and the application of curriculum topics. Overall, students in Punjab's southern districts performed better than those in central and northern Punjab as students from urban public schools of districts Muzaffargarh, Layyah and Vehari performed the best on average, whereas both public and rural students from districts Rawalpindi, Narowal and Sheikhupura had the lowest scores on average.

¹⁷⁴ National Education Assessment System (NEAS), *NAT Assessment Study 2014*, Government of Pakistan, Islamabad, 2014; Annual Status of Education Report (ASER) 2015 and 2016, ASER, Lahore, 2016/2017; Ministry of Education, Trainings and Standards in Higher Education, *Pakistan Education for All 2015 Review Report 2015*, Government of Pakistan, Islamabad, 2014.

¹⁷⁵ National Education Assessment System (NEAS), *NAT Assessment Study 2014*, Government of Pakistan, Islamabad, 2014, <[http://library.aepam.edu.pk/Books/NEAS National Assessment Study Report 2014.pdf](http://library.aepam.edu.pk/Books/NEAS%20National%20Assessment%20Study%20Report%202014.pdf)>, accessed 20 April 2017; NEAS found that writing scores are consistently lower than reading scores.

¹⁷⁶ Annual Status of Education Report (ASER) 2016, ASER, Lahore, 2017.

¹⁷⁷ National Education Assessment System (NEAS), *NAT Assessment Study 2014*, Government of Pakistan, Islamabad, 2014.

¹⁷⁸ Annual Status of Education Report ASER 2016, ASER, Lahore, 2017.

In Sindh, student learning outcomes in compulsory subjects are significantly below the national average, including for English, Urdu and mathematics. In the districts of Larkana, Hyderabad, Shikarpur and Sukkur, fewer than 15% of public school students could do basic math sums. According to the *Standardized Achievement Test (SAT)-III Report*, districts' overall performance in average Class 5 mathematics scores ranged from 13.7% to 23.8%. Reading scores were higher for Class 5 and Class 8 (55%), yet writing scores were extremely low (11% and 25%, respectively).

Learning levels are consistently poor in Balochistan, particularly among rural public schools. Some 55% of Class 5 students could not read a Class 2- level Urdu story. Only 28.6% of Class 3 students could read an Urdu sentence, 26.8% were able to read English words, and 28.8% could solve subtraction sums. Learning outcomes in KP are also concerning, particularly for girls. 43% of Class 5 students in Government schools could read a story in Urdu, compared to 52% of those in private school. 43% of public school students could perform division, while this rate was 50% among private pupils.

Causality analysis: Many efforts to improve learning quality do not take into account actual schooling conditions. They tend not to be rigorously evaluated for their impact on learning, leading to misdirected investments. As discussed above, strong learning outcomes for children are impeded by a shortage of qualified teachers, particularly female teachers and especially teachers in deprived districts; teacher absenteeism; a lack of subject specialists, especially vital at the secondary school level; weak school management; poor pedagogical approaches, especially in multi-lingual and multi-class environments; limited lesson times; a lack of updated textbooks and curricula; language barriers; and gaps in school facilities. Teachers do not tend to be provided with opportunities for continuous professional development, which can help to equip them with the skills to foster more child-friendly learning environments. The shortage of female teachers is influenced by gendered cultural norm, such as restricted mobility for women.

Although the provision of free textbooks is government policy, the *National Assessment Test 2014* found that 11% of Class 8 students reported not always receiving free textbooks. 13% of sampled students had never received free textbooks, including 11% in Class 4. This lack of core subject textbooks is a matter of serious concern, particularly for poor children, as it can have a severe negative impact on learning.

A Pupil-Teacher-Ratio of 40:1 is considered acceptable in Pakistan. While this indicator has a bearing on learning outcomes, it alone does not determine these outcomes. Other factors to be taken into account include teachers' qualifications, pedagogical training, experiences, and teaching methods and materials which are often not gender responsive. They also encompass classroom conditions, such as the widely varying ages of students in the same class.¹⁷⁹ FATA has the highest Pupil Classroom Ratio¹⁸⁰ for primary education and the lowest for middle schools.

AJK has the lowest primary school level pupil classroom ratio overall.¹⁸¹ Higher pupil-teacher-ratios make it difficult to maintain a high quality of classroom learning, and are likely to negatively affect student retention. Other issues which can affect retention include a lack of family support for children's learning across the country. Furthermore, as noted in Chapter 3, 44% of children are affected by chronic malnutrition, seriously limiting their ability to learn and contributing to high dropout rates.

¹⁷⁹ Das, Jishnu, Priyanka Pandey, and Tristan Zajonc, *Learning Levels and Gaps in Pakistan*, World Bank, Washington D.C., 2006, <<https://openknowledge.worldbank.org/handle/10986/8866>>, accessed 29 April 2017.

¹⁸⁰ While Pupil-Teacher-Ratio is used to gauge the availability of teachers in schools, Pupil-Classroom-Ratio is also an important indicator used to measure the quality of the learning environment and to determine the average number of pupils per classroom in a given school year.

¹⁸¹ National Education Management Information System, *Pakistan Education Statistics 2015-16*, Government of Pakistan, Islamabad, 2017.

A great deal of what students are taught is 'procedural' or based on rote-learning.¹⁸² Although the importance of memorization skills should not be discounted, it is problematic that the public education system, and many private schools, place little emphasis on developing students' critical thinking, problem-solving and analytical skills – all vital to their cognitive development, future productivity and gender equality.

More disaggregated data is needed on student learning and learning assessments in order to gear the education system towards learning. It is also clear that improvements are needed in district-based planning and implementation arrangements for quality education and student assessment. Pakistan stands to benefit from an evaluation system of teachers' performance, ideally one linked with quality considerations to address accountability issues in public schools' performance assessments. Other important elements include capacity development, preparation and support for teachers, supervision systems, and the improvement of curricula and textbooks. Strengthening the performance of education sector management in support of better learning outcomes will require political and institutional analyses. It will also require dedicated work on other aspects of learning, for example, on disaster risk reduction and school safety; social cohesion and resilience; school readiness and early learning; and flexible modalities through ALPs.

Legislative and policy analysis: A child's right to development depends greatly on a country's education policies, as well as the equity and inclusivity of these policies. Pakistan's Constitution recognizes the importance of basic education for all. Article 37-A states that the state will work to "promote, with special care, the educational and economic interests of backward classes or areas." Article 37-B makes obliges the state to "remove illiteracy and provide free and compulsory secondary [matriculation] education within [the] minimum possible period." As noted above, the landmark Article 25A affirms the right to "free and compulsory education to all children of the age of 5 to 16 years."

Article 25A was followed by the promulgation of compulsory education laws in most, but not yet all, provinces and regions – specifically, such laws have yet to be promulgated in KP and GB. The enforcement of education laws in provinces where they do exist remains a challenge. Provincial budgetary trends are encouraging, although overall allocations are below the government target of spending 4% of Pakistan's GDP on education by 2018.¹⁸³ Due to uneven progress, further efforts are required to fulfil the aspiration of Article 25A to get all girls and boys into school, particularly the most marginalized.

Pakistan's Constitution does not guarantee Early Childhood Education (pre-primary), although it is strongly promoted by CRC and SDG target 4.2. A national curriculum for ECE exists (2007), yet the country does not have a comprehensive ECE policy. *Pakistan's National Education Policy (NEP) 2009* recognizes the importance of ECE for children between the ages of 3 and 4 and aims to provide universal access to ECE within 10 years. While it identifies clear policy actions, implementation has proved difficult. In the absence of wide-scale public provision of ECE, private sector provision is growing in significance.

The country's provinces are increasingly incorporating ECE in their *Education Sector Plans*, while developing provincial early learning policies and standards. Almost all provinces now have clear

¹⁸² United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017; United Nations Educational, Scientific and Cultural Organization, *World Data on Education 2010/11: Pakistan*, UNESCO, Paris, 2011, <www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Pakistan.pdf>, accessed 12 April 2017.

¹⁸³ Alif Ailaan, *Government allocations for education in Pakistan: The road to getting to 4% of GDP*, Alif Ailaan, Islamabad, 2016.

education reform agendas fully articulated in their *Education Sector Plans*. It now remains for the provinces to develop specific education policies, which can be aligned with the SDGs –thereby contextualizing the SDGs to local contexts. Draft SDG 4 Roadmaps for Balochistan and Sindh have already been prepared, while roadmaps for other provinces are forthcoming.¹⁸⁴ Further provincial developments include, for instance, Sindh’s formulation of a *Non-formal Education Policy and a Teacher Management Framework and Curriculum*, which are awaiting endorsement. Similar policies have been developed in other provinces, including Balochistan and Punjab.

CSF standards have been incorporated into Pakistan’s Minimum Standards of Education, developed by the Ministry of Federal Education and Professional Training. Thus far, however, national standards for child-friendly, inclusive education and for teacher’s education are not being sufficiently implemented. As the NEP 2009 is currently being revised and the NEP is nearing completion, it is important to ensure that it is fully aligned with the SDGs and post-18th Amendment scenarios in order to progress towards better learning outcomes. The NEP already includes several critical considerations raised by the SDGs, such as the vital importance of providing WASH facilities in schools. While policy frameworks alone will not be enough to improve quality, Pakistan’s stands to make significant progress on learning outcomes if these aspects of the NEP and all other national instruments are further streamlined with SDG targets and indicators. A clear policy and regulatory framework on the management of the education sector’s three ‘tiers’ or ‘streams’ is also required – that is, public schools, private schools and madrassas. Private and non-formal schools also require a regulatory framework.

Duty bearer and partners:

- The Ministry of Federal Education and Professional Training – along with the National Education Assessment System (NEAS), the Academy of Educational Planning and Management (AEPAM), Basic Education Community Schools (BECs) and the National Commission for Human Development (NCHD) – are responsible for inter-provincial coordination to ensure uniformity and coherence in education; for formulating education policies and standards; for conducting the *National Achievement Test*; and for compiling the *Pakistan Education Statistics*.
- The Ministry of Education and Training has established a SDG 4 Cell, responsible for setting targets and indicators, as well as monitoring progress on SDG 4. However, it does not include special education or refugee education, issues that need to be included.
- Provincial Departments of Education lead the sectoral reform agenda at the provincial level. They are responsible for developing and implementing ESPs, as well as planning and managing resources. Limited capacity and resources are a major challenge given their ambitious goals.
- Provincial Departments of Education are also responsible for health initiatives in schools, working with provincial and regional health departments and local civil society organizations to provide infrastructure in schools, including small-scale WASH facilities. However, at present not all schools follow WASH standards proposed by WHO and UNICEF.
- National and Provincial Planning and Development Departments lead on development planning; finalizing budget submissions; supporting the execution of development programmes; and building partnerships and complementarities, including for Disaster Risk Management.
- Multi-lateral organizations and international NGOs provide the education sector with technical support; financial support; partnerships and the sharing of good practices; and international networking opportunities.

¹⁸⁴ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

- UNICEF Pakistan supports the creation of enabling conditions to develop and implement ESPs, as well as to conduct *Joint Education Sector Reviews*. The approval of US\$100 million from the *Global Partnership for Education* to the Government of Pakistan through the World Bank is an indication of catalysing the change. UNICEF is coordinating this initiative to achieve more streamlined results for children in Punjab, Sindh and Balochistan. The organization also collaborates closely with partners to address the needs of out-of-school children at the education system level across the country; conducts studies on out-of-school children; supports provincial sectoral plan development; works to facilitate Pakistan's achievement of SDG 4, in partnership with UNESCO; supports policy and programme work on ECE/ECD, the ALPs, and education for displaced children, among others.
- The private education sector, which now comprises some 37% of total enrolment in Pakistan¹⁸⁵, is a significant player in education. The non-profit sector is also important, operating a large number of educational institutions, some of which are low-cost private schools. Many of these schools draw their resources from local communities, with models replicable on a larger scale. Given their resources and technical capacity, Education Foundations in all four provinces—are increasingly selected for partnerships with donors and the private sector to implement education programmes. Together, they implement initiatives that target out-of-school children and inequities in education.

4.4 | Key Conclusions and Considerations

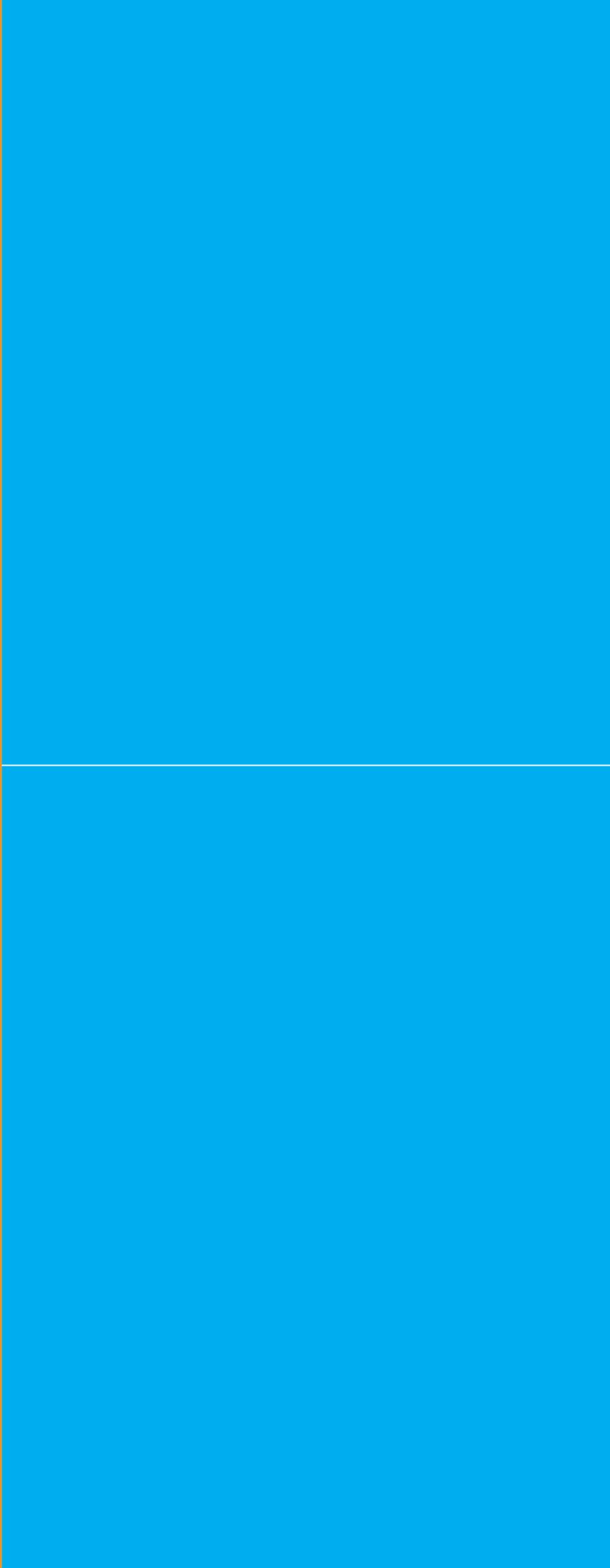
Education is the bedrock of sustainable development and a fundamental basic right. Quality education creates a level playing field for all, and thereby unlocks potential. When children are well-educated, they grow up better equipped to spearhead economic growth and build resilient, equitable and prosperous societies. Having committed to quality, inclusive education for all children, through its national laws and its expressed commitments to SDG 4, Pakistan will need to focus on getting out-of-school children into school, keeping students in school and strengthening all aspects of its education sector – looking beyond issues of access alone to considerations of equity, learning and the quality of education. The analysis presented in this chapter leads to the conclusion that the following steps are required to ensure that all children learn:

- An overarching strategy should be developed to lower the number of out-of-school children, with a particular focus on girls and the most disadvantaged children. Its development by the government should involve dialogue and collaboration with specialists and other stakeholders. A separate strategy to reduce dropout rates should also be formulated – it too should focus on girls and the disadvantaged, and be similarly developed in a collaborative manner.
- ALPs should be established to help address the issue of out-of-school children, especially girls and children, who are 'over age' for the level of education they attend. Alternative learning pathways should be explored, encompassing different types of programmes that help children connect with the formal system, including initiatives that offer a second chance at education to disadvantaged children particularly girls. ALP students should then be mainstreamed into the formal education system.
- An ECE policy framework should be developed to provide solid learning foundations and improve school readiness, alongside scalable approaches for the implementation of provincial ECE policies and plans. ECE curricula should be strengthened; teacher and parent activity guides should be designed using a recommended list of teaching-learning materials; and ECE training packages should be designed and capacity building should be provided to enable their delivery.

¹⁸⁵ United Nations Children's Fund Pakistan, Education Child Deprivation Analysis, UNICEF Pakistan, Islamabad, 2016.

- Capacities of key institutions should be strengthened at all levels to ensure sustained capacity development of stakeholders at the provincial and national levels, enabling the public education sector to provide equitable, appropriate, quality and safe early learning and basic education for the most disadvantaged children, particularly girls. Concerted investments in developing capacity should strive to focus on service delivery and capacity issues, rather than infrastructure projects and salaries that tend to be preferred by public financing.
- The education system should be made more inclusive for children with disabilities, which would require both advocacy efforts and financial resources.
- Technical assistance and programme support should be extended to further support the development, refinement and publication of the *National Achievement Test*. This, in turn, will strengthen NEAS and student learning assessment mechanisms. Similar measures should be adopted to enhance provincial assessment capacity.
- Public-private partnerships should be established for capacity development, especially to share knowledge on good practices and innovations. Education foundations, the low-cost private school sector and other education service providers are potential partners who may be able to provide technical capacity and implementation support.
- Advocacy should be undertaken with special authorities concerned with education, health, nutrition, water, sanitation, environment, climate change and disaster response. It is also important to engage with social welfare, labour and youth departments to ensure an integrated education approach.
- Continuous and gender-responsive professional development of teachers should be promoted, as should teacher licensing and accreditation. These steps can help to improve the quality of teaching and learning outcomes at the classroom level, as long as they are paired with the kinds of systemic changes outlined above. School-based governance and leadership should also be championed.
- To support better learning outcomes, the performance of education sector management should be improved by creating sectoral plans on quality and learning. This will also require political and institutional analyses, as well as work on other aspects of learning.
- The integrated nature of the SDGs, and the multidimensional factors that underlie issues of educational quality in Pakistan, require a holistic and cross-sectoral approach to the issues that impact the quality of learning in Pakistan – from technical challenges like supply and limited capacity among teachers to issues related to nutrition, health, child protection, WASH and disaster risk management. Education planning must take these issues into account, just as plans in these sectors should take education into consideration – through out, cross-sectoral solutions to common challenges should be sought.
- To enhance learning, a focus should be placed on fostering school readiness, early learning and flexible learning modalities through alternative pathways. Not only is it vital that children develop strong competencies in core subjects – such as languages, math and science – it is also important to promote learning related to issues like disaster risk reduction, school safety, social cohesion, resilience, nutrition, health, WASH and child protection.
- To address demand-side issues, social mobilization and communication for development need to be undertaken. Such initiatives will increase the public's understanding of how important it is to enrol girls and boys at the right age and to ensure that they complete their education. Such measures stand to increase positive behaviours at the community and family levels by raising awareness of education's importance.





5

All Children
Protected from
Violence and
Exploitation



All Children Protected from Violence and Exploitation

The right to protection from violence, exploitation and neglect – collectively known as ‘abuse’ – is a basic right of all the world’s children, reaffirmed across the SDGs. Achieving progress on all the SDGs is imperative for building a more sustainable, equitable and prosperous future for Pakistan. Progress is needed on SDG target 16.2, on ending “abuse, exploitation, trafficking and all forms of violence and torture of children”, as well as targets 5.2 and 5.3 that proscribe all forms of violence against women and girls, including harmful traditional practices such as child, early and forced marriage. Today, Pakistan is beset by challenges that hamper efforts to make the right to protection a reality for all children. These include the country’s low levels of birth registration, averaging 34% among children under-5. Birth registration, a fundamental right of all children and a basic function of all governments, is legal proof of a child’s existence and identity as a permanent and universal record of a child’s birth within the civil registry, or equivalent system. Its absence significantly compromises the right of the child to protection. As an accurate record of age, birth registration can help to prevent child labour, mitigate child marriage, and protect children from being treated as adults by the justice system. In times of disaster, undocumented children are at even greater risk if they are separated from their parents or caregivers.

Pakistan’s children are also subject to alarmingly high levels of violence and exploitation. ‘Violence’ is used here to denote all forms of harm to children¹⁸⁶, whether physical and/or intentional harm or non-physical and/or non-intentional harm, such as neglect and psychological maltreatment. Available data

¹⁸⁶As listed in CRC Article 19, para. 1, in conformity with the terminology used in the 2006 United Nations study on violence against children. Nevertheless, other terms used to describe specific types of harm (injury, abuse, neglect or negligent treatment, maltreatment and exploitation) carry equal weight.

indicates that 81% of children in Punjab and Sindh (MICS 2014) and 84.6% of children in GB (MICS 2016), aged 1-14 have experienced psychological aggression, physical punishment or violent behaviour as a form of discipline. Exploitation in the form of child labour, criminal liability and child marriage affects both girls and boys. The minimum legal age for admission to hazardous employment is 14 years. However, many younger children work in family establishments or non-hazardous occupations, yielding a high prevalence of child labour across Pakistan. The minimum age of criminal responsibility is just 10 years, causing many children to be treated as adults in the justice system. The incidence of child marriage is also high, particularly in rural regions and among the poorest wealth quintiles.

Research depicts that an abused child's well-being is negatively impacted in both the short- and longer-term. This impairs children's ability to learn and socialize. Additional adverse consequences are highly likely in later life. Policies and programmes that aim to combat violence against, and the exploitation of children, are vital components for the achievement of Pakistan's *Vision 2025*, so that children develop to their full potential as healthy, well-adjusted and productive citizens.

The supply of child protection-related services has been limited by a lack of operational coordination between sectors at various levels – including the social protection, health and justice sectors, among others. It has also been affected by an insufficient number of specialized social welfare and justice professionals. Parents and caretakers are often unaware of the existence of the minimal protective services available for Pakistan's children. As a result, most children do not receive any kind of support from formal service providers.

Relevant child rights: The SDGs explicitly articulate protection goals for children under-5, while 11 SDG targets specifically relate to the protection of children from all forms of violence, neglect and exploitation (see Annex A). Child protection is also enshrined under Pillar 1 'People First' of Pakistan's own national development plan, *Vision 2025*.

Under the United Nations Convention on the Rights of the Child (UNCRC), commonly known as CRC, and other human rights conventions, treaties, constitutional protections and national laws, governments have a legal obligation to protect children. Nonetheless, all adults also have a shared responsibility to do so. Parents and caregivers are primarily responsible for the upbringing and development of their children. Alongside families and communities, they have a key role to play in protecting children from harm. In order to support and deliver Pakistan's child protection mandate, it is important to understand the distinction between child welfare and child protection.

Child welfare covers all the rights of the child articulated in the CRC, including i) the right to survival, ii) the right to development, iii) the right to protection, and iv) the right to participation. However, child protection only deals with the particular 'right of the child to protection', defined under Article 19 of CRC¹⁸⁷, which outlines the obligation to ensure that all children in a state are protected from all forms of violence, neglect and exploitation – be it within a family environment or otherwise. Violence constitutes physical, psychological and sexual violence. Exploitation comprises economic exploitation (child labour), child trafficking and sexual exploitation. Neglect refers to chronic inattention to a child, including, inter alia, the failure to provide basic necessities, including adequate food, shelter, clothing and basic medical care and emotional support. The failure to register a child at birth may also be included under neglect. CRC Articles 7 and 8 recall children's right to identity, which requires the registration of every child immediately after birth.

¹⁸⁷ Additional articles relating to child protection rights in the CRC: 7, 8, 9, 10, 11, (16), (18), 19, 20, 21, 25, 32, (33), 34, 35, 36, 37, 38, 39, 40.

The CRC's two Optional Protocols explicitly prohibit the sale of children, child prostitution and child pornography, as well as children's involvement in armed conflict. Article 16 of the CRPD calls for the rights of persons with disabilities to be protected, both within and outside the home, from all forms of exploitation, violence and abuse.

Box 6: Concluding observations of the CRC Committee related to child protection in Pakistan

The following key measures were highlighted for the protection of children in Pakistan:

- Promote timely registration of births of children, especially among marginalized and disadvantaged communities, and educate the public at large about the consequences of non-registration.
- Remove all fees and simplify procedures related to birth registration throughout the country, including through the development of mobile registration units.
- Ensure that children lacking identity documents are not refused access to education, health, and public services.
- Ensure that all children born to refugees, including those who do not hold Proof of Registration cards, asylum seekers, and stateless persons, are registered at birth.
- Ensure that children in street situations are provided with adequate protection and assistance, nutrition and shelter, as well as with health care and educational opportunities, in order to support their full development.
- Take all necessary measures to protect children from international and internal trafficking and sale, by addressing the root causes of sale and trafficking, including gender-based discrimination, poverty, child marriages, and the lack of access to education and vocational training.
- Ensure that perpetrators of gender-based violence and crimes committed in the name of so-called 'honour' are prosecuted under the relevant law and receive sanctions commensurate with the gravity of the crime, while providing effective protection, including shelter and protective schemes, for women and children at risk of becoming victims or who are already victims of this crime.
- Bring the juvenile justice system fully into line with the Convention and other relevant standards, as a matter of highest priority, and revise legislation while also increasing the minimum age of criminal responsibility to an internationally accepted level.
- In cases where detention (including pre-trial detention) is unavoidable, ensure that the children are not detained together with adults and that detention conditions are compliant with international standards.
- Ensure the provision of free qualified and independent legal representation to children in conflict with the law.
- Eradicate and prohibit all forms of corporal punishment, and create awareness to promote positive, non-violent and participatory forms of child-rearing and discipline.

- Adopt appropriate laws that clearly and explicitly define and prohibit child sexual abuse and exploitation, and initiate a prompt and effective, accessible, child-friendly mandatory reporting of cases of child sexual abuse and exploitation at home, schools and institutions and in other settings; undertake investigation into all reports and allegations of child sexual abuse and exploitation; and punish perpetrators with sentences that are commensurate with the gravity of the crimes.
- Ensure the development of programmes and policies for the prevention, recovery and social reintegration of child victims, in accordance with the outcome documents adopted at the World Congresses Against Commercial Sexual Exploitation of Children.
- Enforce legislation that prohibit child marriages throughout the country and develop awareness-raising campaigns and programmes on the harmful effects of child marriage on the physical and mental health and well-being of girls.
- Establish a clear regulation on alternative care for children, including quality care standards, as well as medical, psychological and educational services to facilitate the rehabilitation and social reintegration of children.
- Take appropriate measures to eradicate child labour, in particular the worst forms of child labour (all forms of bonded and forced labour) by addressing the root causes, including poverty, and establish mechanisms for systematic and regular monitoring of work places to prevent ill treatment, abuse and exploitation of children.
- Conduct a survey/study to assess the prevalence of child labour and worst forms of labour, including bonded and forced labour, and inform the Committee about the findings in the next periodic report.
- Develop programmes and mechanisms to identify and protect child victims of forced labour, particularly bonded labour as well as child labour in the informal sector, including domestic work.
- Expedite the harmonization of the labour laws in order to establish a minimum age for employment in accordance with international standards, notably ILO Convention 138, and vigorously pursue the enforcement of minimum age standards.

Source: Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child on the Fifth Periodic Report of Pakistan: June 2016*.

5.1 | Birth Registration

State of deprivation: Pakistan's **birth registration** rate is extremely low (34%), meaning that an estimated 60 million people are unregistered. While significant disparities do not appear to exist between girls and boys, birth registration rates in urban centres are far higher than rural areas (59% vs. 23%). Disparities are also clear across wealth quintiles. Among the poorest and most marginalized, the births of only 5% of children are registered. This rises to 71% among the country's richest households. Children under the age of 2 are less likely to be registered than children aged 2-4 years (31% and 35%, respectively).¹⁸⁸ This is largely because birth certificates are required as a condition for school admission. However, not all schools require these certificates. The PDHS 2006-07 does not include data on birth registration rates for children under-5 years, limiting possibilities for an informed trend analysis.

Table 6: Birth registration across provinces and regions

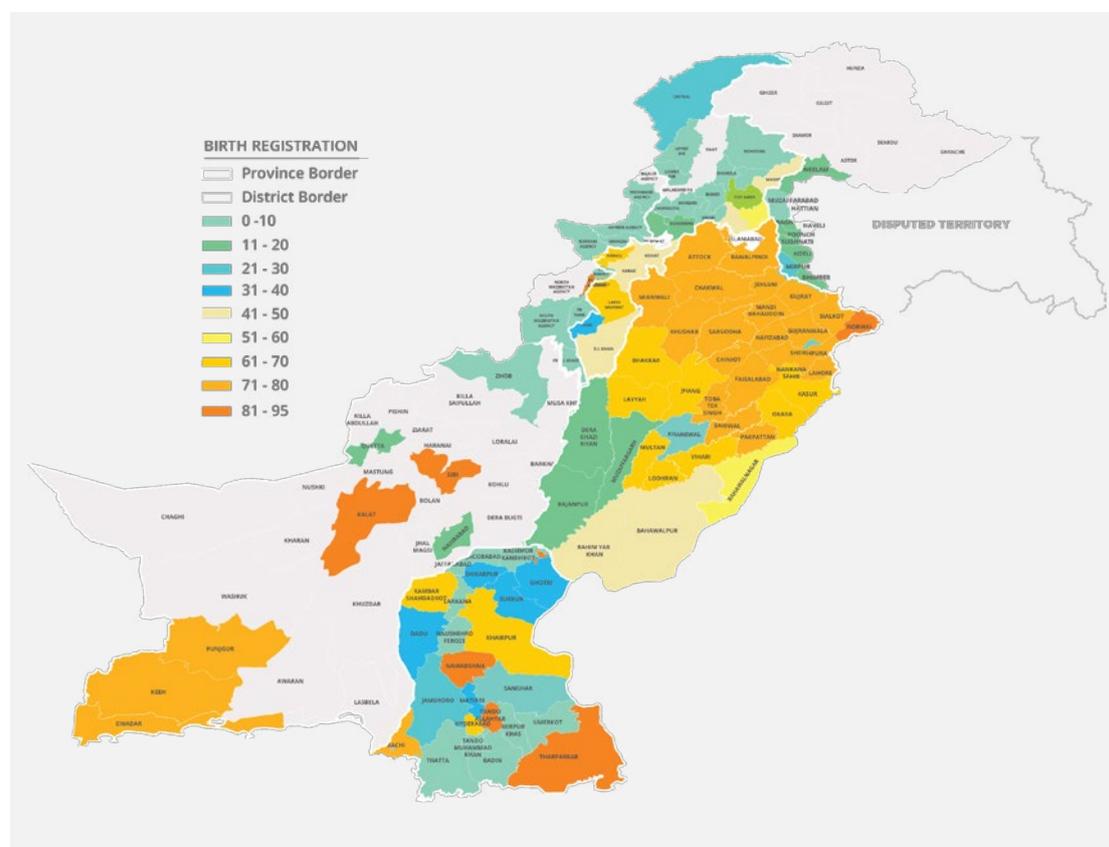
Province/Region	Overall Birth Registration Rate (Under-5)	Urban Birth Registration Rate	Rural Birth Registration Rate	Rate Among Lowest Wealth Quintile	Rate among Highest Wealth Quintile
Punjab	73%	83%	68%	46%	90%
Sindh	29%	50%	11%	6%	71%
KP	20%	27%	18%	12%	33.5%
Balochistan	23%	19%	39%	12%	38%
GB	19%	N/A	N/A	N/A	N/A
FATA	1%	N/A	N/A	N/A	N/A
AJK	24%	N/A	N/A	N/A	N/A

Source: Multiple Indicator Cluster Surveys (MICS) from Punjab (2014), Sindh (2014), KP (2008), Balochistan (2008), GB (2016-17), FATA (2007) and AJK (2008).

As the Table above illustrates, Punjab has the highest rate of registered births (73%) whereas FATA has the lowest (1%, falling to a rate of zero in some areas). All provinces report discrepancies between urban and rural rates, with the births of children under-5 in urban centres far more likely to be registered than in rural areas. Under-5 birth registration rates are negatively correlated to wealth quintiles across the country, with the poorest households much less likely to register births. However, it is notable that birth registration rates are low even among the highest wealth quintile in KP (33.5%), significantly below rates for the same quintile in other provinces. At the provincial level, MICS 2014 data is available for two provinces, Sindh and Punjab. Although PDHS 2012-13 data exists on birth registration in all provinces, MICS data (sometimes from 2007 and 2008) has been sourced for this analysis for the sake of comparable indicators across provinces. Marked discrepancies exist between MICS and PDHS data, as well as differences in the surveys' methodologies. While MICS survey interviews are carried out exclusively with mothers and primary caretakers for this indicator, PDHS interviews are undertaken with any household respondent.

¹⁸⁸ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

Figure16: Percentage birth registration for children under-5



Sources: Sindh MICS 2014, Punjab MICS 2014, KP MICS 2008, Balochistan MICS 2010, FATA MICS 2007 and AJK MICS 2008

Causality analysis: Children who are not ‘covered’ by a legal registration process largely live in rural areas; their families, especially their mothers, tend to be uneducated; most are from lower-income households; belong to minorities; are immigrants; or are frequently abandoned children. Those whose births go unregistered are especially likely to experience adverse socioeconomic conditions. For instance, at the macro level, children who remain officially ‘unacknowledged’ are less likely to be included in state development policies and planning for social service provision.

As noted above, Pakistan’s low birth registration rates are caused by a number of intertwined social and economic factors, coupled with the uneven performance of the birth registration system. Child rights and service delivery accountability mechanisms are also disparate, with limited outreach to communities, especially rural communities. Identities are defined by ethnicity and other sub-groups, rather than state citizenship, resulting in low birth registration rates in rural areas. Parents register their children only when there is a tangible need to do so, for instance to secure school admission. Inadequate living arrangements also contribute to low birth registration rates in both rural and urban areas. By contrast, higher levels of education among mothers correlates with improved rates of birth registration. The exclusion of key groups of children from the birth registration system, such as refugees and those without caregivers or living in alternative care, is another leading cause of low birth registration rates.

Evidence also suggests that the causes of low birth registration are multidimensional, stemming from a multiplicity of laws, overlapping functions, administrative constraints and excluded population groups. These issues remain unaddressed by existing legislation. Registration is impeded by high costs, in terms of the money and time required; bureaucratic hurdles in the application process; and a general lack of knowledge regarding required procedures or the importance of registering births. In many cases, parents and caregivers simply do not consider birth registration to be worth the effort it requires.

Budgetary allocations for birth registrations are either limited or non-existent. Potential applicants suffer from sporadic access points, a lack of application forms and low levels of staff capacity. No standard fee is collected for registration, yet high direct and indirect costs exist for the late registration of births.

Duty bearers and partners:

- The National Database and Registration Authority (NADRA) is the central repository of civil registration certificates. However, responsibility for the delivery of registration services has been devolved to the sub-national level, creating a dichotomy in the provision of birth registration services. Such services are now provided by local union councils, the lowest administrative tier. Some 6,550 union councils currently exist. NADRA has developed a union council-level online programme, the *Civil Registration Management System (CRMS)* to register births, deaths, marriages and divorces, linked with local governments. Thus far, however, only 2,233 union councils have access to this online programme, with varying effectiveness. NADRA also issues *Computerized National Identity Cards* to orphans and persons of unknown parentage to ensure that they are not deprived of their fundamental right to identity upon reaching the age of 18.
- Overall, birth registration is low on the list of priorities for Provincial Governments. There are no tangible links between birth registration and access to other services.
- UNICEF works with provincial authorities to scale-up birth registration efforts across the country.

Legislative and policy analysis: see the overarching legislative and policy analysis for child protection below, under Section 5.2.

Duty bearer and partners: see the overarching discussion of duty bearers for child protection below, under Section 5.2.

5.2 | Protection from Violence and Exploitation

State of deprivation: No reliable official data is available on **violence against children** in Pakistan at the national level. While the MICS cover some aspects of such violence, consistent data is lacking since these surveys are conducted at different times in different regions. Information is only available only in the latest Sindh and Punjab MICS 2014, while some aspects of violence against young women (aged 15-19 years) are covered in the PDHS 2012-13. These surveys are the principle source for analysing the burden of violence on children in Pakistan.

Some 81% of children between the ages of 1 and 14 in Punjab and Sindh, and 85% in GB, report having experienced psychological aggression, physical punishment or other violent behaviour as a form of discipline (see the Table below). More children in Sindh (35% overall, encompassing 37.2% of boys and 32.5% of girls) than in Punjab (26.6 % overall, including 28.4% of boys and 24.8% of girls) or GB (24.7% overall, spanning 25.1% of boys and 24.4% of girls) have experienced a severe form of physical

punishment, such as hitting or slapping on the face, head or ears, or being hit repeatedly. The vast majority of children in Sindh and Punjab have experienced psychological aggression, and well over half have endured physical punishment. Only a very small proportion (8% and 6%, respectively) reported experiencing only nonviolent forms of discipline.¹⁸⁹

Table 7: Comparisons of violence against children by province/region

Province/Region	Children who have experienced violence	% subjected to physical punishment	% subjected to severe physical punishment	% subjected to psychological aggression	% subjected to only non-violent discipline
Punjab	81%	68%	27%	74%	6%
Sindh	81%	63%	35%	78%	8%
GB	85%	67%	25%	81%	9%

Source: Multiple Indicator Cluster Surveys (MICS) from Punjab (2014), Sindh (2014) and GB (2016-17).

In terms of physical violence in schools, a 2013-14 survey of students aged 12–17¹⁹⁰ found that 44% had experienced physical violence from teachers in school over the past six months. Over 60% reported that they experienced corporal punishment ‘sometimes’ or ‘always’.¹⁹¹ 30% had been locked in a toilet by a teacher. No action was taken regarding two-thirds of the incidents reported (20% reported to a parent and 18% to another teacher). Parents and teachers who participated in the survey felt that corporal punishment is on the decline in Pakistan, while students viewed it as prevalent and ‘justified’ as a corrective measure for students’ transgressions. Teachers regarded corporal punishment as necessary for improving academic achievement and ensuring that students focus on their studies. Internationally, however, corporal punishment is considered a hindrance to the teaching-learning process. Corporal punishment tends to be meted out for reasons as varied as being late for school or having ‘incomplete homework’ (64%) to ‘indiscipline’ (14%), or all three reasons (22%).

Evidence shows that psychological aggression, physical punishment or violent behaviour as forms of discipline for children are pervasive in Punjab and Sindh, cutting across all socioeconomic cohorts and geographic locations. 86% of children in Sindh’s poorest households experience violent discipline, compared to 75% in the richest households. In Punjab, 82% of children in the second, third and fourth wealth quintiles experience violent discipline, compared to 78% in both the poorest and richest households. In both provinces, physical and psychological aggression in both urban and rural settings is comparable – 84% of Sindh’s rural children experience violent discipline, as opposed to 78% in urban centres. The rate for Punjab is the same in both rural and urban settings (81%). It is worth recalling that the use of physical and psychological violence is legally condoned under Section 89²⁰⁰ of Pakistan’s Penal Code for children under the age of 12.

¹⁸⁹ Global Initiative to End Corporal Punishment of Children, *Corporal Punishment of Children in Pakistan*. Global Initiative to End All Corporal Punishment of Children, London, 2016, <www.endcorporalpunishment.org/progress/country-reports/pakistan.html>, accessed 27 April 2017.

¹⁹⁰ International Centre for Research on Women (ICRW) and Plan International, *Are Schools Safe and Gender-Equal Spaces? Findings from a Baseline Study of School-Related Gender-Based Violence in Five Countries in Asia*, ICRW and Plan International, New Delhi, 2014, <www.icrw.org/publications/are-schools-safe-and-gender-equal-spaces>, accessed 17 May 2017.

¹⁹¹ National Education Assessment System (NEAS), *NAT Assessment Study 2014*, Government of Pakistan, Islamabad, 2014.

Limited data is available on **violence against women and girls** in Pakistan at the national and provincial levels – an explicit focus of SDG 5. The data which exists only refers to the specific issue of domestic violence against, rather than disaggregated data on physical, sexual or psychological violence. Some 32% of young women between the ages of 15 and 49 have experienced physical violence since the age of 15, while 19% of those surveyed had experienced physical violence in the last 12 months. Prevalence rates of physical violence varied across age groups. Women and girls aged 15-24 were found to be less likely than older women to have experienced physical violence since the age of 15. However, adolescent girls aged 15-19 are more likely than older women to have experienced physical violence during the past 12 months.

Rural and impoverished women and girls appear especially susceptible to violence. More rural women and girls (34%) have experienced physical violence in their lifetimes than those in urban settings (28%). The former also experienced a higher rate of physical violence in the past 12 months (21%) than their urban counterparts (16%). Women in the lowest wealth quintile experienced highest rates of violence (25%) those in the highest wealth quintile (11%). KP has the highest proportion of women who have ever experienced physical violence (57%), followed by Balochistan (43%), Punjab (29%) and Sindh (25%). Violence against women and girls appears less prevalent in GB (12%).¹⁹²

No reliable or official data exists on **sexual violence** against children in Pakistan. Unofficial studies suggest that 15-25% of girls and boys in Pakistan have endured some form of sexual abuse.¹⁹³ Recent high-profile child abuse cases reveal that this issue is a cause for serious concern. In response, the Government recently enacted the *Criminal Law (Amendment) Act 2015*. Thereby, a number of obligations articulated by the CRC's Second Optional Protocol on the sale of children, child pornography and child prostitution have, to some extent, been incorporated into national legislation.

There is a high prevalence of **child exploitation** in Pakistan, often manifest in the form of **child labour** coupled with low rates of school participation. The persistence of child labour has multi-layered roots such as poverty, lack of decent work for adults, need for strengthened social protection, and the lack of a system that can ensure all children attend school rather than engaging in economic activities while they are underage. Trends in Pakistan are problematic for the achievement of SDG 8's target of eradicating child labour. The country's legal minimum age for employment in 'hazardous work' is just 14. Many younger children, however, work in family establishments or non-hazardous occupations.

In the context of Pakistan's national legal framework, the normative definition of child labour is stipulated by the CRC, ILO's *Minimum Age Convention (Convention 138)* and its *Convention on the Elimination of Worst Forms of Child Labour (Convention 182)*. This definition concerns work that deprives children of their childhoods, their potential and dignity, and which is harmful to their physical and mental development. As such, not all working children are considered to be child labourers. Some forms of work are dubbed 'child labour' only when certain conditions apply, for example, characteristics, such as the child's age, the type and hours of work performed, working conditions and the objectives pursued by individual countries.

Pakistan's first and only *National Child Labour Survey 1996* estimated that 3.3 million children between the ages of 5 and 14 were economically active. 46% of them were active beyond the standard 35 hour working week. Boys accounted for 73% (2.5 million) of working children in this age group, and girls for

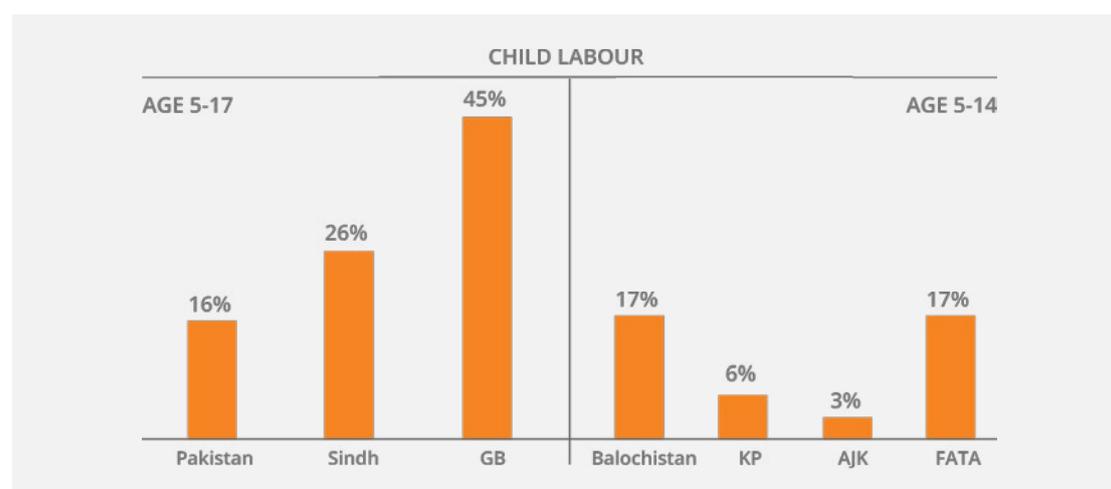
¹⁹² National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

¹⁹³ Society for the Protection of the Rights of the Child (SPARC), 2006.

27% (0.8 million). The survey also revealed that children in rural areas were eight times more likely to be economically active than those in urban settings. The lack of a more recent survey points to the urgent need for data on children engaged in work across the country – this will be indispensable for setting a baseline to gauge progress against SDG 8 and for developing evidence-based policies that protect children from exposure to exploitation.

Data on working children in Pakistan between the ages of 5 and 14 is not well-documented or regularly collated. The 2017 Census and Pakistan’s Labour Force Survey (LFS) are the country’s two primary sources for manpower statistics. However, these set the standard minimum age for labour force participation at 10 years old. The current labour force participation rate for children aged 10-14 in Pakistan is 9.58%, down from 11.4% in 2013.¹⁹⁴ A little over 11% of boys and 7.7% of girls are engaged in child labour. The incidence of child labour is higher in rural areas (12.6%) than in urban (3.78%) settings (see Annex L). MICS data has been used to analyse child labour in Pakistan’s provinces, as the surveys conducted before 2014 report on children aged 5-14 and MICS conducted in and after 2014 report on children aged 5-17.¹⁹⁵ GB has the highest proportion of children and adolescents between the ages of 5 and 17 engaged in labour (45%), followed by Sindh (26%) and Punjab (16%). The lowest rates exist in AJK and KP.

Figure 17: Child labour in Pakistan’s provinces



Source: Multiple Indicator Cluster Surveys (MICS) from Punjab (2014), Sindh (2014), KP (2008), Balochistan (2010), FATA (2007) and AJK (2008).

ILO’s most recent estimates, based on the LFS 2010-2011¹⁹⁶, indicate that 5.7 million children between the ages of 10 and 17 are labourers. They represent almost 20% of all children and adolescents in this age group. Similar numbers are engaged in unpaid family work. Among this age group, 13.5% are involved in hazardous work. Among out-of-school children involved in economic activities, 74.7% are engaged in agriculture, 11.5% in services, 8% in manufacturing and 3.3% in commerce. Boys are more likely than girls to be engaged in manufacturing and commerce, whereas girls are more likely than boys to be engaged in agriculture and services. Younger children are more likely than older children to be

¹⁹⁴ Pakistan Bureau of Statistics, *Pakistan Labour Force Survey (LFS) 2013-14*, Government of Pakistan, Islamabad, 2014.
¹⁹⁵ Children involved in child labour are defined as children engaged in economic activities at or above the age-specific thresholds, in household chores at or above the age-specific thresholds, and in hazardous work.
¹⁹⁶ International Labour Organization, United Nations Children’s Fund, World Bank, *Understanding Children’s Work in South Asia*, ILO, 2015.

involved in agriculture, while older children are more likely to be involved in manufacturing, commerce and services. Where heads of households have a low level of education, children are especially likely to work in agriculture. Conversely, children in households headed by someone with a higher level of education are more likely to work in services.¹⁹⁷

The data suggests that the chances of a child leaving school and entering child labour increases with age, with trends particularly pronounced among the 11-14 year age group. The impact is much stronger in households that are self-employed, or where the head of the household is engaged in agriculture or manufacturing. Given its prevalence, child labour remains a primary area of action under Priority 1 of the *Pakistan Decent Work Country Programme 2005-2015*.¹⁹⁸

No data currently exists on **child trafficking** in Pakistan. However, UNODC notes that Pakistan is a source, transit, and destination country for men, women and children trafficked for the purposes of forced labour and sexual exploitation.¹⁹⁹ Reports suggest that the trafficking of women, children and young men for the purposes of prostitution occurs in and through Pakistan, but trafficking for forced labour is likely to be even more widespread.

The NGO Child Soldiers International²⁰⁰ reports that Pakistan lacks the legislation that explicitly prohibits and criminalizes the recruitment of children and their use in hostilities, which increases the risk of their exposure to such exploitation. Nonetheless, Pakistan's ratification of the CRC prohibits the recruitment and deployment of children under the age of 15 in armed combat (Article 38).

Pakistan's fairly high incidence of **child marriage** appears to be slowly declining, a promising portend for progress on SDG 5.3. Approximately 14% of young women aged 15-19 are currently married, a slight decrease from 15.7% in 2006. Some 21% of women aged 20-24 were married before the age of 18, and 3% before they were 15 years old, while 6% of women between the ages of 20 and 49 married before they were 15. Whereas 24% of women between the ages of 20-24 were married before they turned 18 in 2007, this fell to 21% in 2012.²⁰¹ These trends suggest that the phenomenon is slowly becoming less prevalent, which may be related to awareness raising campaigns and programmes on the harmful effects of child marriage. There is still a long way to go, however, before attitudes change and child marriage is no longer considered socially acceptable.

The incidence of child and early marriage is higher in rural regions and within the poorest wealth quintiles. Given various cultural and tribal customs, in certain pockets of rural Pakistan, child marriage is an accepted practice. These areas include rural Sindh, where 22% of young women aged 15-19 are currently married and 40% of women aged 20-49 were married before they turned 18.²⁰¹ In FATA, 3 out of 4 women between the ages of 20-49 married before they were 18 years old, and 1 in 5 of those aged 15-49 married before the age of 15.²⁰³ Similarly, over 1 in 3 women in Balochistan married before turning 18, with no significant disparities between rural and urban areas, or between the poorest and

¹⁹⁷ United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015 - Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

¹⁹⁸ International Labour Organization, *World Day Against Child Labour: Report for Pakistan*, ILO, Islamabad, 2015.

¹⁹⁹ United Nations Office on Drugs and Crime, *Recent Trends of Human Trafficking and Migrant Smuggling to and from Pakistan*, UNODC, Islamabad, 2013.

²⁰⁰ Child Soldiers International, *Alternative Report to the Committee on the Rights of the Child on the Occasion of Pakistan's Fifth Periodic Report on the Convention on the Rights of the Child*, Child Soldiers International, 2015.

²⁰¹ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2006-07; 2012-13*, Government of Pakistan, Islamabad, 2007; 2013;

²⁰² Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

²⁰³ FATA Secretariat, *FATA Development Indicators Household Survey (FDIHS) 2013-14*, FATA Secretariat, 2014.

richest segments of the population. This suggests that early marriage is a widely accepted norm in Balochistan.²⁰⁴ According to the latest MICS 2016, 42.6% of the women in GB aged 20-49 married before the age of 18. The region's median age for first marriages is 17.7 years, the lowest in the country.

Around one in five women in Punjab marry at an early age, with 21% aged 20-49 having married before the age of 18, and 5.2% before they were 15. Both these indicators are especially high in rural Punjab (23% and 5.7%, respectively). The incidence of child marriage is higher among the poorest wealth quintiles in Punjab, declining as wealth increases. Districts in northern Punjab have lower rates of child marriages compared to districts in southern Punjab²⁰⁵ (see Annex M). Districts in southern Punjab are considerably poorer, more rural and more socially conservative than their northern counterparts, reinforcing the correlation between poverty rates and child marriage.

Pakistan's *Zina and Hudood Ordinances*²⁰⁶ are at odds with the principles and provisions of the CRC. As noted above, the minimum age of criminal responsibility in Pakistan is just 10 years old, which leads to children being treated like adults by the justice system. Data on the number of juveniles in pre-trial detention is extremely limited, ostensibly as many juvenile detainees are officially recorded as adults. The right to free legal assistance and defense is not guaranteed for all children in conflict with the law. Many remain in pre-trial detention for extended periods when they cannot afford to pay for legal assistance. Data is unavailable on victims of violence perpetrated by authorities, or on un-sentenced detainees as a proportion of the overall prison population.

Box 7: Children with disabilities and special needs in Pakistan

Children with disabilities and special needs are among the most vulnerable and marginalized in Pakistan. The importance of upholding the rights of disabled children is explicitly highlighted by the SDGs, notably SDG 4 on their right to education and assistance, as well as SDG 10 which emphasizes the inclusion of all persons with disabilities. Poverty and disability in Pakistan intersect in two ways: disability adds to the risk of poverty, while conditions of poverty increase the risk of disability. As more recent data is lacking, figures on disabilities in Pakistan range between 2.49% of the population, according to the *National Policy for Persons with Disabilities 2002* and 10%, according to WHO. Children between 5 and 14 years old who require some form of special education account for 23% of all persons with disabilities.²⁰⁷ Of the estimated population with disabilities, 66% live in rural areas. As it accounts for over half of Pakistan's overall population, Punjab is home to over half of persons with disabilities (56%).²⁰⁸ At the sub-national level, only 2008 MICS data for AJK and KP provide some indicators on children between the ages of 2 and 9. In AJK, 13% of children had at least one disability, in KP this was true for 6% of children. The poorest children in the country have a higher proportion of disabilities.

The integration of children with disabilities within the mainstream education system is a fairly new phenomenon in Pakistan. Currently available special education only caters to urban children on a limited scale. Before Pakistan ratified the *Convention on the Rights of Persons with Disabilities* (CRPD) in

²⁰⁴ Government of Balochistan, *Multiple Indicator Cluster Survey (MICS) Balochistan 2010*, Government of Balochistan, Quetta, 2010.

²⁰⁵ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014.

²⁰⁶ Promulgated in 1979, these ordinances deemed adultery and extra-marital sex to be new criminal offences, while stipulating new punishments including whipping, amputation and stoning to death.

²⁰⁷ Ministry of Women Development, Social Welfare and Special Education, *National Policy for Persons with Disabilities*, Government of Pakistan, Islamabad, 2002.

²⁰⁸ Institute for Social Justice (ISJ).

2011, it introduced a National Policy for Persons with Disabilities 2002 and its *National Plan of Action*. Special Education Departments (SEDs) administer centres for children with disabilities, while providing transport services, hearing aids and other assistive devices free of charge. Such efforts need to be expanded, as only 40,000 children with disabilities (an estimated 2%) have access to special education. Another 2% attend mainstream schools but lack significant support.²⁰⁹

To address this highly disadvantaged population group, it will be important to document the data gap, given that children with disabilities are still largely 'invisible'. In turn, this will improve both equity and social inclusion for these children.

Causality analysis: Violence against children is widespread in Pakistan and exists with a high degree of impunity in Pakistan. Violence at the household and community levels is generally accepted, as is violence by authority figures. Prevailing social attitudes tend to view violence as a form of acceptable discipline. Harmful exploitative practices such as early marriage, child marriage and child labour are similarly socially acceptable. The available data paints a sobering picture, reflecting the great efforts that will have to be made to achieve SDG targets on child protection, particularly SDGs 16.2, 5.2 and 5.3.

Poverty and vulnerability are the two key reasons for limited compliance with child protection rights. Neglected, deprived and vulnerable children tend to suffer the most. Communities may often appear to be insensitive to the needs of children, especially to issues of protection and exploitation. Child sexual abuse and exploitation are generally not accepted as a problem in Pakistani society, or dismissed as being very rare. Cultural and religious attitudes make it difficult for victims to seek help. Denial, stigma and social taboos exist around physical, psychological and sexual violence, while confidentiality is considered to be in the best interest of child. In turn, this often leads to abusive incidents not being reported. A general lack of awareness of the available protection system is exacerbated by issues of trust. At the same time, harmful practices such as child marriage are widely accepted in rural areas due to cultural norms, indicating the acceptability of social norms over legislative initiatives. In addition, challenges related to the effective implementation of applicable laws for the protection of children are compounded by a lack of data to support accurate and evidence-based planning, budgeting, coordination and accountability among relevant actors. Budgetary allocations in support of child protection are disparate and difficult to identify and monitor.

Supply-side challenges include the lack of operational coordination between sectors – particularly the sectors of social, health and justice – as well as an insufficient number of specialized social welfare and justice professionals. These issues are especially acute in FATA, where *jirgas* (traditional assemblies of community elders) are widely appointed to address injustices. There is inadequate financial support for vulnerable parents and children's education and health needs. Protection concerns are compounded by the fact that legal assistance and defence are not guaranteed for all children in conflict with the law, as well as by the absence of a public child protection case management and referral system. In terms of policy, there is no national strategy/policy on child protection issues in Pakistan after adoption of the 18th Amendment. National and provincial frameworks and systems for reporting child protection concerns have yet to be adopted. Furthermore, there are no dedicated budget allocations for child protection programmes, which themselves lack minimum quality standards.

²⁰⁹ Hameed, Abdul, *Social and Economic Issues of Persons with Disabilities in Pakistan*, University of Management and Technology, Lahore, 2012.

Legislative and policy analysis: SDGs 16.2, 5.1 and Article 35 of Pakistan's Constitution explicitly lays out the state's obligation to ensure the protection of mothers, children, marriage and the family. Providing alternative care for children is something of a cottage industry in Pakistan, wherein the principle of a child's best interests tends to be overlooked. In all provinces and regions, except GB, government allocations for child protection are minimal. In many cases, laws and policies to protect children often are not fully aligned with the CRC.²¹⁰ However, a *National Child Protection Policy* has been drafted and is expected to lead the way to the enactment of a *Child Protection Bill*. A *National Commission on the Rights of the Child (NCRC) Bill* has also been proposed, which aims to create a Commission to work as Pakistan's primary agency on child rights, in line with CRC commitments. Its effectiveness, like that of many other measures taken in Pakistan to protect children, will depend on political will, adequate financing, and effective monitoring, implementation and power to sanction.

The Government regards two recent bills as relevant to the prohibition of corporal punishment. These are the *Criminal Law (Amendment) Bill 2015* and the *Prohibition of Corporal Punishment Bill 2016*. However, neither would prohibit all forms of corporal punishment in child-rearing. The recently enacted *Criminal Law (Amendment) Act 2015* has incorporated several CRC obligations into national legislation, specifically obligations articulated by CRC's *Second Optional Protocol on the sale of children, child pornography and child prostitution*. This Act raised the age of criminal responsibility from 7 to 10 years. Courts also have the discretion to assess the mental capacity of accused children, and to raise the age of criminal responsibility to a maximum of 14 years, where appropriate. The current legislative framework also encompasses the *Juvenile Justice System Ordinance 2000* (amended in 2012). However, implementation remains weak, as highlighted by the Committee on the Rights of the Child in 2009 and 2016. The reformed *Pakistan Penal Code* will support prosecutions for child trafficking for the purposes of sexual exploitation within the country.

The main instruments against child labour in Pakistan are the *Employment of Children Act 1991* and the *Employment of Children Rules 1995*. Following the 18th Amendment, responsibility for labour issues has been devolved to the provinces. While the provinces have begun to develop province-specific child labour laws, existing federal legislation continues to govern issues of child labour. Both the Constitution and national labour laws prohibit the employment of children under the age of 14 for hazardous work, while several additional laws address matters related to the employment of children.²¹¹

Legislative and administrative measures on child protection are being rolled-out in Pakistan's provinces. In 2010, KP passed its *Child Protection and Welfare Act (KP-CPWA)* (amended in 2016) and established a *Child Protection and Welfare Commission (CPWC)*. Sindh's *Child Protection Authority Act (SCPAA) 2011* is also in place, as is Balochistan's *Child Protection Policy*. A proposed *Child Welfare and Protection Bill* is pending enactment in Balochistan. FATA and AJK approved their respective *Child Protection Policies* in 2012 and 2010. Punjab's Social Welfare Department is currently developing the province's *Child Protection Policy* to complement Punjab's *Destitute and Neglected Children's Act (PDNCA) 2004* and the *Punjab Control of Child Protection Institution Rules 2011-12*. While these are in place, Punjab still lacks an integrated legal framework for child protection. No separate policy document on child protection exists in Sindh, where child protection issues are dealt with under the *Sindh Children Act 1955*, the *Juvenile Justice System Ordinance (JJSO) 2000*, and various other pieces of legislation.

²¹⁰ United Nations Children's Fund, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016.

²¹¹ Mines Act, 1926; The Children (Pledging of Labour) Act, 1933; The Factories Act, 1934; The Road Transport Workers Ordinance, 1961; Shops and Establishments Ordinance, 1969; Bonded Labour System (Abolition) Act, 1992; and Merchant Shipping Ordinance, 2001

Duty bearers and partners:

- The National Commission for Child Welfare and Development (NCCWD), located within the Ministry of Human Rights, is responsible for monitoring, reviewing and overseeing the implementation of Pakistan's CRC commitments, alongside the recommendations of the CRC Committee. Provincial directorates, provincial Social Welfare Departments (SWDs), provincial Commissions for Child Welfare and Development (PCCWD) and community-based organizations liaise and coordinate with NCCWD, which depends greatly on donor financing.
- Child Protection and Welfare Centres, Bureaus and Units exist in the national capital and at the provincial level. Such entities perform the basic functions of child rescue, recovery, assessment, reintegration and follow-up. Service delivery, however, is often fragmented. The sector lacks the capacity to change negative behaviours around culturally sensitive issues such as child exploitation. There is also a serious lack of professionals trained in child rights within the organizations responsible for child protection. Repeated and on-going humanitarian crises, including natural disasters and issues of displacement in KP and FATA, pose further protection risks to children.²¹²
- In terms of protecting children in the justice system, federal and provincial Ombudsmen have been set-up at the national level and in the provinces of Sindh and KP. Local courts are now implementing the *Juvenile Justice System Ordinance 2000*. Some 220 courts have been designated as juvenile courts across the country.
- International development agencies which work in the area of child protection include the ILO, which collaborates closely with national and provincial labour departments at the policy level. UNICEF implements a child rights project funded by the IKEA Foundation, which focuses on strengthening child protection in cotton farming areas of Punjab and Sindh.

5.3 | Key Conclusions and Considerations

Protecting children from violence and exploitation in all its guises is essential for upholding their rights, achieving the SDGs and safeguarding a brighter future for Pakistan's society. Protection implies, on the one hand, ensuring that every child in the country secures their legal identity through birth registration – an indispensable passport to protection. On the other, it implies tackling the scourge of violence and exploitation against children – from physical and psychological violence to corporal punishment, violence against women and girls, sexual violence, child labour, child marriage and neglect of vulnerable children. The traumatic effects of violence and exploitation are a blight on children's prospects for healthy, productive lives – Pakistan cannot move towards truly sustainable development and dynamic growth if its population is marred by the scourge of abuse and neglect. The analysis presented in this chapter leads to the conclusion that the following steps are required to ensure that all children are protected against violence and exploitation:

- The timely and free registration of births of children should be promoted, especially among marginalized and disadvantaged communities, including persons with unknown parentage and orphans. It is essential to inform the public about the consequences of non-registration. A legislative and regulatory framework should be established to register children who are without parental care. An effective birth registration mechanism for home-based deliveries should also be established. It is imperative that procedures related to birth registration throughout the country are simplified, including through the development of mobile registration units. An inclusive and child-sensitive national *Civil Registration and Vital Statistics Strategy* should also be developed.

²¹² United Nations Children's Fund, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016.

- Laws and practices should be reviewed, especially those related to children under the age of 18 who are affected by violence in any form, including corporal punishment, sexual abuse, child exploitation, the minimum age for criminal liability as per international standards, ending death sentences for children, and detaining children separately from adults.
- A system for collecting and disaggregating data on child victims of violence and exploited children should be established to inform policy and community-based awareness raising interventions.
- The data gap on children with disabilities should be addressed, as these children are still largely 'invisible'. Reliable data will be vital for devising evidence-based policies and initiatives to meet the specific needs of these children.
- The development of a comprehensive national strategy should be supported to address all forms of violence, exploitation and neglect experienced by girls and boys. This should be followed by advocacy with lawmakers to facilitate necessary legislation and follow-up on its implementation. Support should also be provided for developing minimum quality standards for child protection programmes.
- Public education, awareness raising and social mobilization campaigns should be introduced to combat the stigmatization of victims of sexual exploitation, child abuse, violence against children, violence against women and girls, and child marriage.
- Adequate periodic monitoring and data collection of alternative care facilities should be ensured on the basis of established regulations.
- Advocacy with education, health and disaster response authorities should be carried out to ensure integrated child protection programmes.
- Effective protection should be ensured, including shelter and protective schemes for survivors of violence and women and children at risk of becoming victims. Rehabilitation services should be provided to those affected by violence. This should include protective services such as counselling, legal aid, referral to specialized services shelters, and reintegration into their families and communities.
- A clear regulation on alternative care for children should be established, including quality care standards, periodic review of placement, and ensuring the right of the child to be heard during all steps of the procedure.
- Child protection coverage should be expanded, as it is currently confined to urban areas. Case management and referral systems should be established across Pakistan, bringing together appropriate government line agencies, civil society and the private sector in order to ensure the comprehensive implementation of the child protection mandate. This should incorporate, inter alia, regulation and monitoring of child protection standards at all levels, including in child residential or foster care contexts. It should also encompass the delivery of child protection-related services supported by a committed workforce, particularly in the social protection, justice, health and education sectors, with relevant competencies and mandates. A fully functional public referral mechanism should also be set-up, hand in hand with efforts to sensitize and build the capacity of stakeholders, including on reporting procedures.
- Service delivery related to child protection should be standardized with clearly defined minimum standards.
- The Government's child protection programme should focus on the implementation of communications for development approaches to address parental and caregiver behavioural

change with regard to physical and psychological violence against children in all settings. Technical assistance should be informed by WHO's INSPIRE approach.²¹³ The Department of School Education can influence change agents, like teachers, to raise awareness about child rights. The Department is in a particularly strong position to do so in light of its resources, access to finance and a wide network.

- A new National Child Labour Survey should be undertaken to update Pakistan's first and only such survey, undertaken in 1996. It is vital to ensure the effective implementation of legislation on free and compulsory education to combat child labour. The harmonization of labour laws should be expedited to establish a minimum age for employment in accordance with international standards, notably ILO's Minimum Age Convention (Convention 138).

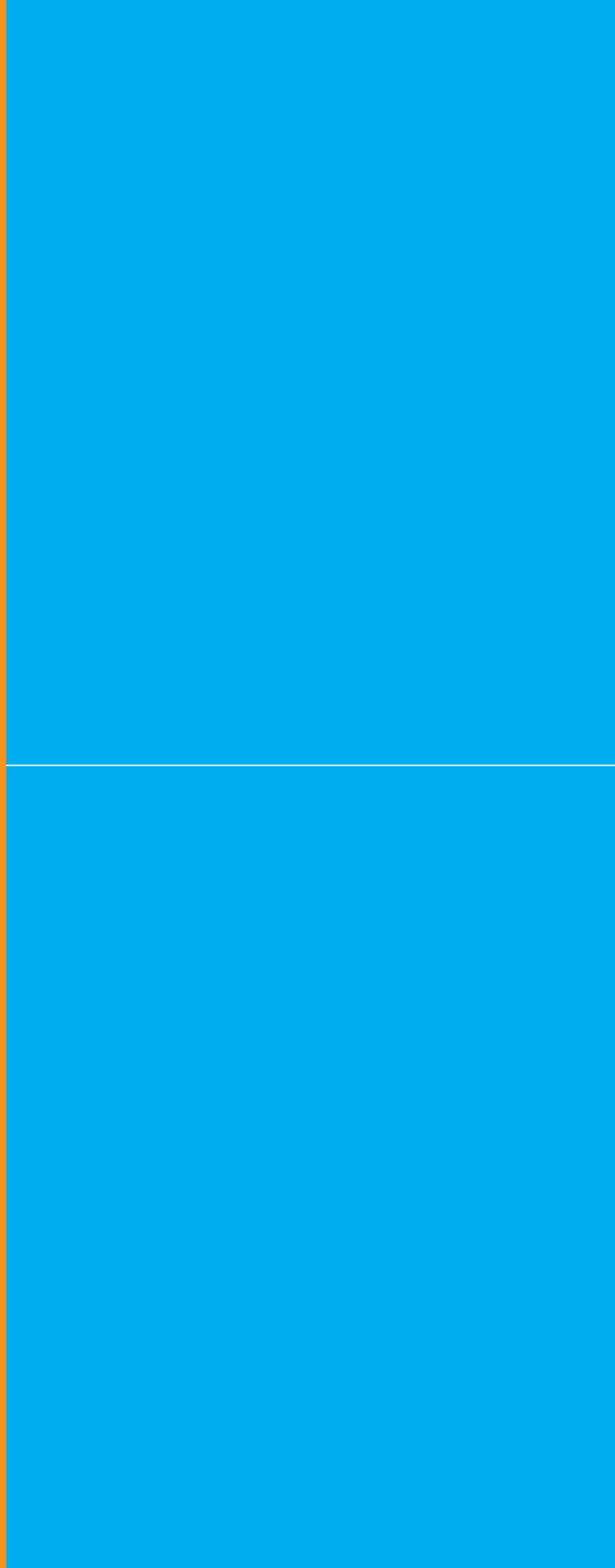
²¹³ (1) Implementation/enforcement of laws; (2) norms and values; (3) safe environments; (4) parent/caregiver support; (5) income/economic strengthening; (6) response/support services; (7) education/life skills.



USAID NRSP unicef

Save Water
Save Lives

پاڻي بچايو
زندگي بچايو

A poster with a white background and a blue border. At the top, it features logos for USAID, NRSP, and UNICEF. Below the logos, the text 'Save Water Save Lives' is written in red. Underneath, the same message is written in Urdu: 'پاڻي بچايو' and 'زندگي بچايو'. The central illustration shows a smiling globe with a water tap on its left side, with a single drop of water falling. The globe is giving a thumbs-up with its right hand. Below the globe, two blue water droplets with faces and arms are shown. One is turning a water tap, and the other is standing next to it. The poster is mounted on a blue wall.

6

All Children
Live in a Safe
and Clean
Environment



All Children Live in a Safe and Clean Environment

Among the most basic of all rights, access to safe drinking water and improved sanitation services is essential for child rights and well-being. These twin issues are at the very heart of the SDGs. The linkages between improvements in WASH and the achievement of targets related to poverty, health, nutrition, education, gender equality and sustainable economic growth are well established. Achieving progress on SDG 6 ('clean water and sanitation') means achieving progress on all other SDGs and fostering the vast productive capacity of its future human capital – thus ushering in a new age of dynamic growth and stronger development outcomes in Pakistan.

Diseases related to water, sanitation and hygiene account for 110 deaths of children under-5 in Pakistan every day.²¹⁴ Repeated episodes of diarrhoea, intestinal infestation by nematode worms, and possibly tropical or environmental enteropathy – a disease of the small intestine caused by faecal contamination, affecting permeability and absorption – can all impede nutrient absorption and diminish appetite. In turn, this can result in stunting and other forms of undernutrition. It also has a bearing on mental and physical development and limited educational attainment. A lack of WASH facilities in schools negatively affects enrolment, performance, attendance and retention, particularly for adolescent girls, by failing to meet their menstrual hygiene management needs. Water and sanitation are also tied to protection concerns, since women may face increased exposure to sexual violence in the absence of safe, adequate WASH facilities, particularly in areas where open defecation remains the norm. Issues of availability,

²¹⁴ United Nations Children's Fund, Pakistan: Our Work, UNICEF, Islamabad, n.d., <www.unicef.org/pakistan/overview.html>, accessed 16 April 2017.

accessibility and the quality of drinking water remain a concern across the country, as do the social norms, attitudes and lack of knowledge surrounding harmful practices, such as open defecation, and the need to invest in improved sanitation and hygiene.

Pakistan has made strong advances in WASH, successfully expanding access to improved water (now 91%) and to improved sanitation (64%).²¹⁵ Reducing the prevalence of infectious diseases among children requires further efforts to improve water, sanitation and hygiene, as well as to create clean, safe and healthy environments for children, and greater access to and use of health services. Future progress will depend on bridging existing disparities between provinces and regions, in terms of rural and urban coverage, as well as between income groups.

The Constitution of Pakistan specifies several issues as 'provincial subjects', such as drinking water supplies, sanitation, solid waste, rural and urban development. Therefore, as for all provincial subjects, responsibility for planning, funding, regulating, monitoring and service delivery have been delegated to local governments through the *Local Government Ordinance 2001* and later through the *Local Government Acts of 2013*, passed by the country's provincial assemblies.

Relevant child rights: WASH is hailed as a fundamental right and increasingly recognized as central to the development agenda. Globally, a specific goal on water and sanitation is included in the SDGs (SDG 6), which calls for an integrated approach to monitoring and oversight. This takes account of the links between water supply, sanitation and hygiene (SDG targets 6.1 and 6.2), treatment, recycling and the re-use of wastewater (SDG target 6.3); increasing efficiency and ensuring sustainable withdrawals (6.4); and the protection of water-related ecosystems (6.6). These multiple strands all form part of an integrated approach to water resource management (6.5). SDG 6 also focuses on the links between development outcomes and means of implementation (6a and 6b). At the national level, *Vision 2025* explicitly notes the importance of clean water and sanitation (Pillar 4).²¹⁶

On the 28th of July 2010, United Nations General Assembly Resolution 64/292 explicitly recognised the right to clean water and sanitation as a fundamental human right, which in turn are essential to the realization of all other human rights. It calls upon states and international organizations to provide financial resources, support capacity-building and technology transfer, particularly in aid of developing countries, in order to ensure that safe, clean, accessible and affordable water and sanitation is provided for all. The CRC also affirms that every child has the inherent right to life (Articles 6, 23 and 24), for which water and sanitation are indispensable. Article 24 (2c) specifically highlights the right of the child to the highest attainable standard of health and related facilities, including clean drinking water and sanitation.

²¹⁵ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

²¹⁶ Ministry of Planning Development & Reform, *Pakistan Vision 2025*, Government of Pakistan, Islamabad, 2014.

Box 8: Concluding observations of the CRC Committee related to WASH in Pakistan

The UNCRC drew attention to the following key measures related to WASH for children in Pakistan:

- Provide, as a matter of highest priority, access to water and sanitation.
- Conduct an assessment of the effects of polluted air, water and soil on children's health as a basis for designing a well-resourced strategy to remedy the situation, and regulate the maximum concentrations of air and water pollutants.
- Ensure that, in cases of drought, children are provided with immediate access to aid, including sufficient food and water aid.
- Ensure that displaced children are provided with shelter, nutrition, sanitation, health care and education.
- Prioritize construction and reconstruction of school infrastructure, especially those affected by natural disasters or conflict and allocate sufficient resources to provide basic facilities, including drinking water, toilets and heating.

Source: Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child on the Fifth Periodic Report of Pakistan: June 2016*.

6.1 | Safely Managed Water

State of deprivation: Three main factors have been identified for the analysis of the deprivations faced by households, and therefore by children, regarding their right to **drinking water**. All three issues are central to the achievement of SDG 6:

- **Availability:** Water availability is becoming a critical issue in Pakistan. The country's water profile has changed drastically, moving from being a water abundant country, to one experiencing water stress. Between 1990 and 2015, per capita water availability declined by almost half – from 2,172 cubic meters per inhabitant, to 1,306 cubic metres per inhabitant.²¹⁷ Pakistan is now classified as a 'water-stressed' country en route to becoming a 'water-scarce' country unless urgent action is taken.²¹⁸ With regard to water sources and usage, the PSLM 2014-15 reports that 58% of households depend on groundwater sources, compared to 27% who have access to a piped water supply. The use of motorized pumps rose to 33% in 2014-15, from 30% in 2012-13. Groundwater sources are depleting due to over-use, especially for agricultural purposes, as well as extended dry spells. It is estimated that the gap between water demand, including the demand for drinking water, and water availability will widen significantly by 2025.²¹⁹ This is likely to take a disproportionate toll on Pakistan's growing urban populace– projected to rise to over half of the total population by 2030 – especially those who reside in informal urban or peri-urban settlements, where access to water and sanitation is exceptionally poor.

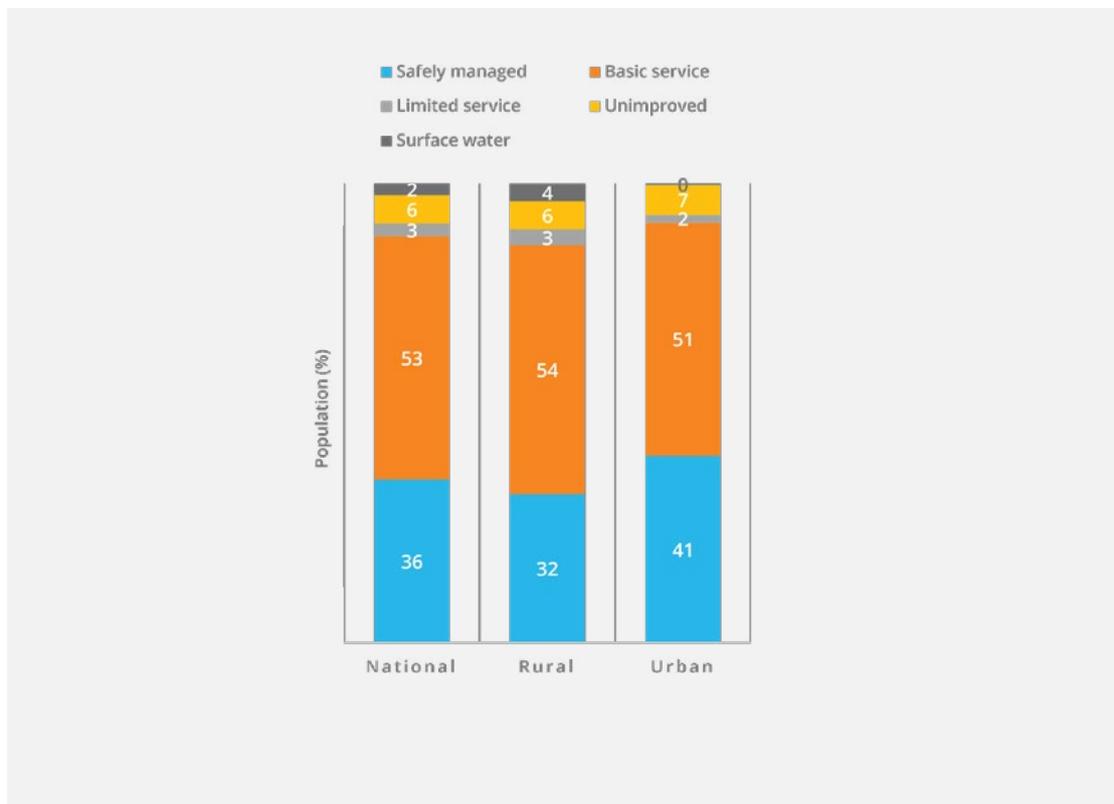
²¹⁷ United Nations Development Programme, *Development Advocate Pakistan*, vol. 3, no. 4, 2017, <www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/development-advocate-pakistan--volume-3--issue-4.html>, accessed 10 May 2017.

²¹⁸ Water Resource Institute, *Ranking the World's Most Water Stressed Countries In 2040*, WRI, Washington D.C., 2015, <www.wri.org/blog/2015/08/ranking-world's-most-water-stressed-countries-2040>, accessed 18 June 2017.

²¹⁹ Planning Commission, *10-Year Perspective Development Plan 2001-2011*, Government of Pakistan, Islamabad, 2001.

- Accessibility: Overall, 91% of households in Pakistan have access to improved drinking water sources, 94% in urban centres and, 90% in rural areas. This marks a rise from 86% overall in 1990, indicating strong progress over the past decades.²²⁰ Pakistan is one of the few countries that have halved the proportion of the poorest without access to drinking water and sanitation since 1995.²²¹ However, around 18 million people have no access to improved water sources and 37 million do not have water available within their premises. 36% have access to safely managed drinking water services, while 6.3% use unimproved water. 98.6% of the households in Punjab have access to safe drinking water facilities, as do 93.7% in Sindh, 80% in GB, 77.5% in KP, 69% in FATA and 67.2% in Balochistan.²²² Disaggregating the data by sex reveals that 91% of women use an improved water source, compared to 96.8% of men.

Figure 18: Status of drinking water in Pakistan



Source: WHO and UNICEF, *Joint Monitoring Programme (JMP) for Water and Sanitation Report 2015*.

²²⁰ World Health Organization and United Nations Children's Fund, *Joint Monitoring Programme (JMP) for Water and Sanitation Report, WHO and UNICEF*, Geneva and New York, 2015.

²²¹ United Nations Children's Fund and World Health Organization, *Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment*, UNICEF and WHO, New York and Geneva, 2015, <www.unicef.org/publications/index_82419.html>, accessed 12 May 2017.

²²² National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013; FATA Secretariat, *FATA Development Indicators Household Survey (FDIHS) 2013-14*, FATA Secretariat, 2014.

- **Quality:** Waterborne diseases are directly proportionate to water quality. Pakistan's water resources face four major water quality challenges: bacteriological contamination (68%); arsenic (24%); nitrate (13%); and fluoride (5%).²²³ An examination of 357 diverse water sources revealed that only 13% were safe, while the remaining 87% were unsafe for drinking purposes, even if they were categorized as 'improved'. Nearly 90% of households in Pakistan have reported no treatment of drinking water, 96.6% in rural areas and 76.9% in urban centres.²²⁴ Only 8% of Pakistan's population uses any appropriate treatment method for drinking purposes. The fact that over two-thirds of households drink bacterially contaminated water, and that an estimated 53,000 children die annually because of diarrhoea, indicates that water quality urgently requires improvement.

Causality analysis: Communities consider water which appears clean to be safe. Awareness of water use, safety, maintenance and conservation is generally lacking across the country. Water tends to be considered a free and infinite resource, and no voice or accountability mechanism is in place to prevent the use of water without due care. As discussed below, water is a free resource in Pakistan which is not metered or charged for. Key bottlenecks at the household and community levels include limited availability of water and soap for hand washing, trends which are highly correlated with poverty.²²⁵

Some two-thirds of the population in rural areas does not have water facilities close to their homes, prompting them to spend significant time fetching water. This task is typically performed by women and girls, often forced to walk for over 30 minutes through difficult terrain to obtain water for their households. As women are also primarily responsible for childcare, their need to fetch water often leaves young children unattended. This can limit adequate attention and negatively impact child hygiene and nutrition. The burden of fetching water also prompts health problems among pregnant and lactating women.

At the institutional level, no accountability mechanism exists to curb inefficient water use. Changes are compounded by Pakistan's fragmented legal framework for the water sector, particularly for operation and maintenance (O&M). The regular interruption of power supplies and the rising costs of energy limit the efficiency of water supply schemes in rural and urban areas alike. Supply-side barriers include a lack of necessary equipment, tools and financing for O&M; the absence of tariffs for drinking water supplies; the variable O&M and sustainability of the water system as a whole; and the absence of standard operating procedures for the O&M of water supply schemes. Moreover, there is a dearth of water quality testing laboratories at the district level.

Legislative and policy analysis: see the overarching legislative and policy analysis for WASH issues below, under Section 6.2.

Duty bearers and partners: see the overarching discussion of WASH duty bearers below, under Section 6.2.

²²³ United Nations Children's Fund Pakistan, *WASH Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016; Pakistan Council of Research in Water Resources, 2005-2006.

²²⁴ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

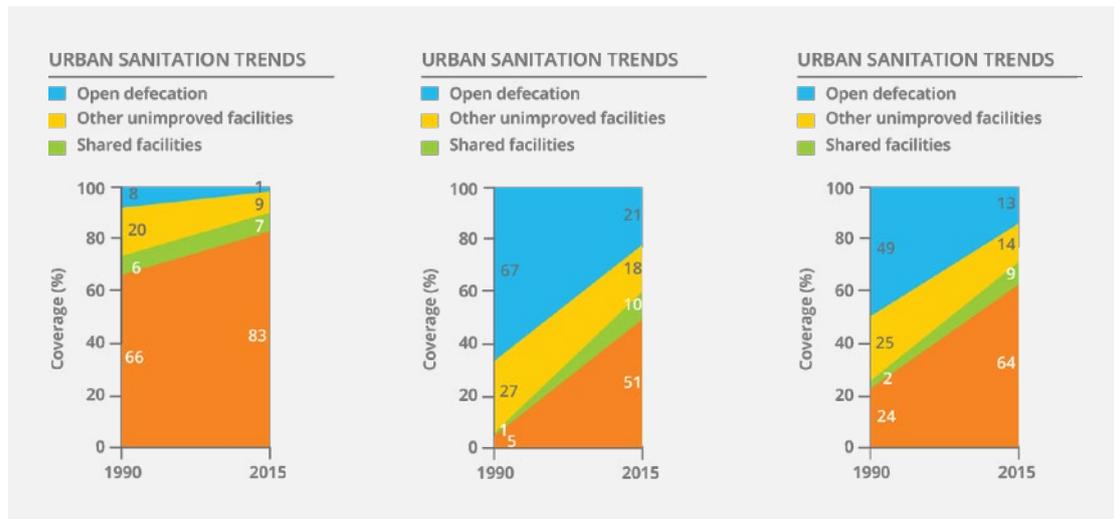
²²⁵ United Nations Children's Fund Pakistan, *WASH Programme Strategy Note 2017*, UNICEF Pakistan, Islamabad, 2017.

6.2 | Sanitation Services

State of deprivation: In terms of sanitation services, the proportion of Pakistan’s population who practice **open defecation** are considered to be ‘deprived’. Open defecation poses severe risks to child health and safety. It is specifically highlighted by SDG 6 as a major hurdle that needs to be overcome, reflecting the post-2015 development agenda’s focus on hygiene alongside sanitation to maximize the impact on the health and well-being of children and their communities. Pakistan has made significant progress in reducing open defecation, which declined from 49% in 1990 to 13% in 2015, an average annual decline of 3.9%.²²⁶ Nevertheless, an estimated 25 million people (21% of the population), including women and children, still lack adequate toilet facilities and are obliged to resort to open defecation. Overall, Pakistan has the third highest number of people practicing open defecation in the world.²²⁷

Open defecation is primarily an issue in rural areas, where 32% of households have no access to toilet facilities. An estimated 86.8% of Pakistan’s urban population has access to improved sanitation, compared to 46.2% in rural areas.²²⁸ Some 72% of the poorest segments of the population practice open defecation, compared to 0% of the richest.²²⁹ Improvements in sanitation practices are evident in both rural and urban areas over the past decades, as shown in the figure below.

Figure 19: Estimated sanitation coverage trends (1990-2015)



Source: WHO and UNICEF, *Joint Monitoring Programme (JMP) for Water and Sanitation Report 2015*.

²²⁶ World Health Organization and United Nations Children’s Fund, *Joint Monitoring Programme (JMP) for Water and Sanitation Report 2015*, WHO and UNICEF, Geneva and New York, 2015.

²²⁷ World Health Organization and United Nations Children’s Fund, *Joint Monitoring Programme (JMP) for Water and Sanitation Report 2014*, WHO and UNICEF, Geneva and New York, 2014.

²²⁸ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

²²⁹ United Nations Children’s Fund Pakistan, *WASH Programme Strategy Note 2017*, UNICEF Pakistan, Islamabad, 2017.

Provincial-level comparisons reveal that GB has the highest proportion of households who use improved sanitation facilities, while FATA has the lowest. Rates in Punjab, Sindh and AJK are all over 90%. Across all provinces, rural areas are more deprived of safely managed sanitation facilities and more households practice open defecation. 20% of Sindh’s population practices open defecation, as do 17.5% of the Punjab’s populace²³⁰ and 21% of the households in AJK.²³¹ Approximately 21% of people in KP do not have toilet facilities, compared to 30% in Balochistan and 7.7% in GB.²³² Whereas some 70% of people in the lowest wealth quintile in Punjab resort to open defecation, none do so in the richest quintile. Around 40% of the population in rural Sindh persists in this practice, compared to only 2% in urban areas.

Figure 20: Access to improved sanitation facilities



* Government of Pakistan, *Azad Jammu and Kashmir Demographic and Health Survey 2010*.
 Source: Multiple Indicator Cluster Surveys (MICS) for Punjab (2014), Sindh (2014), KP (2008), Balochistan (2010), GB (2016-17) and FATA (2007); *Pakistan Demographic and Health Survey (PDHS) 2012-13*.
 Note: Rural and urban figures have been sourced from respective MICS

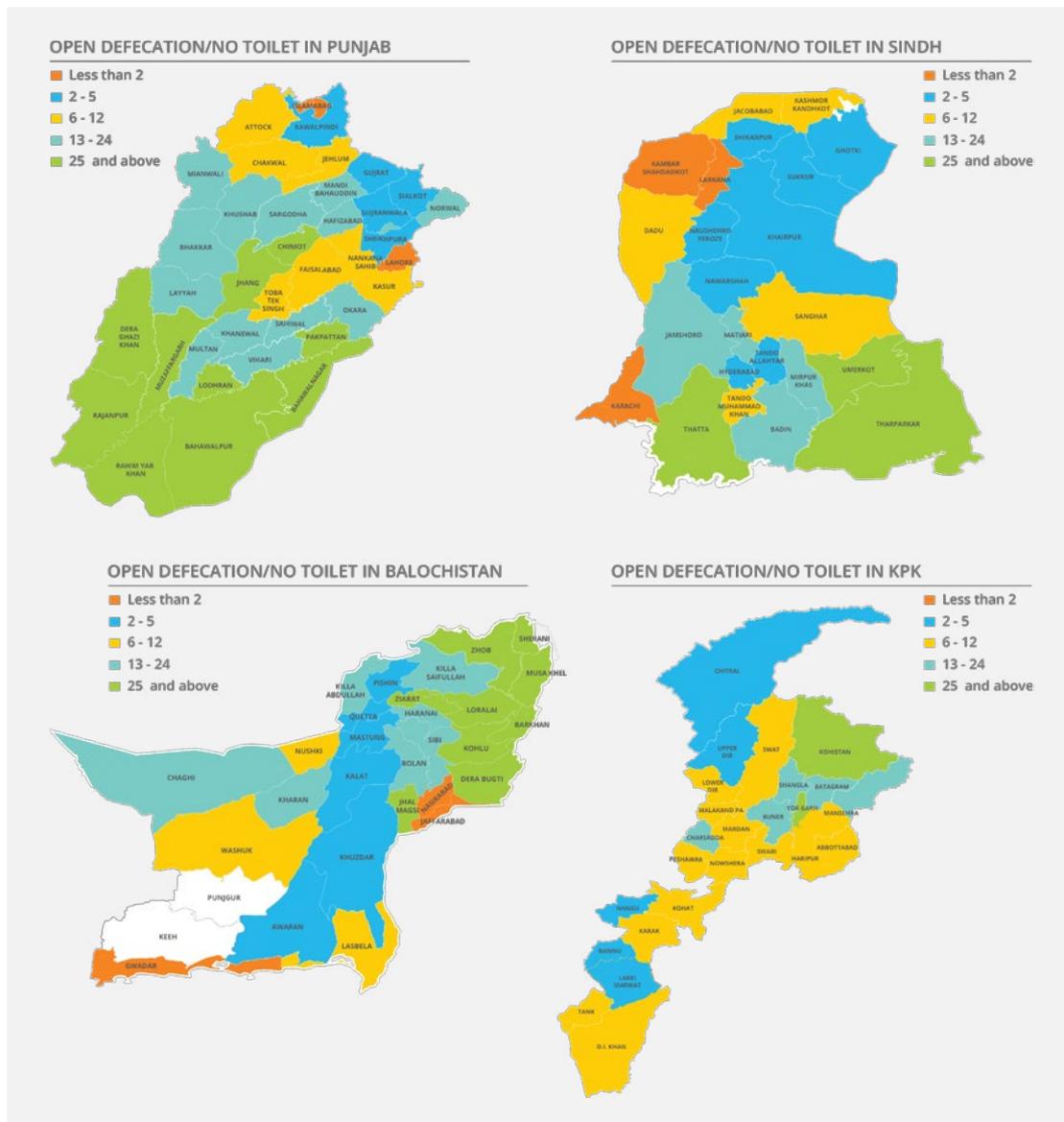
The mapping of open defecation across Pakistan’s provinces reveals interesting patterns, illustrated in the figure below. In Punjab and Sindh, open defecation is most prevalent in each province’s southern districts. In KP, it is mostly practiced in Kohistan, while in Balochistan it is found more in the northeastern areas of the province. Prevalence is higher in these areas perhaps due to poverty and that these regions are more rural and remote.

²³⁰ Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014;
 Government of Sindh Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

²³¹ National Institute of Population Studies, *AJK Demographic and Health Survey 2010*, Government of Pakistan, Islamabad, 2010.

²³² National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

Figure 21: Provincial maps for open defecation



Note: Figures in this map denote percentages.
Source: UNICEF Pakistan, *WASH Child Deprivation Analysis*.

Only 46% of women use an improved sanitation facility, compared to 86.8% of men. Women and children are particularly vulnerable because of a lack of toilets. They are at greater risk of exposure to sexual violence in the absence of adequate WASH facilities. Forcing them to defecate in nearby fields also exposes them to human and animal excreta, replete with all the health risks this involves. Poor sanitation and hygiene provokes diarrhoea and acute respiratory illness, key contributors to high child mortality rates. Safe disposal of child faeces occurs for only 71% of children aged 0-2 years in Punjab. A space for hand washing at critical times exists in 79% of Punjab's households, a significant decline from 96% in 2011.²³³ The absolute difference between the poorest and richest wealth quintiles in terms of the safe disposal of child faeces stands at 63% (see Annex N). Details on the linkages between WASH and nutritional outcomes are explored in Section 3.1.

²³³ Government of Punjab and United Nations Children's, *Equity Profile Punjab*; this information is not available for other provinces.

In terms of **WASH facilities in schools** – another key concern for Pakistan’s achievement of SDGs 6 and 4 (‘quality education’) – fewer than 2 in 3 primary schools have access to drinking water, and fewer than 2 in 3 girls’ primary schools having functional latrines.²³⁴ Most schools are not sufficiently equipped with MHM facilities, nor do they offer related information for adolescent girls. This has serious implications for girls’ enrolment, retention and completion rates. As only 67% of primary schools in the country offer drinking water and functional latrines, WASH in schools – especially in terms of sanitation – has been a key focus of provincial education reforms and development agendas over the past two years. *Education Sector Plans* developed in all provinces identify improved WASH as critical to enhancing the quality of education and student retention rates. Provincial Governments’ institutional monitoring mechanisms have begun to include reporting on the availability of water and latrines, especially in Punjab and KP.

Causality analysis: The practice of open defecation is related to cultural norms and/or the lack of toilet facilities. It represents both a significant health risk and a protection risk, as noted above – it enables diseases to thrive, while exposing women and children to the prospect of violence. Most of the 25 million people in Pakistan who do not have access to a toilet live in poor rural households or insecure, informal urban settlements – essentially, these are the hardest populations to reach. Open defecation in rural areas is part of longstanding social behaviour and cultural practices, largely considered socially acceptable. Although access to improved sanitation is over 30% higher in urban centres than in rural areas,²³⁵ many urban dwellers still lack this right. The concept of hygienic latrines is also absent in many cases, especially in terms of the construction of septic tanks in urban and peri-urban areas, where most latrines are connected to either covered or open drains. Nearly 55% of rural areas lack disposal systems. These figures reveal that in Pakistan, by and large, sanitation is not realized as a right.

Sanitation is not considered a particularly attractive issue politically, and it suffers from limited ownership by communities. As a result, facilities are aging; essential commodities/inputs, such as skilled technicians, are unavailable; and there is a lack of low-cost sanitary materials on the market, particularly for rural communities. There is also a dearth of necessary machinery and techniques for disposal stations and appropriate wastewater treatment, alongside limited financing for O&M. Political interests, rather than inequalities or needs, often dictate budgetary allocations. Less than 30% of the total WASH budget is allocated to sanitation. Of this, most is reserved for hardware and drainage. Allocations to support the Open Defecation Free (ODF) status of urban and rural areas are neither adequate nor equity-based.

Similarly, the absence of adequate drinking water and WASH facilities in schools undermines children’s right to access education. This is particularly pronounced for girls, as a lack of safe, separate toilet facilities may prevent families from sending girls to school. The absence of MHM facilities, or information on MHM practices is sorely needed to enhance girls’ enrolment, attendance and retention.

Legislative and policy analysis: While *National Water Policy 2016* is still in draft form, current guiding documents for WASH include *Vision 2025*, the *National Sanitation Policy 2006* and the *National Drinking Water Policy 2009*. *Vision 2025*’s commitments – to ensuring progress on all fronts, including WASH – are explicitly aligned with the targets of SDG 6. Achieving the aims of *Vision 2025* will require policies that bridge the gap between demand and supply, a gap largely determined by the lack of recognition of water’s economic value.

²³⁴ National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

²³⁵ 83% in urban areas compared to 51% in rural regions, according to WHO and UNICEF’s *Joint Monitoring Programme (JMP) Report 2015*.

Since devolution, Punjab, KP and FATA have all approved provincial drinking water policies. Draft drinking water policies have been developed in Balochistan, Sindh, AJK and GB. With the exception of FATA, sanitation policies in all four provinces, AJK and GB are in the draft stage. Yet, the legal framework for drinking water, even under local government authorities, is patchy and fragmented, especially criteria for effective O&M, community participation and resource allocation. Punjab was the first province to prepare a *Municipal Water Act in 2007*. Although it remains in draft form, the Act's promulgation by the Punjab Assembly is set to prompt the establishment of an independent provincial regulator.

Budgetary allocations and spending on water and sanitation has gradually increased, indicating a growing emphasis on creating an enabling environment to improve access to water and sanitation. Nonetheless, this is well below budgets for education (2.3% of GDP) and health (0.76%). Increases, however, have not been witnessed in all provinces and where they have been witnessed, allocations are often not distributed equitably within a province. Further increases in funding for WASH must come with commensurate capacity to deliver and utilize these greater allocations efficiently.

In 2013, the Government endorsed the landmark Declaration by the *5th South Asian Conference on Sanitation (SACOSAN)*, recognizing sanitation as an inalienable right. It backed this commitment with a pledge to spend PKR 2 billion on water and sanitation in Punjab and Sindh. By 2015, 1.3 million additional people resided in ODF villages.²³⁶ In line with SDG 6 ('universal and equitable access to safe and affordable drinking water, sanitation and hygiene for all'), the Government's new WASH goal should move from a concern with simple access to the provision of safely managed water and sanitation services.



²³⁶ United Nations Children's Fund, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016; United Nations Children's Fund, *Pakistan Annual Report 2013*, UNICEF, Islamabad, 2014.

This will require greater coordination among key actors in the WASH sector. Coordination is currently limited and little clarity exists on roles and responsibilities, as multiple institutions and departments conduct needs assessments and undertake drinking water projects. Decentralization, triggered by the 18th Amendment, can be considered a positive move in line with international calls to bring service provision responsibilities closer to the people. Nonetheless, the decentralization process has faced implementation challenges resulting in a decade of uncertainty in the WASH sector, marked by a lack of accountability, little clarity in terms of the roles and responsibilities of key agencies, and overall governance challenges. WASH definitions also lack uniformity, with diverse indicators used by different surveys and administrative data. This limits the availability of reliable data to inform decision makers' efforts to gauge the level of sectoral deprivation within communities. Available data does not tend to be in line with SDG indicators, partly because of the lack of appropriate planning tools. Moreover, sectoral WASH expenditure data is not readily available, including on funds spent by civil society organizations, local district governments and the private sector.

Duty bearers and partners:

- The WASH sector is overseen by a number of departments, including those responsible for local government, rural development, health, WASH in schools, and Public Health Engineering Departments (PHED). Through Town/Tehsil Municipal Administrations (TMAs), local governments work with the PHED in terms of seeking technical support for infrastructural development. These provincial departments now employ an integrated approach to design common implementation plans that are owned by multiple departments and supported by all major support organizations active in the sector.
- The Departments of Local Government (LGs) and the Public Health Engineering Department (PHED) are Pakistan's primary stakeholders for policies, strategy development and social mobilization on water supplies and large-scale drainage/sewerage projects. Their remit encompasses the identification, design, planning, implementation and monitoring of WASH in the provinces. In Punjab, for instance, the Provincial Government has established the Saaf Pani Company to develop, design, plan and execute projects for providing safe drinking water solutions, prioritizing underserved areas, especially rural and peri-urban areas. However, overall at the provincial and local levels, systematic capacity-building processes are lacking, and limited coordination is reported among PHED, LGs and Health Departments. The PHED and LGs may even compete with each other, not only for resources but also for 'ownership' of WASH issues. PHED's technical capacities are considered stronger than those of the LGs, but PHED does not have the necessary human resources at the union council level to monitor and report regularly. On the other hand, LGs have the necessary human resources on the ground, but may lack the skills required to facilitate and report on WASH.
- Urban water supply operations are managed by Tehsil Municipal Administrations (TMAs) for small and medium-sized towns, while municipal services is a city function in eight large cities (five in Punjab, and three provincial capitals of Sindh, KP and Balochistan provinces). The services are delivered by the Water and Sanitation Agencies (WASAs) in the five large cities of Punjab and one in Balochistan, by the Karachi Water Supply and Sewerage Board (KW&SB) in Karachi, and by the Water and Sanitation Services Peshawar (WSSP) in Peshawar.²³⁷ The present structure of cities and urban service delivery agencies suffers from myriad problems such as lack of distinctive mandates and efficient institutional structure, issues related to weak governance, diffused accountability, absence of a performance base contracts and fiscal flow is impacting services delivery and quality.

²³⁷ WSSP is Pakistan's first city-wide corporate governed and autonomous utility.

- The Asian Development Bank supports urban policy, planning and management issues, including for WASH, through intermediate-cities development programmes.
- UN Habitat supports the development of an enabling environment through advocacy and by implementing scalable WASH projects/programmes, typically in urban and humanitarian contexts.
- The World Bank's dedicated Water and Sanitation Program (WSP) also works to foster an enabling environment for WASH. In addition to its operations in Punjab, Sindh, KP and AJK, it supports the *Saaf Suthro Sindh* (clean Sindh) initiative in 13 of Sindh's districts.
- UNICEF is an important partner in improving access to sanitation through its *Sanitation Programme at Scale* (SPSP), which mobilizes communities to eliminate open defecation. Pakistan achieved its sanitation target under MDG 7 through the *Pakistan Approach to Total Sanitation* (PATS), introduced in 2010 and spearheaded by UNICEF.
- Other international partners include Plan International, WaterAid, the Rural Support Programmes Network (RSPN), the Water Supply and Sanitation Collaborative Council, and the Fresh Water Action Network. All of these stakeholders are engaged in strengthening WASH service delivery through research, evidence generation, piloting and scaling up interventions.
- The increasingly important role of the Pakistan Council of Research on Water Resources (PCRWR) is still evolving, as an independent national body with a nationwide network of laboratories for water testing. Dedicated national WASH cells, specialized human resources and senior professionals are required to strengthen collaboration among stakeholders, to enable capacity development, and to improve reporting in the provinces.

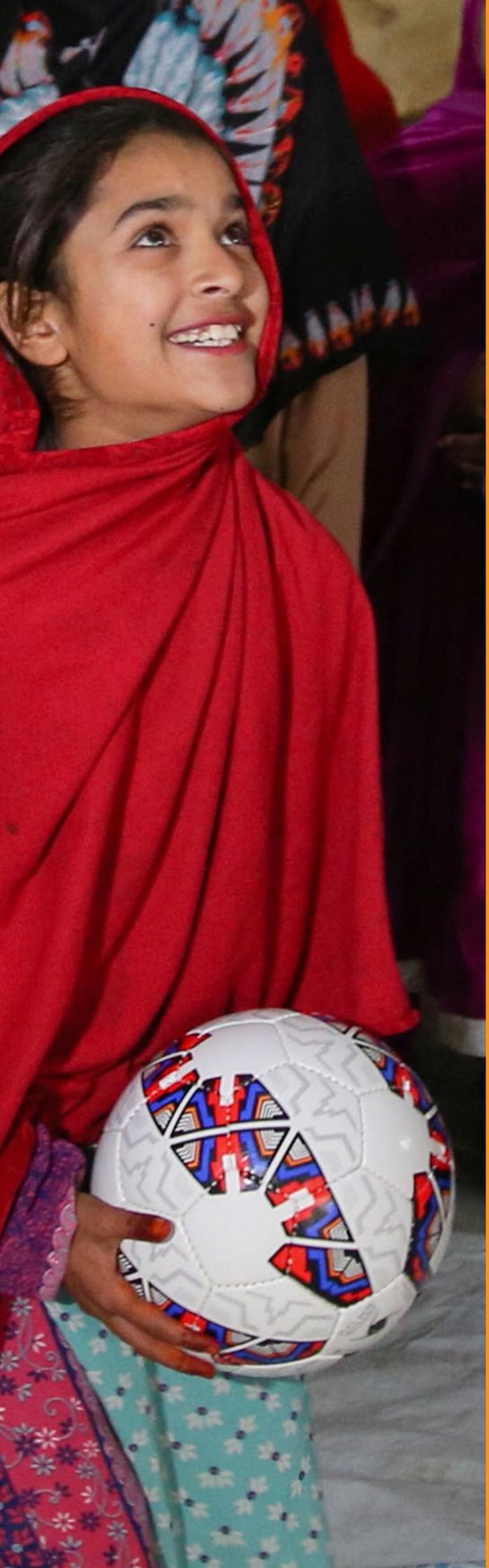
6.3 | Key Conclusions and Considerations

Improvements in WASH translate into direct improvements in health, nutrition, education and quality time for women. Not only are clean drinking water, sanitation and hygiene among the most basic human rights, they are a cornerstone of the SDGs, a stepping stone towards poverty reduction, human capital development and more sustainable economic growth. Improving WASH facilities and services will mean improving the availability, accessibility of drinking water in Pakistan. It will also mean bolstering sanitation and hygiene by ending open defecation and ensuring that WASH facilities and services are available in all schools across the country – reflecting a focus on hygiene that is at the very heart of SDG 6. The analysis presented in this chapter leads to the conclusion that the following steps are required to ensure that all children live in a safe, clean environment:

- Access to safe water should be increased, with special attention to improved drinking water quality, alongside availability and access issues.
- Legislative reforms are needed to improve sanitation and hygiene across the country, particularly to eradicate open defecation. These reforms should be grounded on a thorough understanding of the context and geographic areas in which open defecation is most prevalent. Concern for equity and coverage should be the basis for resource allocation strategies and efforts to prioritize social mobilization. Scaling up rural sanitation is also critical, particularly by connecting latrines with drainage systems to prevent exposure to human excreta and strengthen wastewater treatment.
- The *Pakistan Approach to Total Sanitation* (PATS) should be further promoted as it stands to achieve significant results through the certification of ODF villages. Effective hygiene behaviours within PATS, such as hand washing with soap and the safe disposal of child faeces, should be strengthened.

- Institutional WASH should be promoted and minimum service delivery standards for WASH should be developed for health facilities and educational institutions.
- Local councils should be sensitized to advocate for increased budgets to address open defecation.
- The WASH awareness of communities, religious leaders and elders, among others, should be increased through engagement with the media.
- Cross-sectoral linkages should be emphasized, for instance between and among Water, Immunization, Sanitation, Education (WISE) and nutrition.
- Community engagement by men and women in planning, designing and implementation needs to be ensured, as such bottom-up approaches are critical for sustainable behaviour change.
- WASH interventions should be understood as critical, life-saving humanitarian interventions. The humanitarian component of WASH service delivery should remain a priority for the sector, in terms of planning, preparedness and response. This is all the more important since Pakistan is one of the top 10 countries in the world most affected by disasters – spanning earthquakes, floods, internal displacement, drought and heat waves. Such calamities tend to disrupt existing infrastructure, including WASH facilities, making it necessary to increase the level of WASH services available.
- A strategy should be developed to engage with the private sector to enhance public-private partnerships, develop low-cost sanitation solutions, and reach out to remote, rural markets.
- A *Joint Sector Review* should be undertaken, featuring data analysis that identifies financial gaps and recommends ways of bridging these.





7

Cross-cutting
Priorities for
Children in
Pakistan



Cross-cutting Priorities for Children in Pakistan

Gender, poverty and geographic location are three key factors that determine disparities in child well-being and child rights in Pakistan. To secure a prosperous, resilient and sustainable future for Pakistan, characterized by upholding child rights and greater equity²³⁸, it is essential to achieve progress on the SDGs that address the most fundamental inequalities which exist in the country – gender inequality (SDG 5) and widespread poverty (SDG 1). These concerns cut across all the issues addressed in preceding chapters – health, nutrition, child protection, and WASH. It is also vital to tackle other cross-cutting priorities for Pakistan, ranging from Early Childhood Development (ECD) to Disaster Risk Reduction (DRR), adolescents and urbanization, as discussed in this Chapter.

7.1 Gender Equality

Gender Disparities

Realizing the rights of the child necessarily involves working towards gender equality – the equal enjoyment of rights, opportunities, services and resources by all women, men, boys and girls.²³⁹ Women's rights are critically important to children's well-being, and women's public role is key to child development and survival. With the shift to a multidimensional integrated

²³⁸ In this SitAn, and as used consistently by UNICEF elsewhere, 'equity' means that all children have the same opportunities to survive, develop and attain their full potential. The conviction that all children possess the same right to grow up healthy, strong, well-educated and capable of contributing to society is a cornerstone of every international agreement on children's rights. Inequity occurs when certain children are unfairly deprived of the basic rights and opportunities available to others. It is frequently rooted in complex cultural, socio-political and systemic factors that shape societies and the socio-economic status of individuals. Where policies, programmes and public spending priorities are equitable, and therefore target those in greatest need, they can lead to good results for the most disadvantaged children. Where they are inequitable, they relegate children to heightened risks of disease, hunger, illiteracy and poverty based on their location, community or family of origin, socio-economic status, gender, race or ethnicity, and other factors. This can perpetuate intergenerational cycles of disadvantage, harming individual children and undermining the strength of societies (Global Study on Child Poverty and Disparities 2007-2008 UNICEF Global Policy Section).

²³⁹ Agency for the Rehabilitation and Reconstruction of Aceh and Nias, *Policy and Strategy Paper: Promoting Gender Equality in the Rehabilitation and Reconstruction Process of Aceh and Nias 2006*, BRR, Jakarta, 2006.

approach to development, heralded by Agenda 2030 and the SDGs to which Pakistan is committed, it is clear that Pakistan must address structural impediments to gender equality and eliminate 'systems of discrimination', often justified in the name of culture, tradition, history or group identity.

This is urgently required because Pakistan is rife with gender disparities– in health, education, access to resources, food and nutrition security, and legal rights, among others. Women comprise a disproportionate percentage of the poor. Fewer girls receive full immunization coverage or treatment for respiratory infections and diarrhoea, while boys fare worse in terms of early stunting and child labour. Inequality in education is pronounced – there is a high illiteracy rate among women, lower enrolment of girls in school and higher dropout rates, most notably among poor rural girls.

Relevant child rights: Pakistan is committed to the SDGs' call for gender equality, women's rights and women's empowerment, as articulated in SDG 5. This stand-alone gender equality goal underlies the need to mainstream gender²⁴⁰ in a more holistic, systematic way. Compelling synergies also exist between gender equality and other SDGs, given that progress on many other goals is contingent on achieving gender equality and empowering women and girls.

While the rights of women and children are often championed in isolation, they are deeply interlinked.²⁴¹ While the CRC makes no distinction between girls and boys, and therefore applies equally to each, paths to the full realization of their rights are different for girls and boys. CEDAW provides the legal basis on which to address the rights enshrined in CRC in a gender-differentiated manner. At the same time, CEDAW makes no distinction as to age, applying equally to all ages, including children. It is imperative that the best interests of children, as enshrined in the CRC, are not taken to mean that the role of women is limited solely to their role as mothers.

Box 9: Concluding observations of the CEDAW Committee

The Committee on the Elimination of All Forms of Discrimination Against Women expressed concerns about governance challenges embodied in the devolution of powers from national to provincial level, as well as about Provincial Governments' capacity to ensure full implementation of the Convention, to recommend set standards, and to establish effective mechanisms to achieve this. Key areas of observations included:

- Women and girls affected by [...] violent threats and attacks, specifically in FATA, KP and Balochistan, and the negative impact on women and girls consistently being the prime target of such threats and attacks. Concerns also were shared about the increasing number of targeted killings and attacks on women human rights defenders.
- Jurisdiction of the highest courts in the Constitution does not apply to the whole territory of the country and thus could deprive women of their constitutional rights. The ambiguity caused by

²⁴⁰ The UN Economic and Social Council (ECOSOC) Agreed Conclusion 1997/2 define gender mainstreaming as "the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's, as well as men's, concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and so that inequality is not perpetuated. The ultimate goal is to achieve gender equality."

²⁴¹ United Nations Population Fund and United Nations Children's Fund, Women's & Children's Rights: Making the Connection, UNFPA and UNICEF, New York, 2010, <www.unicef.org/gender/files/Women_Children_Rights_UNFPA_UNICEF_final.pdf>, accessed 20 May 2017.

the recognition in the Constitution of the Federal *Shariat* Court, a lack of awareness among the judiciary of women's rights and relevant domestic legislation, and the existence of parallel justice systems and different informal dispute resolution mechanisms could all potentially discriminate against women.

- Several reports suggested that children, in particular girls who are internally trafficked, are subject to bonded labour, domestic servitude and child marriages. Little statistical data is available about the extent of the exploitation of women and girls for the purpose of prostitution.
- Pervasive gender inequality was highlighted in the field of education, characterized by a high illiteracy rate among women; low enrolment of girls, particularly at secondary level; and girls' high dropout rate, especially in rural areas. Boys' education by families is prioritized, with a negative impact on girls' education, compounded by a lack of qualified female teachers and school infrastructure, along with long distances to school. In addition, a need for measures to readmit girls to school after pregnancy, and the high number of child marriages, also contribute to the low enrolment of girls in schools.
- A key concern was the high Maternal Mortality Ratio (MMR) in the country and lack of adequate access to family planning and reproductive healthcare services for women, especially in rural and remote areas.

Source: Committee on the Elimination of All Forms of Violence Against women, *Concluding Observations of the Fourth Periodic Report of Pakistan: March 2013*.

State of deprivation: Women comprise a disproportionate proportion of the poor in Pakistan, despite government efforts to address **gender disparities** in access to essential services and justice. Pakistan ranks low both on the Gender Development Index (GDI) and the Gender Inequality Index (GII) – reflecting how much more needs to be done to achieve SDG 5. The GDI denotes the ratio of female-to-male Human Development Index (HDI) values, while the GII reflects gender-based inequalities in three dimensions: reproductive health (measured by maternal mortality and adolescent birth rates); empowerment (measured by the share of parliamentary seats held by women and attainment in secondary and higher education); and economic activity (measured by the labour market participation rate for women and men). The female HDI value for Pakistan is 0.452, compared to 0.610 for males, yielding a GDI value of 0.742. As the table below reveals, both Pakistan's GII and GDI values lag behind those of its regional peers. In fact, its GDI is the lowest among comparable countries in the region, placing it in the global group of countries with low equality in HDI achievements between women and men, with an absolute deviation from gender parity of more than 10%.²⁴² Moreover, Pakistan's GII value leads to a ranking of 130th out of 159 countries listed in this index.

Table 8: Regional GDI and GII (2015)

Country	Pakistan	India	Bangladesh	Nepal
GDI	0.742	0.819	0.927	0.925
GII	0.546	0.530	0.520	0.497

Source: UNDP, *Human Development Report 2016*.

²⁴² Countries are divided into five groups based on equality in Human Development Index (HDI) achievements between women and men: Group 1 - high equality, with an absolute deviation from gender parity of < 2.5%; Group 2 - medium to high equality, with an absolute deviation of 2.5–5%; Group 3 - medium equality, with an absolute deviation of 5–7.5%; Group 4 - medium to low equality, with an absolute deviation of 7.5–10%; and Group 5 - low equality, with an absolute deviation from gender parity of more than 10%.

The education sector is particularly beset by significant gender disparities. Only 51% of Pakistan's female population over the age of 10 has ever attended school, compared to 72% of the male population.²⁴³ Overall 62% of out-of-school primary age children are girls. Literacy rates for individuals over the age of 10 are far higher for men (70%) than women (49%). Only 26.5% of adult women attain at least a secondary level of education, compared to 46.1% of men.

In terms of the **health** sector, for every 100,000 live births, 170 women die from pregnancy-related causes; in 2015, the MMR was 178 per 100,000 live births.²⁴⁴ The adolescent birth rate is 38.7 births per 1,000 women aged 15-19.²⁴⁵ **Protection concerns** also exist across the country. Women, largely in the rural areas and among the poorest wealth quintiles typically marry early or may be pressured into forced marriages. As highlighted above, around 14% of young women aged 15-19 are currently married,²⁴⁶ with a relatively higher incidence in pockets of rural Pakistan, where protection child marriage is socially acceptable. These include rural Sindh, where 23% of young women aged 15-19 are currently married.²⁴⁷

As a proportion of relevant age cohorts, fewer girls than boys receive full immunization coverage and less treatment for diarrhoea and acute respiratory infections (ARI), such as pneumonia. However, girls fare better on nutrition, with a lower percentage of stunting, wasting and being underweight. More boys than girls are engaged in child labour between the ages of 10 and 14.

Causal analysis: Pakistan's worrying disparities in education suggest a gender bias within the educational system that restricts girls' access. As noted elsewhere in this SitAn, this is tied to cultural practices and family attitudes. Families are often averse to adolescent girls pursuing an education or engaging in any activity outside the home. Disparities in the ratio of girls to boys at the primary and secondary school levels have persisted over the years. Primary level GPI is 0.88, falling to 0.87 for secondary education.

Traditional gender norms clearly disadvantage girls, who may be obliged to forego their education in favour of early marriage or, in some cases, child marriage. Early marriage is determined by interaction of cultural factors, such as gendered social norms, alongside a lack of educational opportunities for girls and high rates of poverty. Boys too are disadvantaged by prevalent gendered norms. For instance, the opportunity costs of educating a boy, juxtaposed to his potential earnings upon entering the workforce, mean that parents are especially likely to pull their sons out-of-school. This trend is reflected in the fact that a higher number of boys than girls are engaged as child labourers.

Beyond the sphere of education, issues of access and availability of health services are especially marked for women. Pakistan's high maternal mortality ratio is intimately tied to a lack of skilled birth attendants, health facilities and sufficient health care – a scenario which places rural women at a particular disadvantage.

²⁴³ Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, Government of Pakistan, Islamabad, 2015.

²⁴⁴ WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, *Trends in Maternal Mortality: 1990 to 2015*, WHO, Geneva, 2015, <www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>, accessed 12 March 2017.

²⁴⁵ United Nations Development Programme, *Human Development Report 2016*, UNDP, New York, 2016.

²⁴⁶ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

²⁴⁷ Government of Sindh Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

Box 10: Five bottlenecks and barriers contributing to gender inequality

1. Lack of safety and mobility;
2. Lack of resources and decision-making;
3. Limited access to information, knowledge and technology;
4. Excessive time burden and dual responsibilities; and
5. Ideals and expectations of masculinity and femininity.

Source: UNICEF, *Gender Action Plan 2014-2017*.

Legislative and policy analysis: Pakistan has enacted and revised several laws and provisions aimed at eliminating discrimination against women. For example, legislation against gender-based violence has been strengthened since 2000. Particular landmarks for women's rights in recent years include:

- The *Criminal Law Act (Second Amendment) 2011*, referred to as the *Acid Control and Acid Crime Prevention Act*. Strengthened punishment for offenders include the possibility of life imprisonment, no less than 14 years in prison, and mandatory fine of PKR 1 million, to be paid by the perpetrator to the victim for disabling, disfiguring or defacing them.
- The *Criminal Law Act (Third Amendment) 2011*, referred to as the *Prevention of Anti-Women Practices Act*, outlines punishments for anti-social practices such as forced marriages, and practices, such as *wanni*, *swara* or *budla-i-sulah*, wherein women and girls are traded to settle personal, family or tribal disputes.
- The *Protection Against Harassment of Women at the Workplace Act 2010* reflects the country's international commitments by making sexual harassment in the workplace and in public spaces a criminal offence. It aims to create a safe working environment for women, which is free from harassment, abuse and intimidation in order to facilitate women's right to work with dignity.
- The *National Plan of Action and the National Policy for Development and Women's Empowerment 2002*, both of which are consistent with international gender commitments.²⁴⁸ The latter centres on policy measures for ending violence against women and to provide secure women's equal status in society.
- *New sections in the Pakistan Penal Code (PPC) 1860* include punishments for 'giving' a woman in marriage or kidnapping, abducting or inducing women into marriage; prohibiting measures to deprive women from inheriting property; selling or buying women for prostitution; forced marriage and marriage with the Quran; and the offence of 'honour killing', which is now punishable as murder.²⁴⁹ The *Protection of Women (Criminal Laws Amendment) Act 2006* provides additional protection to women from phenomena like kidnapping and forced marriage, while increasing the penalty for rape.
- The *Women in Distress and Detention Fund Act 2011*, which concerns women in distress or detention in need of legal aid and assistance.
- The *Strengthening of the National Commission on the Status of Women 2012*, which aims to bolster the country's national women's rights machinery.

²⁴⁸ Ministry of Finance, *Annual Pakistan Rural Support Programme (PRSP) Progress Report 2014-15*, Government of Pakistan, Islamabad, 2015.

²⁴⁹ Sections 310, 365, 371 and 498.

- The *Prevention and Control of Women Trafficking Act 2010 and Domestic Violence (Criminal Law Amendment) Bill 2012*, which are pending approval and enactment, and the Punjab Women Protection Authority Ordinance, approved in 2017.

At the provincial level, measures like the *Sindh Child Marriage Restraint Act 2013* prohibit the marriage of children under the age of 18. The recently passed *Punjab Protection of Women against Violence Act 2016* seeks to protect women from crimes ranging from stalking to domestic violence, emotional and economic abuse, and cybercrime. Balochistan's *Protection against Harassment of Women at the Workplace Act 2016* aims to provide women with the security needed to participate in the workforce.²⁵⁰

As discussed above, Article 25A of the Constitution makes it mandatory for every child, including every girl, to have access to free education. Scores of time-bound programmes have been developed to improve the enrolment and retention of girls. These include large-scale education sector reforms in all provinces, with gender-specific targets. To overcome gender disparities and inequities in the health sector, 110,000 LHWs have been recruited and the *Programme for Family Planning and Primary Health Care* has been launched exclusively for women. It covers over 60% of the total population and 76% of the target population. A *Maternal and Child Health Programme* also has been launched to improve maternal and neonatal health services for all, particularly the poor and disadvantaged.²⁵¹ Awareness raising programmes have also been initiated by provincial governments, civil society organizations and the media to combat gender-based crimes. Family support programmes are being rolled out by the Government to address harmful customary practices.²⁵² Despite all the institutional and legislative measures noted above, implementation and enforcement still require further strengthening.²⁵³

Duty bearers and partners:

- The National Commission on the Status of Women (NCSW), established in 2000, reviews laws, rules and regulations affecting the status and rights of women in accordance with the Constitution and Pakistan's international commitments.
- Similar Commissions have been established in Punjab and KP as statutory autonomous bodies mandated to monitor the implementation of national laws and policies affecting women and girls, and to collect data at the district and provincial levels.
- In addition to provincial Social Welfare Departments, all provinces have now established separate Women Development Departments (WDDs). However, as yet these have limited capacity and resources to effectively promote gender equality and women's empowerment.²⁵⁴
- UN Women advocates and provides technical assistance to the government, civil society, women's groups and other stakeholders to advocate for legislative reviews, increase awareness of the causes and consequences of violence, promote the need for changing norms and behaviour of men and boys, and strengthen coordination among actors for sustained and meaningful action. It works closely with the NSCW, provincial WDDs Departments and other key partners to implement laws, policies and strategies that address ending all forms of violence against women and girls.
- UNICEF assists the Government to promote and strengthen equity-based health service delivery for every child and woman, as well as promoting quality education for girls.

²⁵⁰ United Nations Pakistan, *One UN Annual Report 2016*, UN Pakistan, Islamabad, 2017, <<http://www.pk.undp.org/content/pakistan/en/home/library/annual-reports/pakistan-one-un-programme-ii-2016.html>>, accessed 30 September 2017.

²⁵¹ *Replies of Pakistan to the list of issues to be taken up in connection with the consideration of its Fourth Periodic Report to the UN Committee on the Elimination of Discrimination against Women*, March 2013.

²⁵² *Replies of Pakistan to the list of issues to the Committee on the Rights of the Child*, April 2016.

²⁵³ Committee on Elimination of Discrimination against Women, *Follow-up letter dated August 2016 by Committee on Elimination of Discrimination against Women*, UN Human Rights Office of the High Commissioner, Geneva, 2016.

²⁵⁴ Ministry of Finance, *Annual Pakistan Rural Support Programme (PRSP) Progress Report 2014-15*, Government of Pakistan, Islamabad, 2015.

7.2 | Equity

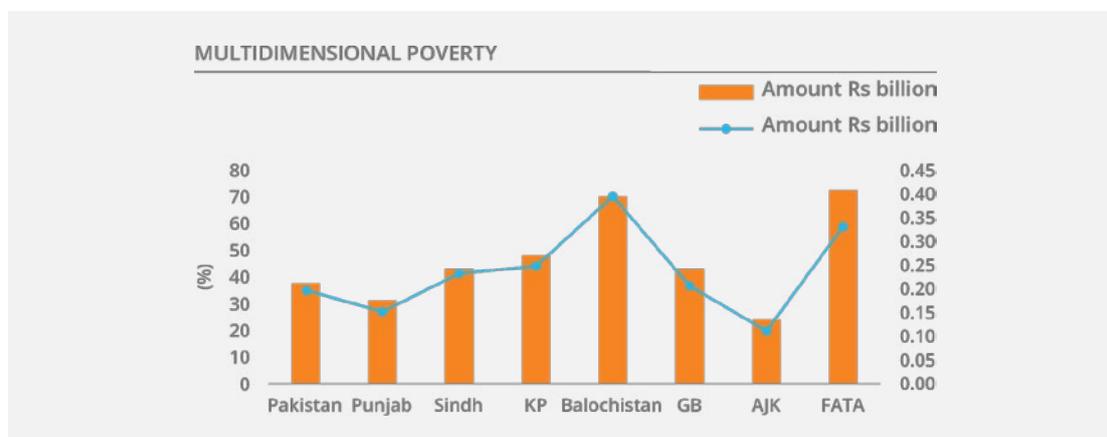
Geographical Disparities

State of deprivation: Immense disparities exist between children in rural and urban areas. Rural children are consistently more deprived than their urban counterparts. As rural areas have a far higher poverty rate (54.6%) than urban centres (9.4%), children in these areas are far more likely to live in impoverished households. Of the myriad rural/urban disparities across the country that affect children, the following are the most striking:

- Significant inequity exists in access to health services and the utilization of basic vaccinations in rural Pakistan. Around half of the children in rural areas are not fully immunized. A higher proportion of children show symptoms of ARIs in rural settings than in urban centres.
- Rural Pakistan has a higher prevalence of stunting, wasting and of girls and boys being underweight. Disparities are particularly marked with respect to stunting and children being underweight across the rural/urban divide.
- School enrolment is significantly lower in rural areas, with rural/urban disparities, rural especially pronounced at the level of middle and secondary schools nationwide.
- The use of improved sanitation facilities is much lower in rural areas. Two out of five rural households have no access to adequate sanitation services.
- Amid an already-low overall national average for birth registration, a larger population of rural children under the age of 5 are not registered at birth.
- Early marriages are far more prevalent in rural areas.

Wide disparities and inequities exist within and between provinces. Punjab, which accounts for over half of Pakistan's population, is a strong political constituency and receives significant public and private sector investment and attention. Balochistan, by contrast, which encompasses nearly half of Pakistan's territory but accounts for only 5% of its population, receives less attention and investment, particularly in areas with access constraints. Similarly, KP and FATA are affected both by physical remoteness and access issues, which challenge efforts to reducing inequalities. Among the provinces, multidimensional poverty is highest in FATA and Balochistan, followed by KP, Sindh and GB. It is lowest in Punjab, the figure below illustrates.

Figure 22: Multidimensional poverty in provinces



Source: UNDP, OPHI and Government of Pakistan, *Multidimensional Poverty in Pakistan*.

Provincial disparities have serious implications for both girls and boys. Balochistan, for instance, has the lowest levels of immunization coverage, the highest percentage of out-of-school children, the lowest NAR at primary and secondary levels, and the worst access to improved drinking water sources and sanitation. Sindh fares worst in terms of malnutrition, with the highest proportion of children suffering from stunting, wasting and being underweight. It is the second most-deprived province in terms of out-of-school children, immunization coverage, NAR, and access to improved sanitation. Although Punjab performs better than other provinces and the national average on most deprivations, it has the highest proportion of children engaged in the labour force. Among Pakistan's provinces, rates of neonatal mortality are highest in Punjab and Balochistan.

Causality analysis: Rampant rural/urban and provincial disparities across all sectors undermine the principle of equity. In practice, these disparities mean that rural children in Pakistan do not enjoy the same rights as their urban peers to grow up healthy, strong, well-educated and capable of contributing to society. This is contrary to Pakistan's national policies and international commitments, particularly the CRC, the SDGs' and Agenda 2030's commitment to 'leaving no one behind'. Disparities in health, nutrition, education, protection and WASH leave rural children – both girls and boys– systematically disadvantaged, leaving them prey to cycles of intergenerational poverty.

Provincial disparities have much of the same effect, with children in certain provinces and regions – most prominently Balochistan – suffering greater deprivations, on average, than children in other parts of the country. Yet, these disparities are more nuanced than they may first appear. As noted above, for instance, Punjab's neonatal mortality rate is the highest in the country despite all the attention and investment it receives. Drought-prone Sindh is particularly susceptible to the worst effects of child malnutrition and undernutrition, ostensibly not only because of low levels of development but also because of its specific local conditions – in this case, climatic conditions. There is evidently a need for more data to better understand the drivers of disparities between and among provinces and geographic locations. For example, data which solely juxtaposes rural and urban areas may mask disparities within urban areas, where the gaps between the poor and the rich can be striking and where the urban poor may fare no better than rural dwellers.

Legislative and policy analysis: An analysis of legislation and policy is presented in the preceding chapters on education, health, nutrition, WASH and child protection.

Duty bearers and partners: An analysis of duty bearers is presented in the preceding chapters on education, health, nutrition, WASH and child protection.

7.3 | Other Cross Cutting Issues

Alongside the key issues addressed by this SitAn thus far – health and nutrition, education and learning, child protection, WASH, gender equality and geographic equity – several additional cross-cutting themes have emerged as priorities for Pakistan given their bearing on children's rights and well-being. As they merit particular attention, this section offers a brief analytical discussion of early childhood development, disaster risk reduction, adolescents and urbanization.

Early Childhood Development (ECD)

A child's first years of life are formative years, playing a vital role in building human capital, breaking the cycle of poverty, promoting economic productivity and eliminating social disparities and inequities. These issues are a central concern for SDG 4.2, which calls for "all girls and boys [to] have access

to quality early childhood development, care and pre-primary education so that they are ready for primary education.” Early gaps in childhood development in Pakistan jeopardize children’s capacity to reach important milestones and achieve their full potential. ECD programmes that include education, health, nutrition, hygiene and social protection components have the potential to improve the growth, development and school readiness of children across Pakistan. In this way, they can improve children’s outcomes later in life, enabling them to become productive members of the workforce and engaged citizens. As it is important to consider ECD in terms of the main issues in a child’s growth and development, relevant ECD interventions are illustrated in the figure below.

Figure 23: Key interventions for young children and their families

MAIN ISSUES	EARLY CHILDHOOD DEVELOPMENT INTERVENTIONS	EXPECTED OUTCOMES
<ul style="list-style-type: none"> • Inadequate nutrition and healthcare (0-3 years) • Malnutrition <ul style="list-style-type: none"> - Stunting - Anemia - Iodine deficiency - Zinc deficiency • Infectious diseases and parasites • Lack of cognitive stimulation and parental interaction (0-3years) • Insufficient age-appropriate stimulation and development of social skills (4-5years) 	<ul style="list-style-type: none"> • Community growth promotion • Iron fortification or supplementation • Iodine fortification or supplementation • Zinc supplementation • Deworming • Parental support and enrichment training • Home visits in high-risks cases (Ideally these interventions are combined with the health interventions) • Preschool and community-based programs with appropriate curricula and continuing parental enrichment 	<ul style="list-style-type: none"> • Physical well-being and improved health • Preschool readiness • Improved development, cognitive and noncognitive • Improved development, cognitive and noncognitive • School readiness • Improved development, cognitive and noncognitive • Fewer dropouts

Source: World Bank, *Student Learning in South Asia: Challenges, Opportunities, and Policy Priorities 2014*.

With UNICEF support, the MICS introduced ECD indicators in 2005 to measure development potential in early childhood. The resulting Early Childhood Development Index (ECDI) assesses children aged 36-59 months on language/literacy, numeracy and physical, socio-emotional and cognitive development.²⁵⁵ The latest provincial surveys which included an ECDI – in Sindh and Punjab, both 2014, and in Balochistan in 2010 – found that fewer children aged 36-59 months were developmentally ‘on track’ in Sindh (57.3%) than in Balochistan (60.2%) or Punjab (67.2%).

As discussed in Chapter 4, Pakistan’s *National Education Policy 2009* formally re-introduced *katchi* classes for children aged 3–5 as a preparatory year before their entry into Class 1. The Federal Government and some provinces have committed to prioritizing ECD to help address inter-related deprivations affecting children under-5. As yet, however, Pakistan has no formal federal policy on ECD. No federal entity or institutional anchor exists for ECD policy, and there are no line items related

²⁵⁵ United Nations Children’s Fund, *Inequities in Early Childhood Development: What the Data Say*, UNICEF, New York, 2012, <www.unicef.org/publications/index_61802.html>, accessed 23 April 2017.

to ECD within sectoral budgets. Devolution has created some ambiguity regarding responsibility for the implementation of policy related to ECD. At the local level, District Education Officers and District Health Officers are responsible for ECD services.

Notable provincial developments include Punjab and Sindh setting ECD-related goals in all four essential sectors – education, health, nutrition and child protection – although they are not specifically identified as ‘ECD goals’. Punjab is formulating a *Strategy for Early Childhood Education*, taking an integrated approach involving programmes on nutrition; maternal, neonatal, and child health; and LHWs. To this end, data is being collected on child mortality, growth monitoring, the immunization of children under the age of 5, maternal mortality and maternal immunization. These figures will be used to measure progress against planned goals.

While most successful ECD initiatives rely on regular interaction between young children and highly trained staff, teachers and caregivers in Pakistan lack adequate training in ECD. Teachers, for instance, generally do not have access to child-centred teaching-learning resources. Nevertheless, the LHW programme shows great promise. Its 100,000 LHWs – who successfully provide community-based preventive care – have at least a Class 8-level of education and receive 3 months of structured classroom training, along with 12 months of supervised field work. A three year randomized control study involving nearly 1,500 children in Sindh found substantial cost-effective benefits from initiatives by LHWs to teach parents how to engage in developmentally appropriate play with their children. As the LHW programme reaches 60% of Pakistan’s population, incorporating ECD into this existing programme could easily and effectively improve outcomes for millions of children.²⁵⁶

Current initiatives around pre-school programme design include *Releasing Creativity and Confidence (RCC)*. This involves a network of academic institutions, NGOs, government partners, community-based schools and private schools in Sindh, Balochistan and GB. Together, they strive to improve *katchi* access and quality, and to support ECD policy dialogue and advocacy.²⁵⁷ Another notable initiative is a recent education project with an ECD component in Punjab, supported by the World Bank. This trained District Health and Nutrition on early childhood development, enabling them to provide information on health and nutrition to ECE classes, as well as to identify malnourished children for referral to district health centres.

Disaster Risk Reduction (DRR)

Disasters entail unprecedented financial, economic and social burdens that can off-set years of development efforts. DRR is especially significant in the context of Pakistan, as one of the countries in the world most affected by natural and human-induced disasters – including floods, earthquakes, heat waves, droughts and temporary displacement. The country has a Risk Index of 6.6, according to INFORM 2017²⁵⁸, placing it in the ‘very high risk’ category.²⁵⁹ The World Bank estimates that 3 million people are affected by natural catastrophes each year in Pakistan – 1.6% of the total population. Children, both girls and boys, are undoubtedly the most vulnerable to such calamities. The 2010 floods, for instance, affected 20 million people in 78 districts, including an estimated 8.6 million children. Poverty and geography are strong determinants of vulnerability in Pakistan and can hinder

²⁵⁶ Agha Khan University, Promoting Early Childhood Development, AKU, Karachi, 2014, <www.aku.edu/about/report/Pages/early-childhood-development.aspx>, accessed 15 May 2017.

²⁵⁷ Dunder, Halil, Tara Bêteille, Michelle Riboud, and Anil Deolalikar, *Student Learning in South Asia: Challenges, Opportunities, and Policy Priorities*, World Bank, Washington D.C., 2014.

²⁵⁸ The index addresses hazards and exposure, vulnerability, and the lack of coping capacity.

²⁵⁹ INFORM Index for Risk Management, *INFORM 2017*, INFORM, 2017, <www.inform-index.org/Portals/0/InfoRM/INFORM_2017_v031.xlsx>, accessed 24 May 2017.

access to services – this makes children in remote, rural or impoverished areas especially vulnerable. Reducing disaster risk, and increasing resilience to natural hazards in different development sectors, has multiplier effects that cut across development issues, making DRR a vital element for upholding child rights and achieving the SDGs.

Floods pose especially serious threats to community infrastructure and girls' and boys' overall well-being, affecting their access to food, health care, clean water and sanitation, impacting school attendance and threatening their physical and social security. These challenges compromise children's rights as a whole, and access to quality education in particular, since schools are often transformed into temporary shelters for populations displaced by disasters. Floods take a disproportionate toll on children in the lowest socioeconomic quintiles, exacerbating the deprivations they already face.

Children constitute some 42% of populations temporarily displaced by recent disasters. As a result, they face physical injuries and even death, as well as the loss of family members and trauma. Child protection centres in areas affected by displacement are a positive step, although their effectiveness hinges on sufficient technical, human, and financial resources.

As part of Pakistan's *National Disaster Management Plan*, NDMA conducted a multi-hazard risk assessment, whose results confirmed UNICEF's child-centred risk assessment, highlighting the threats posed by earthquakes, floods and continued displacement. Resilience and DRR thus needs to be further strengthened, alongside coordination between humanitarian and development interventions spearheaded by international development partners.

The *National Disaster Risk Reduction Policy* recognizes low levels of public knowledge about risks. This includes understandings of key hazards and their underlying causes, including climate change and variability. A lack of sound data and analysis of vulnerabilities creates a barrier to greater awareness. Thus, risk assessments are needed to establish the probability, and possible impact, of disasters on communities, livelihoods and specific sectors relevant for child rights.

Adolescents

OHCHR identifies four general CRC principles as influencing and informing all measures to guarantee the realization of rights for adolescent girls and boys under the Convention²⁶⁰:

- Article 2: Non-discrimination
- Article 3: Best interests
- Article 6: Right to life and optimum development
- Article 12: Participation

Pakistan has nearly 40 million adolescents²⁶¹ – i.e. around 21% of the population.²⁶² In areas marked by low socio-economic development, adolescents can face a range of disparities and vulnerabilities, particularly if they are exposed to economic exploitation. Rather than being an age of opportunity, for many 10 to 19 year olds, adolescence can mark a harsh transition to adult life, marred by inequalities that perpetuate cycles of poverty, inequity and exclusion. The type of work which many impoverished

²⁶⁰ For more information, please see: <http://www.ohchr.org>.

²⁶¹ A child is a person under the age of 18, according to Article 1 of the CRC; adolescence is used to refer to people in their second decade of life, i.e., 10 – 19 years old

²⁶² UNICEF, *The State of the World's Children: A Fair Chance for Every Child*, UNICEF, New York, 2016.

adolescents perform can be considered ‘child labour’ – i.e. work that is mentally, physically, socially or morally dangerous and harmful to children, and which interferes with their schooling due to arduous conditions, long hours, low wages and a low starting age. Child labourers face high risks of current and future economic exploitation. Substantial disparities exist between the earnings of boys and girls.²⁶³

Other challenges that dampen adolescents’ future prospects – both of girls and boys – include a lack of opportunities for education²⁶⁴ and vocational training; limited understanding of adolescent development in Pakistan; the need to balance the entitlement to protection with emerging capacities for participation; and the burden of bearing adult responsibilities that may perpetuate inter-generational cycles of poverty. 16% of children and adolescents engaged in an economic activity work 32.2 hours per week, on average. Those who perform household chores – usually girls – work for an average of 24.3 hours each week. Children aged 10-14 engaged in child labour are more likely to be out-of-school – only 10% report that they attend school.²⁶⁵

As noted in earlier chapters, 14% of adolescent girls are married as are 2% of adolescent boys. 8% of adolescent girls have given birth by the time they turn 18.²⁶⁶ The overall adolescent birth rate is 38.7 births per 1,000 women aged 15-19.²⁶⁷ Undernourished adolescent girls are more likely to become undernourished mothers. In turn, they have a greater chance of giving birth to low-birth-weight babies. Evidently, their plight perpetuates an inter-generational cycle of deprivation. Such deprivation is especially acute among adolescent girls who begin childbearing before attaining adequate growth and development themselves. Short intervals between pregnancies (‘birth spacing’) and bearing several children in quick succession may exacerbate maternal nutrition deficits, while passing these on to children. Rural adolescent girls are more likely to marry early. As discussed, MICS data confirms that early marriage – and in many cases, child marriage – is a socially accepted practice in rural areas. 53% of adolescent girls and 33% of boys view wife-beating as justified, reflecting widespread acceptance of gender-based violence.



²⁶³ UNICEF Pakistan, *Child Labour in Pakistan: A Comparative Analysis of Employment, Legislation and Experiences of Working Children in Khyber Pakhtunkhwa Province*, UNICEF Pakistan, Islamabad, 2015.

²⁶⁴ Centre for Poverty Analysis.

²⁶⁵ Pakistan Bureau of Statistics, *Pakistan Labour Force Survey (LFS) 2007-08*, Islamabad, 2008.

²⁶⁶ National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013.

²⁶⁷ United Nations Development Programme, *Human Development Report 2016*, UNDP, New York, 2016.

Among Sindh's poorest wealth quintile, only 1 in 14 young women between the ages of 15 and 24 is literate. By contrast, a 93% literacy rate exists among the richest quintile, denoting the immense disparities which exist between the poor and the privileged. Virtually no MHM facilities or information are provided in schools for adolescent girls. As discussed, this increases the likelihood of their dropping out.

Between 2008 and 2014, the rate of HIV infections among individuals aged 15-24 has more than doubled in Pakistan. They are estimated to account for 12% of all people living with HIV (PLHIV) in the country. In 2011, 1% of people who inject drugs (PWID) between the ages of 18 and 20 were HIV positive. 0.3% of transgender sex workers and 0.1% of female sex workers were both HIV+ and between 15 and 19 years old. 0.7% of male sex workers were aged 13-19 and HIV+, accounting for one-third of all HIV infections among male sex workers in 2011. HIV testing remains a challenge, with testing rates especially low among adolescent key populations. Only 20% of injecting drug users under-20 had been recently tested for HIV in 2011.²⁶⁸ Comprehensive knowledge of HIV/AIDS among adolescents is scarce – the PDHS 2012-13 reports that only 4.2% of adolescent girls were aware of HIV/AIDS. In addition to a lack of HIV facilities, few mental health services or resources are available for adolescents.

Urbanization

The UN Population Division estimates that, by 2025, nearly half of Pakistan's population will live in cities, a significant increase from the 36.4% recorded by the 2017 Census. Other projections – based on population density rather than administrative definitions and including peri-urban areas outside formal urban boundaries – suggest that more than half of Pakistan's population is already urban. According to the National Agglomeration Index, 55.8% of Pakistanis lived in urban areas as of 2010.

In the absence of sufficient urban planning and physical and social infrastructure, this represents a tremendous challenge for employment, social indicators and environmental sustainability – all of which will have a bearing on child rights. Increasing urbanization means more children inhabiting peri-urban, marginal and at-risk areas. This reinforces their vulnerability to the impacts of disasters, placing more lives and livelihoods at risk. Limited enforcement of DRR-sensitive urban planning may contribute to increasing vulnerability. Overall, about 1 in 8 urban dwellers live below the national poverty line, and around 47% of the urban population lived in slums in 2009, compared to 49% in 2000.²⁶⁹ This rapid expansion will place strain on the basic services that children need to survive, thrive and learn – from health and nutrition to WASH and education. It will also have a bearing on gender equality. In the short-term, rural-urban migration in the context of urbanization may be prompting conservative social attitudes and behaviours prevalent in rural areas to be 'imported' or transferred to urban centres²⁷⁰ – a concern for attitudes around women's and girl's mobility, education, and phenomena, such as violence against women and girls, early marriage and child marriage.

7.4 | Key Conclusions and Considerations

Achieving greater gender equality and equity is vital for securing progress on the SDGs and tapping into the immense potential of Pakistan's young population. Key emerging issues – such as ECD, DRR, the vast population of adolescents and rapid urbanization – must be addressed in order to achieve equity,

²⁶⁸ National AIDS Control Programme, *Pakistan Global AIDS Response Progress Report (GARPR)*, Government of Pakistan, Islamabad, 2015.

²⁶⁹ Ellis, Peter and Mark Roberts, *Leveraging Urbanization in South Asia: Managing Spatial Transformation for Prosperity and Livability*, World Bank, Washington, D.C., 2016.

²⁷⁰ United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

sustainability and lasting prosperity. The analysis presented in this chapter leads to the conclusion that the following steps are required to make sure that both girls and boys fully enjoy their fundamental rights:

- Gender equality, women's rights and women's empowerment all require a change in economic, social and cultural belief systems, where power relations between women and men and girls and boys are still skewed in favour of men within public and private spaces.
- Gender-sensitive social and economic policies should be pursued to ensure the full realization of the rights of women and girls, including through investments in education, health, nutrition, WASH, infrastructure, care policies and social protection programmes. Enabling macroeconomic policies that are gender-responsive and equitable are also vital.
- Gender-responsive accountability systems and reforms should be created.
- Improved data disaggregated by sex should be collected at regular intervals to track progress on gender equality and SDG commitments. This will also help to ensure that women and civil society organizations can hold authorities to account.
- Every effort should be made to foster women's participation in shaping public policy, highlighting abuses of women's and girls' rights, and demanding redress.
- Effective resource mobilization should be pursued, including practices, such as gender-responsive budgeting (GRB) and the tracking of gender expenditures.
- An assessment of existing capacities around gender should take place with a view to identifying and developing capacity development initiatives. This will require a thorough examination of gender equality issues across different sectors and themes, linking these to specific normative standards, and identifying patterns of discrimination and inequality.

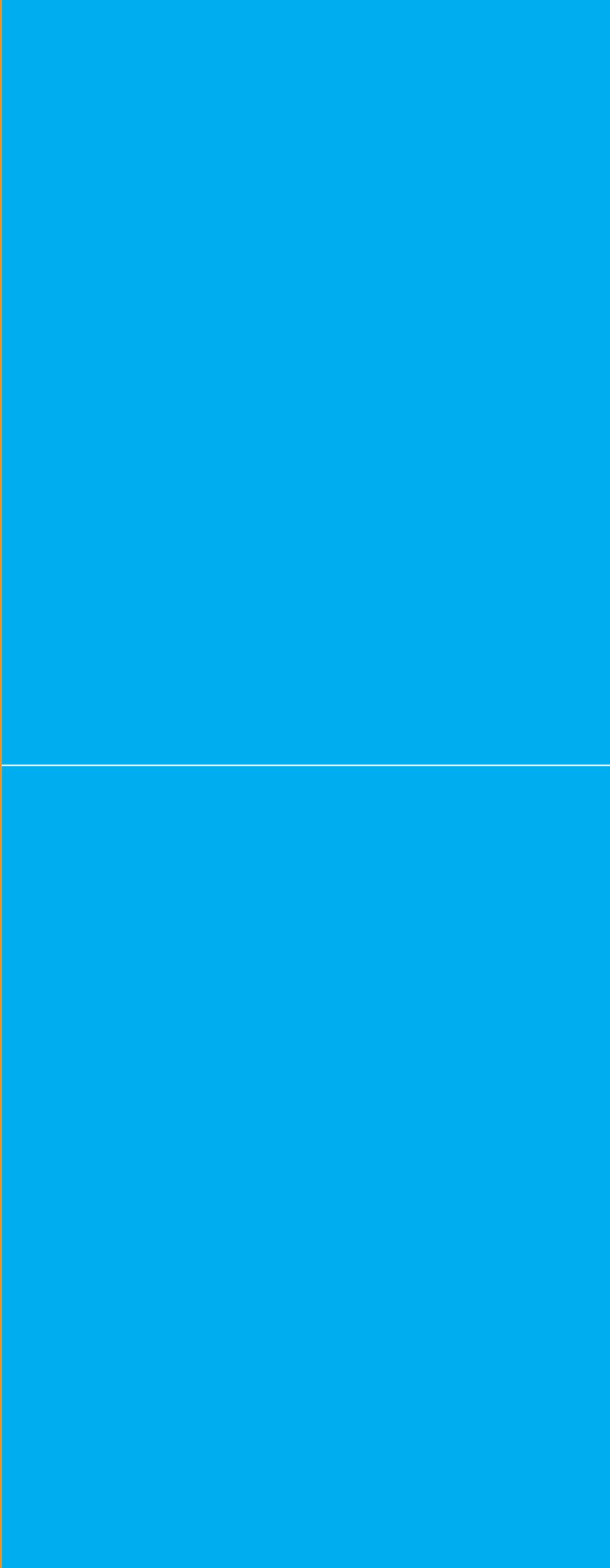


- When developing gender-responsive strategies, it will be important to consider a multiple-track strategy for gender mainstreaming, incorporating both gender-targeted interventions to support gender equality and women's and girls' empowerment, as well as specific efforts to ensure that gender equality is integrated across all sectors. Dedicated outcomes, outputs, targets and indicators designed to address gender inequality and gender-based discrimination therefore need to become part of development strategies.²⁷¹
- Larger allocations should be made from the Annual Development Programmes of each province to rural areas, specifically regions that are affected both by physical remoteness and security concerns to address significant challenges in reducing inequalities.
- ECD initiatives should have regular interaction between young children and highly trained staff, teachers and caregivers. Capacity should be strengthened, particularly of teachers and caregivers, as well as ensuring access to child-centred teaching-learning materials resources.
- Resilience and DRR should be strengthened, with an explicit focus on protecting children and upholding child rights. Coordination between the humanitarian and development interventions around DRR also need to be strengthened.
- Efforts should be made to provide opportunities as well as protection to adolescents. This cuts across sectors such as education, skills, health and nutrition.
- Given the pace of urbanization; strengthening urban planning at provinces is imperative to sustain and further improve physical and social infrastructure.
- Risk assessments should be undertaken to establish the probability, and possible impact, of hazard disasters events on communities, individual children, livelihoods and specific sectors relevant for child rights.



²⁷¹ United Nations Development Group Task Team on Gender Equality, *Resource Book for Mainstreaming Gender in UN Common Programming at the Country Level*, UNDG, New York, 2014.





8

Conclusion and the Way Forward



Conclusion and the Way Forward

The analysis outlines the many challenges faced by girls and boys in Pakistan that will determine Pakistan's ability to achieve the SDGs and build a better future for its people. Only if these are urgently addressed will Pakistan be equipped with the human, social and environmental capital that it requires to compete effectively in the 21st century and beyond. Today's children are tomorrow's productive workers and engaged citizens – by upholding child rights today, we will ensure that all girls and boys in Pakistan grow up healthy, well-nourished, well-educated, protected from violence and exploitation, with adequate water and sanitation, and in an environment marked by gender equality and greater equity across geographic and socio-economic lines. The evidence affirms that the paths to strengthening the realization of the rights of the child are different for girls and boys in many instances. The data analysed in this SitAn also impresses upon us how far Pakistan has come in recent years, and how far there is still to go, towards fully realizing the rights of all of its children.

Certain key findings cut across all sectors analysed in this SitAn are:

- **Where children live matters.** Marked disparities exist between Pakistan's provinces and regions, as well as between rural and urban areas. Overall, urban children enjoy better development outcomes and greater access to quality services – health care, immunization, proper nutrition, education, WASH and birth registration – than their rural counterparts. Rural areas are, on the whole, characterized by low school enrolment, economic exploitation, malnutrition, poor sanitation and protection challenges, such as child marriage. Similar disparities exist between provinces, wherein Balochistan is generally the poorest and most deprived province.

- **Gender matters.** Girls are less likely than boys to access basic services and have, on average, consistently lower development outcomes. Young women and girls are disproportionately burdened by gender norms which impact their opportunities, mobility, pursuit of education, nutritional status, and their right to be protected from violence and harmful practices, such as child marriage. Girls represent a higher proportion of out-of-school children aged 5-16, are more likely to marry before the age of 18, have lower rates of full immunization coverage and are less likely to receive treatment for illnesses, such as acute respiratory infections or diarrhoea. Nevertheless, boys are also disadvantaged by prevailing gender norms and equity-related inequalities. For instance, boys under the age of 2 are more likely than girls to be stunted and wasted. Gender norms also lead to all too many boys being pulled out of school and pushed into the job market at a young age.
- **Child poverty matters.** Poorer children fare worse across all indicators. In effect, developmental outcomes are severely restricted by socio-economic background. When all three factors converge – geographic location, gender and poverty – the intersectional disadvantage experienced by children is acute. For instance, while a poor rural girl in Pakistan receives, on average, 0.75 years of education throughout her life, rich urban boys receive 10.76 years – a difference of 93%. Such disparities are in diametric opposition to UNICEF's commitment to equity, instead perpetuating inter-generational inequalities of opportunity and attainment.

There is no doubt that Pakistan has made great strides in strengthening the realization of the right of the child – it has successfully reduced child and maternal mortality rates, expanded immunization coverage, improved drinking water and sanitation, and gotten more children into school than ever before, to name but a few of its accomplishments. As we take stock of these gains, it is important to clearly appreciate the concerns that remain. Far too many children in Pakistan suffer the consequences of malnutrition, insufficient maternal, infant and neonatal health care and a lack of universal immunization – issues which must be addressed to achieve progress on SDGs 2 and 3 ('zero hunger' and 'good health'). Pakistan has the unfortunate distinction of coming second on the global ranking of out-of-school children, with low attendance and completion rates, pervasive low quality education, and a shrinkage in student learning in public schools – all serious concerns if it is to meet the targets of SDG 4 ('quality education'). The country's low levels of birth registration (34% among children under-5) are a hurdle for child protection, as are high levels of violence and exploitation experienced by children – the focus of SDG target 16.2. Pakistan is rife with disparities related to gender, geographic location and poverty – disparities that are manifest across all sectors with a particular bearing on Pakistan's ability to achieve SDG 5 ('gender equality') and SDG 10 ('reduced inequalities').

The persistent challenges facing children in Pakistan are deeply rooted in poverty and a lack of social protection. Yet, other multi-faceted, systemic and complex root causes also exist. Institutional bottlenecks and barriers underlie a number of hurdles that directly affect children. There is a lack of service coverage across the country, with a particularly pronounced impact in remote, rural areas. Service provision in sectors, such as health and education, are insufficient to cater to the sheer scale of public demand. Coupled with a lack of equitably distributed services, this breeds access constraints that severely disadvantage children. In addition to limited resources within social sectors, a lack of emphasis on capacity development and the training of skilled professionals hampers service delivery. Thus, it is not merely a question of allocations being limited, but also a matter of how they are spent. At present, most allocations go towards large-scale infrastructure projects and staff salaries rather than efforts to build capacity and improve quality. Challenges proliferate in the absence of legislative and policy frameworks in many key areas, as well as the limited enforcement of policies where they do exist. Difficulties in clearly delineating authorities' roles and responsibilities post-devolution add to

institutional bottlenecks. Across the board, societal attitudes and harmful practices, particularly those linked to inequitable gender norms, systematically disadvantage girls and boys. Recurring natural disasters exacerbate these issues by straining coping mechanisms.

The rights-based approach followed by this SitAn recognizes that development outcomes are best achieved and sustained by establishing systems of governance and social norms that deliver on the rights of the child as guarantees. Sustainable development outcomes require that policy makers make decisions that are in the best interests of Pakistan's children; which benefit all children without discrimination; and that give children and their families a say in the decisions that affect them. Vast inequities do more than violate the rights and imperil the futures of individual children – they perpetuate inter-generational cycles of disadvantage and inequality and reinforce gender-specific biases that undermine the well-being of society as a whole.

As we move forward, a number of overarching considerations are worth highlighting as steps towards strengthening the realization of the rights of the child and progressing along the path of sustainable development in Pakistan. It is clear from UNICEF's analysis that every policy and funding decision must prioritize the most vulnerable girls and boys in the country in order to achieve large-scale, meaningful results in areas and spheres where deprivation is most severe. The following key **conclusions and considerations** are especially significant:

Enabling policy environment

- Existing policies on the rights of the child should be reviewed by the Ministry of Planning, Development and Reform to better align them with national commitments, such as *Vision 2025*, and Pakistan's international commitments, including the SDGs, CRC, CEDAW and the CRPD.
- The most disadvantaged children in Pakistan should be made a priority in national and provincial development plans. There is a need to clearly understand and distinguish between federal and provincial roles, particularly in the context of UNICEF's programming and staffing structure.
- Minimum defined quality standards for child protection programmes should be developed.
- A comprehensive national strategy should be developed to address all forms of violence, exploitation and neglect against girls and boys, followed by advocacy with lawmakers for required legislation and follow-up on its implementation.
- A comprehensive, national-level analytical framework should be developed to assess child-specific commitments, as well as the way in which children, both girls and boys, are integrated into poverty analysis. A need exists to measure and assess the number of children living in poverty using both monetary and multi-dimensional measures.
- ECD interventions should be prioritized to address children's needs in terms of health, nutrition, cognitive development, socio-economic development and language.
- A comprehensive policy document should be developed to address the structural causes of gender-based discrimination and inequalities.
- It will be important to undertake measures that guarantee the realization of all rights for adolescents under the CRC, including non-discrimination, the right to life and optimum development, and the right to participation.
- An effective communication and advocacy strategy should be developed, while making use of new opportunities to work with district-level implementers.

- Capacities should be strengthened in order to develop Communications for Development strategies and partnerships at the district level to generate social and behavioural change, yielding positive outcomes for the most-deprived children and women. C4D should be an integrated, cross-cutting component across sectors, thereby contributing toward achieving results for children in three ways: (i) changing perceptions, knowledge, attitudes, practices and values related to individual and household practices; (ii) creating informed demand for, and utilization of, services; and (iii) promoting enhanced community participation mechanisms, social engagement and partnerships.
- Several communication dynamics should be addressed through programmes and action plans led by the Government and partners to, inter alia: prevent and mitigate diarrhoea, pneumonia and vaccine-preventable diseases; increase delivery by skilled birth attendants; promote improved nutritional practices for pregnant women and children; enhance hygiene and sanitation practices; enable inclusive access to school, especially for girls; encourage demand for birth registration services; and prevent all kinds of violence against girls and boys.

System strengthening through capacity development, evidence generation and monitoring and evaluation

- Policy implementation should be enhanced by building the capacities of government departments engaged with the rights of the child and child well-being at the national, provincial and district levels. Coordination should be improved between federal and provincial governments, with roles and responsibilities clearly articulated. It is also essential to capacitate stakeholders in cascading provincial multi-sectoral strategies.
- Investments should be made in capacity development and skills training for professionals who deliver services on the ground, such as health care professionals, LHWs and teachers, among others, in order to strengthen the quality of the services they deliver.
- Efforts should be made to strengthen capacity within the sphere of DRR and social mobilization, in support of greater levels of protection for children and women.
- The role of civil society and communities should be promoted to strengthen stakeholder capacities, while ensuring increased impact and the sustainability of support for vulnerable children and their families.
- Gaps in child coverage and data on the rights of the child indicators should be identified to inform national and international efforts for better monitoring and decision-making. Political commitments, national policies and programmes should be based on sound evidence and analysis derived from surveys, robust studies and evaluations, recognizing that extreme disparities require even more refined equity approaches, underpinned by quality data.
- Data disaggregation should be strengthened by sex, age, race, ethnicity, education, socio-economic status, disability and geographic location and other relevant characteristics, in order to 'leave no one behind', as pledged by the SDGs and Agenda 2030.
- Across all sectors, there is a need for more cohesive coordination, sustained collaboration and strong partnerships among all key stakeholders – from all tiers of the Government to UN agencies, donors, international organizations, the private sector, civil society, communities, households and individuals – to enable Pakistan to make the progress needed to realize the rights of the child in health, nutrition, education, WASH and child protection, as well as in terms of cross-cutting issues, such as equity and gender.

- A national monitoring and evaluation framework should be formulated in order to gauge timely progress towards the SDGs as they relate to key rights of the child – including girls’ and boys’ right to survive and thrive (SDG 3) through improved health care and nutrition (SDG 2), their right to learn (SDG 4), their right to be protected from violence and exploitation, their right to live in a safe, clean environment (SDG 6) with adequate WASH services, and their right to realize their full potential by overcoming challenges such as gender inequality and poverty (SDG 5, SDG 1 and SDG 10, among others).

Interventions for people on the ground

- All-encompassing, multi-sectoral integrated service delivery should be ensured for women and children, as should enhancing collaboration between departments and expanding partnerships in both the public and private sectors.
- Interventions should be designed to improve women’s and adolescent girls’ nutrition before, during and after pregnancy; to increase the early initiation of breastfeeding and exclusive breastfeeding; to ensure the introduction of timely, safe, appropriate and high-quality complementary foods; and to ensure appropriate micronutrient supplementation and fortification, thereby preventing stunting and other forms of malnutrition.
- Low-cost, high-impact interventions should be promoted to achieve improved newborn care, lower rates of stunting, and strengthened routine immunization – all key elements poised to reduce child mortality.
- The number of out-of-school children and dropouts should be reduced via interventions such as: upgrading existing primary schools to lower secondary schools; reducing mobility costs for girls through a cash stipend for lower secondary schools; promoting the benefits of educating girls; developing education-related programmes that focus on potential dropouts and working children aged 11–14 years; investing in school infrastructure; and improving the quality of teaching through capacity development for educators.



Glossary

Birth registration

The process by which a child's birth is recorded in the civil register by the relevant Government authority.

Child labour

Children involved in economic activities. The age of the child depends on the data source.

Early childhood

The period from birth to a child's 8th birthday. A time of remarkable cognitive development, these years lay the foundation for subsequent learning and development.

Child marriage

Women who were first married or in a union before they were 18 years old.

Deprivation

The state of not having something that people need or are granted under law or enshrined rights (the state of being deprived of something). This includes, for instance, a lack of schools, a lack of essential medicines at health facilities, etc. Such deprivations may subsequently manifest as stunted growth, various preventable diseases among children, the death of newborns or other issues.

Entitlement

An individual's right to receive a value or benefit provided by law or by agreed global frameworks/agreements, e.g. free education, health care services, etc.

Gender Parity Index (GPI)

The ratio of female to male values for a given indicator. The GPI measures progress towards gender parity in education participation and/or learning opportunities available for women/girls in relation to those available to men/boys.

Gross Domestic Product (GDP)

The sum of value added by all resident producers, in addition to any taxes (minus subsidies) not included in the valuation of output. GDP per capita is GDP divided by mid-year population. Growth is calculated from constant-price GDP data in the local currency.

Gross Enrolment Ratio (GER)

Total enrolment in primary or secondary school, regardless of age, expressed as a percentage of the official primary or secondary school-aged population.

Human Development Index (HDI)

A composite index which measures average achievement in three basic dimensions of human development: a long and healthy life, knowledge, and a decent standard of living.

Infant Mortality Rate

The probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births.

Maternal Mortality Ratio

The number of deaths of women from pregnancy-related causes per 100,000 live births during the same time period.

Multidimensional Poverty Index (MPI)

The share of the population who are multi-dimensionally poor, adjusted by the intensity of deprivations they experience.

Neonatal Mortality Rate

The probability of dying during the first 28 days of life, expressed per 1,000 live births.

Out-of-school children

Children of the official school-going age who are not enrolled in either primary or secondary schools.

Population practicing open defecation

The population group who do not have toilets and therefore defecate in the open (bush, fields, and other open places).

Net Attendance Ratio

The total number of students in the theoretical age group for a given level of education enrolled in that level, expressed as a percentage of the total population in that age group.

Rights

Entitlements that include: universal legal guarantees protecting individuals and groups against actions and omissions that affect their freedom and human dignity; basic minimum standards based on human needs; universal and inalienable entitlements; and indivisible and interdependent entitlements. A fundamental thesis for the human rights framework is the idea that the legitimacy of the state is based on its respect, protection and fulfilment of the rights of each and every individual.

Skilled attendance at birth

Births attended by skilled health personnel (doctors, nurses or midwives).

Social and Cultural Practices/Beliefs/Attitudes

The social and cultural practices reflect values, beliefs and attitudes held by members of a community for periods often spanning generations. Every social group in the world has specific traditional cultural beliefs and practices like open defecation, the acceptability of physical violence against women and children, etc.

Social Norms

Patterns of behaviour in a particular community or country accepted as normal and to which an individual is expected to conform. In terms of the enabling environment, political processes mostly drive these norms.

Stunting

Children under-5 who fall below minus-two standard deviations of the median height for their age.

Total Fertility Rate

The number of children who would be born per woman if she lived to the end of her childbearing years and bore children at each age in accordance with prevailing age-specific fertility rates.

Under-5 Mortality Rate

The probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.

Underweight

Children under-5 who are below minus-two standard deviations of the median weight for their age.

Wasting

Children under-5 who are below minus-two standard deviations of the median weight for the median height for their age.



References

Achoba, I., *Child Deprivation Profiling: Evidence-Informed Programming*, PowerPoint presentation, UNICEF, New York, 2016.

Agha Khan University, *Promoting Early Childhood Development*, AKU, Karachi, 2014, <www.aku.edu/about/report/Pages/early-childhood-development.aspx>, accessed 15 May 2017.

Alif Ailaan, *25 Million Broken Promises: The Crisis of Pakistan's Out-of-School Children*, Alif Ailaan, Islamabad, 2014.

Alif Ailaan. *Pakistan District Education Rankings 2015*, Alif Ailaan, Islamabad, 2015.

Alif Ailaan, *Government allocations for education in Pakistan: The road to getting to 4% of GDP*, Alif Ailaan, Islamabad, 2016, <www.alifailaan.pk/budget_allocation_2015>, accessed 15 April 2017.

Annual Status of Education Report (ASER) 2015, ASER, Lahore, 2016.

Annual Status of Education Report (ASER) 2016, ASER, Lahore, 2017, <www.aserPakistan.org/documents/Report_Final_2016.pdf>, accessed 11 May 2017.

Asian Development Bank, *Key Indicators for Asia and the Pacific 2017*, ADB, Mandaluyong, 2017, <www.adb.org/publications/key-indicators-asia-and-pacific-2017>, accessed 10 February 2017.

Benazir Income Support Programme, 'District Wise Gender Wise Enrollments', BISP, Islamabad, 2017, <<http://bisp.gov.pk/wp-content/uploads/2017/09/Gender-wise-enrollments.pdf>>, accessed 20 February 2017.

Benazir Income Support Programme, *Impact Evaluation, baseline survey report*, Government of Pakistan, Islamabad, 2011.

Bill & Melinda Gates Foundation, GAVI Vaccine Alliance, United Nations Children's Fund and World Health Organization, Global Vaccine Action Plan, *Monitoring, Evaluation & Accountability, Secretariat Annual Report 2015*, GAVI, Geneva, 2015.

Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2008*, Government of Punjab, Lahore, 2008.

Bureau of Statistics Punjab, *Multiple Indicator Cluster Survey (MICS) Punjab 2014*, Government of Punjab, Lahore, 2014.

Bureau of Statistics Punjab and United Nations Children's Fund, *Community Empowerment Through Community Action Process in Rajanpur District, Punjab, End-of-Year Assessment 2014*, Government of Punjab, Lahore, 2014.

Bureau of Statistics Sindh, *Multiple Indicator Cluster Survey (MICS) Sindh 2014*, Government of Sindh, Karachi, 2014.

Chapple, S. and D. Richardson, *Doing Better For Children*, vol. 168. OECD, Paris, 2009.

Child Rights Movement Pakistan, *Budget Analysis from a Child Rights Perspective 2010-11 to 2013-14*, CRM, Lahore, 2013, <<https://resourcecentre.savethechildren.net/library/budget-analysis-child-rights-perspective-2010-11-2013-14-federal-and-provincial>>, accessed 10 March 2017.

Child Soldiers International, *Alternative Report to the Committee on the Rights of the Child on the Occasion of Pakistan's Fifth Periodic Report on the Convention on the Rights of the Child*, Child Soldiers International, 2015.

Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child on the Fifth Periodic Report of Pakistan*, United Nations, New York, 2016.

Consortium for Development Policy Research / Research and Advocacy for Advancement of Allied Reforms, *Pakistan's Public Expenditure Insights and Reflections*, CDPR/Raftaar, Lahore, 2015, <http://cdpr.org.pk/index.php/component/k2/download/42_b5d2eecff9f428dc3fdaca66111c9da4>, accessed 23 February 2017.

Das, Jishnu, Priyanka Pandey, and Tristan Zajonc, *Learning Levels and Gaps in Pakistan*, World Bank, Washington D.C., 2006, <<https://openknowledge.worldbank.org/handle/10986/8866>>, accessed 29 April 2017.

Denboba, Amina Debissa, Leslie K. Elder, Joan Lombardi, Laura B. Rawlings, Rebecca K. Sayre, Quentin T. Wodon, *Stepping Up Early Childhood Development: Investing in Young Children for High Returns*, World Bank Group and CIFF, Washington D.C., 2014.

Dundar, Halil, Tara Béteille, Michelle Riboud, and Anil Deolalikar, *Student Learning in South Asia: Challenges, Opportunities, and Policy Priorities*. World Bank, Washington D.C., 2014.

Ellis, Peter and Mark Roberts, *Leveraging Urbanization in South Asia : Managing Spatial Transformation for Prosperity and Livability*, World Bank, Washington, DC, 2016, <www.worldbank.org/en/region/sar/publication/urbanization-south-asia-cities>, accessed 30 January 2017.

End Polio Pakistan, *Pakistan Polio Update August 2017*, Government of Pakistan, Islamabad, 2017, <www.endpolio.com.pk/images/polio-briefer/Pakistan-Polio-Update-AUGUST-2017.pdf>, accessed 29 March 2017.

Espey, J., P. Pareznieto, C. Harper, N. Jones and D. Walker, *Improving the Prominence of Child Rights in Poverty Reduction Strategy Processes*. ODI Background Notes, 50, 2010.

European Commission, *Nutrition Sector SMART Survey Report Pakistan*, EC, Brussels, 2013.

FATA Secretariat, *FATA Development Indicators Household Survey (FDIHS) 2013-14*, FATA Secretariat, 2014.

Finance Division, Ministry of Finance, *Federal Budget 2015-16: Budget in Brief*, Government of Pakistan, <www.finance.gov.pk/budget/Budget_in_Brief_2015_16.pdf>, accessed 19 February 2017.

Finance Department, Khyber Pakhtunkhwa, *White Paper 2016-17*, Government of Khyber Pakhtunkhwa, Peshawar, 2016, <www.kpkep.gov.pk/documents/White%20paper%202016-17.pdf>, accessed 19 February 2017.

Global Initiative to End Corporal Punishment of Children, *Corporal Punishment of Children in Pakistan*. Global Initiative to End All Corporal Punishment of Children, London, 2016, <www.endcorporalpunishment.org/progress/country-reports/pakistan.html>, accessed 27 April 2017.

Government of Balochistan, *Multiple Indicator Cluster Survey (MICS) Balochistan 2010*, Government of Balochistan, Quetta, 2010.

Government of Pakistan, *Census 2017*. Government of Pakistan, Islamabad, 2017.

Government of Pakistan, *Constitution of the Islamic Republic of Pakistan*, Government of Pakistan, 1973.

Government of Pakistan, *EPI Comprehensive Multiyear Plan 2014-2018*, Government of Pakistan, Islamabad, 2014.

Government of Punjab, *Drinking Water Sanitation and Hygiene Punjab Sector Development Plan 2014-2024*, Government of Punjab, Lahore, 2015, <[www.pndpunjab.gov.pk/system/files/Punjab WASH Sector Development Plan 2014-24.pdf](http://www.pndpunjab.gov.pk/system/files/Punjab_WASH_Sector_Development_Plan_2014-24.pdf)>, accessed 16 March 2017.

Hameed, Abdul, *Social and Economic Issues of Persons with Disabilities in Pakistan*, University of Management and Technology, Lahore, 2012.

Ilm Ideas, *Access to Finance for Low Cost Private Schools in Pakistan*, Ilm Ideas/UKAid, 2014, <[www.educationinnovations.org/sites/default/files/Access to finance for low cost private schools May 2014 FINAL.pdf](http://www.educationinnovations.org/sites/default/files/Access_to_finance_for_low_cost_private_schools_May_2014_FINAL.pdf)>, accessed 14 April 2017.

INFORM Index for Risk Management, *INFORM 2017*, INFORM, 2017, <www.inform-index.org/Portals/0/InfoRM/INFORM_2017_v031.xlsx>, accessed 24 May 2017.

Institute of Social and Policy Sciences, *Public Financing of Education in Pakistan: 2010-2011 to 2015-2016*, I-SAPS, Islamabad, 2016.

International Centre for Research on Women (ICRW) and Plan International, *Are Schools Safe and Gender-Equal Spaces? Findings from a Baseline Study of School-Related Gender-Based Violence in Five Countries in Asia*, ICRW and Plan International, New Delhi, 2014, <www.icrw.org/publications/are-schools-safe-and-gender-equal-spaces>, accessed 17 May 2017.

International Food Policy Research Institute, *Global Hunger Index 2016*, IFPRI, Washington D.C., 2016, <www.ifpri.org/publication/2016-global-hunger-index-getting-zero-hunger>, accessed 14 March 2017.

International Labour Organization, United Nations Children's Fund, World Bank, *Understanding Children's Work in South Asia*, ILO, 2015.

International Labour Organization, *World Day Against Child Labour: Report for Pakistan*, ILO, Islamabad, 2015.

International Vaccine Access Center, *Pneumonia and Diarrhoea Progress Report 2015*. IVAC Johns Hopkins University Bloomberg School of Public Health, Baltimore M.D., 2015.

Jamal, H., *Health and Education Status of Children: An Exploration Through a Gender Lens*. Social Policy Development Centre, Pakistan, 2014.

Jones, Nicola, Berhanu Gutema, Bekele Tefera, and Tassew Woldehanna, *Mainstreaming Children into National Poverty Strategies: A child-focused analysis of the Ethiopian Sustainable Development and Poverty Reduction Program (2002-05)*. Working Paper 22, Save the Children UK, London, 2005.

Lead Pakistan, *Translating Sustainable Development Goals at the National Level: Policy Note*, Lead Pakistan, 2015.

Lokshin, M. M., E. Glinskaya, and M. Garcia, *The Effect of Early Childhood Development Programmes on Women's Labour Force Participation and Older Children's Schooling in Kenya*, World Bank, Washington D.C., 2000.

Malé, C. and Q. Wodon, *Basic Profile of Child Marriage in Pakistan: Knowledge Brief*, World Bank, Washington D.C., 2015.

Ministry of Education, Trainings and Standards in Higher Education, *Pakistan Education for All 2015 Review Report 2015*, Government of Pakistan, Islamabad, 2014, <<http://unesdoc.unesco.org/images/0022/002297/229718E.pdf>>, accessed 30 March 2017.

Ministry of Education, Trainings and Standards in Higher Education, *Pakistan Education for All 2015 Review Report 2015*, Government of Pakistan, Islamabad, 2014.

Ministry of Federal Education and Professional Training, *Annual Progress Report 2013-14 on Implementation of National Plan of Action to Accelerate Education-Related MDGs 2013-16: How Pakistan Is Progressing Toward Achieving Universal Quality Primary Education*, Government of Pakistan, 2015.

Ministry of Finance, *Annual Pakistan Rural Support Programme (PRSP) Progress Report 2014-15*, Government of Pakistan, Islamabad, 2015, <www.finance.gov.pk/poverty/Annual_PRSP_Progress_FY_2014_15.pdf>, accessed 19 February 2017.

Ministry of Finance, *Pakistan Economic Survey 2016-17*, Government of Pakistan, Islamabad, 2017.

Ministry of Finance, *Pakistan Economic Survey 2015-16*, Government of Pakistan, Islamabad, 2016, <www.finance.gov.pk/survey_1516.html>, accessed 10 February 2017.

Ministry of Finance, *Pakistan Economic Survey 2014-15*, Government of Pakistan, Islamabad, 2015, <www.finance.gov.pk/survey_1415.html>, accessed 19 February 2017.

Ministry of Planning Development & Reform, *Pakistan Vision 2025*, Government of Pakistan, Islamabad, 2014, <<http://pc.gov.pk/vision/visiondoc>>, accessed 16 February 2017.==

Ministry of Planning, Development and Reform, *Annual Plan 2017-18: Chapter 21 Nutrition*, Government of Pakistan, Islamabad, 2017, <<http://pc.gov.pk/uploads/annual2017/Ch21-Nutrition.pdf>>, accessed 10 March 2017.

Ministry of Planning, Development & Reform, *Public Sector Development Programme 2016-17*, Government of Pakistan, Islamabad, 2016.

Ministry of Planning, Development & Reform, 'Overview of SDGs', Government of Pakistan, Islamabad, n.d., <<http://pc.gov.pk/web/sdg/sdgpak>>, accessed 16 February 2017.

Ministry of Social Welfare and Special Education, *Reforming the Child Protection and Welfare Systems in Pakistan: Opportunities and Challenges in Advancing Child Rights*, Government of Pakistan, Islamabad, 2010.

Ministry of Women Development, Social Welfare and Special Education, *National Policy for Persons with Disabilities*, Government of Pakistan, Islamabad, 2002.

Narayan, D., L. Pritchett, and S. Kapoor, *Moving Out of Poverty: Success from the Bottom Up: Overview. Child Poverty Insights*, UNICEF, New York, 2010.

National AIDS Control Programme, *Pakistan Global AIDS Response Progress Report (GARPR): Country Progress Report Pakistan 2015*, Government of Pakistan, Islamabad, 2015.

National AIDS Control Programme. *Global AIDS Response Progress Report: Country Progress Report Pakistan 2014*, Government of Pakistan, Islamabad, 2014.

National Commission for Child Welfare and Development, *Pakistan's Fifth Periodic Report to the UN Committee on the Rights of The Child on Implementation of the Convention on the Rights of the Child*, Government of Pakistan, Islamabad, 2012.

National Education Assessment System (NEAS), *NAT Assessment Study 2014*, Government of Pakistan, Islamabad, 2014, <[http://library.aepam.edu.pk/Books/NEAS National Assessment Study Report 2014.pdf](http://library.aepam.edu.pk/Books/NEAS%20National%20Assessment%20Study%20Report%202014.pdf)>, accessed 20 April 2017.

National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 2012-13*, Government of Pakistan, Islamabad, 2013, <<https://dhsprogram.com/pubs/pdf/fr290/fr290.pdf>>, accessed 12 March 2017.

National Institute of Population Studies, *Planning and Development Department Projections 2010-30*, Government of Pakistan Islamabad, 2010.

National Institute of Population Studies, *Pakistan Demographic and Health Survey (PDHS) 1990-91*, Government of Pakistan, Islamabad, 1991.

National Education Management Information System, *Pakistan Education Statistics 2013-14*, Government of Pakistan, Islamabad, 2015.

National Education Management Information System, *Pakistan Education Statistics 2014–15*, Government of Pakistan, Islamabad, 2016.

National Education Management Information System, *Pakistan Education Statistics 2015–16*, Government of Pakistan, Islamabad, 2017.

Organisation for Economic Co-operation and Development, 'Revenue Statistics in Asian Countries', OECD, Paris, 2016, <<https://stats.oecd.org/Index.aspx?DataSetCode=REV>>, accessed 12 February 2017.

Oxford Poverty and Human Development Initiative, *Global Multidimensional Poverty Index 2016: Briefing 41*. OPHI, Oxford, 2016.

Pakistan Bureau of Statistics, *Household Integrated Economic Survey (HIES) 2013-14*, Government of Pakistan, Islamabad, 2014.

Pakistan Bureau of Statistics, *Pakistan Labour Force Survey (LFS) 2014-15*, Government of Pakistan, Islamabad, 2015.

Pakistan Bureau of Statistics, *Pakistan Labour Force Survey (LFS) 2013-14*, Government of Pakistan, Islamabad, 2014.

Pakistan Bureau of Statistics, *Pakistan Labour Force Survey (LFS) 2007-08*, Government of Pakistan, Islamabad, 2008.

Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2014-15*, Government of Pakistan, Islamabad, 2015.

Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2013-14*, Government of Pakistan, Islamabad, 2014.

Pakistan Bureau of Statistics, *Pakistan Social and Living Standards Measurement Survey (PSLM) 2012-13*, Government of Pakistan, Islamabad, 2013.

Planning Commission, *10-Year Perspective Development Plan 2001-2011*, Government of Pakistan, Islamabad, 2001.

Planning Commission, *National Nutrition Survey 2001*, Government of Pakistan, Islamabad, 2001.

Planning Commission, *National Nutrition Survey (NNS) 2011*, Government of Pakistan, Islamabad, 2011.

Planning Commission, *Pakistan Millennium Development Goals Report 2013*, Government of Pakistan, Islamabad, 2013, <www.pk.undp.org/content/dam/pakistan/docs/MDGs/MDG2013Report/finalreport.pdf>, accessed 25 February 2017.

Planning & Development Department, Gilgit-Baltistan, *Multiple Indicator Cluster Survey (MICS) 2016-17 Gilgit-Baltistan*, Government of Gilgit-Baltistan, Gilgit, 2017.

Planning and Development Department, Punjab, *Citizens' Budget 2016-17: Inclusive Growth For All*, Government of Punjab, Lahore, 2016.

Salik, K.M., S. Ishfaq, F. Saeed, E. Noel, and Q. Syed, *Pakistan, Current Situation Assessment. Pathways to Resilience in Semi-Arid Economies (PRISE) Project*, 2015.

Suleri, A.Q. and S. Haq, *Food Insecurity in Pakistan*. Sustainable Development Policy Institute, Swiss Agency for Development and Cooperation and World Food Programme, Islamabad, 2009.

Sustainable Development Policy Institute, *Clustered Deprivation: District Profile of Poverty in Pakistan*, SPDI, Islamabad, 2012.

The Economist, Intelligence Unit 'Short-term positives mask structural economic deficiencies', The Economist, London, 2016, <<http://country.eiu.com/article.aspx?articleid=1334864117&Country=Pakistan&topic=Economy>>, accessed 28 January 2017.

United Nations Children's Fund, *A Multidimensional Approach to Measuring Child Poverty*, UNICEF, New York, 2011.

United Nations Children's Fund, *Child Poverty Indicators to Measure Progress for the SDGs: A Joint Brief by a Coalition of Partners Working to End Child Poverty*, UNICEF, New York, 2015.

United Nations Children's Fund, *Committing to Child Survival: A Promise Renewed. Progress Report 2015*, UNICEF, New York, 2015.

United Nations Children's Fund Division of Policy and Strategy, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights*, UNICEF, New York, 2012, <www.unicefinemergencies.com/downloads/eresource/docs/RightsbasedequityfocusedSituationAnalysisguidance.pdf>, accessed 8 January 2017.

United Nations Children's Fund, 'Equity: A Fair Chance For Every Child', UNICEF, New York, n.d., <www.unicef.org/equity>, accessed 12 January 2017.

United Nations Children's Fund, *From the First Hour of Life: Making the Case for Improved Infant and Young Child Feeding Everywhere, Part I: Focus on Breastfeeding*, UNICEF, New York, 2016.

United Nations Children's Fund, *Gender Action Plan 2014-2017*, UNICEF, New York, 2013.

United Nations Children's Fund, *Global Study on Child Poverty and Disparities 2007-2008 Guide*, UNICEF, New York, 2007.

United Nations Children's Fund, *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children*, UNICEF, New York, 2014.

United Nations Children's Fund, *Immunization: Keeping Children Alive and Healthy*, UNICEF, New York, n.d., <www.unicef.org/immunization/files/Immunization_brochure.pdf>, accessed 30 June 2017.

United Nations Children's Fund, *Improving Child Nutrition: The Achievable Imperative for Global Progress*, UNICEF, New York, 2013, <www.unicef.org/publications/index_68661.html>, accessed 15 March 2017.

United Nations Children's Fund, *Inequities in Early Childhood Development: What the Data Say*, UNICEF, New York, 2012, <www.unicef.org/publications/index_61802.html>, accessed 23 April 2017.

United Nations Children's Fund, *Mapping the Global Goals for Sustainable Development and the Convention on the Rights of the Child*, UNICEF, New York, 2016.

United Nations Children's Fund, *Progress for Children, Beyond Averages: Learning from the MDGs*, UNICEF, New York, 2015.

United Nations Children's Fund, *The State of the World's Children 2005: Childhood Under Threat*, UNICEF, New York, 2005.

United Nations Children's Fund, *The State of the World's Children 2011: Adolescence, an Age of Opportunity*, UNICEF, New York, 2011.

United Nations Children's Fund, *The State of the World's Children 2016: A Fair Chance for Every Child*, UNICEF, New York, 2016, <www.unicef.org/publications/index_91711.html>, accessed 06 March 2017.

United Nations Children's Fund Pakistan, *A Review of Alternative Learning Programmes in Pakistan 2014*, UNICEF, Islamabad, 2015, <www.unicef.org/pakistan/ALP_2014-15_BOOK_eVersion.pdf>, accessed 19 April 2017.

United Nations Children's Fund Pakistan, *Child Labour in Pakistan: A Comparative Analysis of Employment, Legislation and Experiences of Working Children in Khyber Pakhtunkhwa Province*, UNICEF Pakistan, Islamabad, 2015.

United Nations Children's Fund Pakistan, *Education Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016.

United Nations Children's Fund Pakistan, *Education Equity Analysis 2016* (unpublished paper), UNICEF Pakistan, Islamabad, 2016.

United Nations Children's Fund Pakistan, *Mapping of Inequities in Basic Water Supply and Sanitation Services in Pakistan*, UNICEF Pakistan, Islamabad, 2015.

United Nations Children's Fund Pakistan, *Nutrition Sector (Standard Monitoring and Assessment of Relief and Transition) SMART Survey Report Pakistan*, UNICEF Pakistan, Islamabad, 2013.

United Nations Children's Fund Pakistan, *Nutrition Child Deprivation Analysis*, UNICEF, Islamabad, 2016.

United Nations Children's Fund Pakistan, *Pakistan Annual Report 2013*, UNICEF, Islamabad, 2014.

United Nations Children's Fund Pakistan, *Pakistan Annual Report 2015*, UNICEF, Islamabad, 2016.

United Nations Children's Fund Pakistan, *Pakistan Annual Report 2016*, UNICEF, Islamabad, 2017.

United Nations Children's Fund Pakistan, 'Our Work', UNICEF, Islamabad, n.d., <www.unicef.org/pakistan/overview.html>, accessed 16 April 2017.

United Nations Children's Fund Pakistan, *UNICEF Monitoring Reports*, UNICEF, Islamabad, 2015.

United Nations Children's Fund Pakistan, *WASH Child Deprivation Analysis*, UNICEF Pakistan, Islamabad, 2016.

United Nations Children's Fund Pakistan, *WASH Programme Strategy Note 2017*, UNICEF Pakistan, Islamabad, 2017.

United Nations Children's Fund and European Commission for Humanitarian Aid and Civil Protection, *Nutrition and Mortality Survey: Tharparkar, Sanghar and Kamber Shahdadkhot Districts of Sindh Province* Pakistan, UNICEF Pakistan and ECHO, Islamabad, 2014.

United Nations Children's Fund and European Commission for Humanitarian Aid and Civil Protection, *Situation of Infant and Young Child Feeding Practices: Umerkot District, Sindh, Pakistan*, UNICEF Pakistan and ECHO, Islamabad, 2014

United Nations Children's Fund and Government of Punjab, *Punjab Equity Profile Series*, UNICEF Pakistan, Islamabad, 2014.

United Nations Children's Fund and Government of Sindh, *Sindh Equity Profile Series*, UNICEF Pakistan, Islamabad, 2017.

United Nations Children's Fund and United Nations Educational, Scientific and Cultural Organization, *Children in School by 2015: Global Initiative on Out-of-School Children. Out-of-School Children in the Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh Provinces of Pakistan*, UNICEF and UNESCO, Islamabad, 2013.

United Nations Children's Fund and World Bank, *Ending Extreme Poverty: A Focus on Children*, UNICEF, New York, 2016, <www.unicef.org/publications/index_92826.html>, accessed 20 February 2017.

United Nations Children's Fund and World Health Organization, *Progress on Sanitation and Drinking Water: 2015 Update and MDG Assessment*, UNICEF and WHO, New York and Geneva, 2015, <www.unicef.org/publications/index_82419.html>, accessed 12 May 2017.

United Nations Children's Fund, World Health Organization and World Bank, *Levels and Trends in Child Malnutrition, Joint Child Malnutrition Estimates: Key Findings of the 2016 Edition*, UNICEF, New York, 2016.

United Nations Children's Fund, World Health Organization, World Bank, and UN-DESA Population Division, *Levels & Trends in Child Mortality 2017*, UNICEF and WHO, New York and Geneva, 2017, <www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2017/en>, accessed 19 March 2017.

United Nations Development Group Task Team on Gender Equality, *Resource Book for Mainstreaming Gender in UN Common Programming at the Country Level*, UNDG, New York, 2014.

United Nations Development Programme, *Briefing Note for Countries on the 2015 Human Development Report: Pakistan*, UNDP, Islamabad, 2015.

United Nations Development Programme, *Development Advocate Pakistan*, vol. 3, no. 4, 2017, <www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/development-advocate-pakistan--volume-3--issue-4.html>, accessed 10 May 2017.

United Nations Development Programme, 'Eight Goals for 2015: Pakistan progress on the MDGs', UNDP, Islamabad, 2015, <www.pk.undp.org/content/pakistan/en/home/post-2015/mdgoverview.html>, accessed 25 February 2017.

United Nations Development Programme, 'Five Years of The 18th Amendment: Lessons Learnt, Milestones Achieved', *Development Advocate Pakistan*, vol. 2, no. 1, 2015.

United Nations Development Programme, *Human Development Report 2015*, UNDP, New York, 2015, <http://hdr.undp.org/sites/default/files/2015_human_development_report.pdf>, accessed 22 January 2017.

United Nations Development Programme, *Human Development Report 2016*, UNDP, New York, 2016, <http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf>, accessed 22 January 2017.

United Nations Development Programme, Oxford Poverty and Human Development Initiative and Ministry of Planning, Development and Reform, Government of Pakistan, *Multidimensional Poverty in Pakistan*, UNDP, Islamabad, 2015, <www.pk.undp.org/content/pakistan/en/home/library/hiv_aids/Multidimensional-Poverty-in-Pakistan.html>, accessed 20 February 2017.

United Nations Economic and Social Council (ECOSOC), *Country Programme Document: Pakistan. UNICEF Executive Board, Second Regular Session 2017, E/ICEF/2017/P/L.24*, ECOSOC, New York, 2017.

United Nations Educational, Scientific and Cultural Organization, *Education for All 2000-2015: Achievements and Challenges: EFA Global Monitoring Report 2015*, UNESCO, Paris, 2015.

United Nations Educational, Scientific and Cultural Organization, *Education Transforms Lives, The Education For All Global Monitoring Report*, UNESCO, Paris, 2013.

United Nations Educational, Scientific and Cultural Organization, *World Data on Education 2010/11: Pakistan*, UNESCO, Paris, 2011, <www.ibe.unesco.org/fileadmin/user_upload/Publications/WDE/2010/pdf-versions/Pakistan.pdf>, accessed 12 April 2017.

United Nations Entity for Gender Equality and the Empowerment of Women, *A Transformative Stand-Alone Goal on Achieving Gender Equality, Women's Rights and Women's Empowerment: Imperatives and Key Components*, UN Women, New York, 2013.

United Nations General Assembly, 'Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)', UN General Assembly, New York, 1979, <www.un.org/womenwatch/daw/cedaw>, accessed 14 January 2017.

United Nations General Assembly, 'Convention on the Rights of Persons with Disabilities (CRPD)', UN General Assembly, New York, 2006, <www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>, accessed 14 January 2017.

United Nations General Assembly, 'Convention on the Rights of the Child', UN General Assembly, New York, 1989, <www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>, accessed 14 January 2017.

United Nations Office on Drugs and Crime, *Recent Trends of Human Trafficking and Migrant Smuggling to and from Pakistan*, UNODC, Islamabad, 2013.

United Nations Pakistan, *Common Country Assessment Meta Analysis*, UN Pakistan, Islamabad, 2017.

United Nations Pakistan, *One UN Annual Report 2016*, UN Pakistan, Islamabad, 2017, <www.pk.undp.org/content/pakistan/en/home/library/annual-reports/pakistan-one-un-programme-ii-2016.html>, accessed 23 May 2017.

United Nations Population Fund and United Nations Children's Fund, *Women's & Children's Rights: Making the Connection*, UNFPA and UNICEF, New York, 2010, <www.unicef.org/gender/files/Women_Children_Rights_UNFPA_UNICEF_final.pdf>, accessed 20 May 2017.

Water Resource Institute, *Ranking the World's Most Water Stressed Countries In 2040*, WRI, Washington D.C., 2015, <www.wri.org/blog/2015/08/ranking-world's-most-water-stressed-countries-2040>, accessed 18 June 2017.

World Bank, 'The World Bank In Pakistan', World Bank, Washington D.C., n.d., <www.worldbank.org/en/country/pakistan>, accessed 02 March 2017.

World Bank, *Global Economic Prospects- Weak Investment in Uncertain Times*. World Bank, Washington, D.C., 2017, <<https://openknowledge.worldbank.org/bitstream/handle/10986/25823/9781464810169.pdf>>, accessed 4 February 2017.

World Bank, *Global Economic Prospects: Weak Investment in Uncertain Times*. World Bank, Washington, D.C., 2017.

World Bank, *Pakistan: Public Financial Management and Accountability Assessment*, World Bank, Washington D.C., 2012.

World Health Organization and United Nations Children's Fund, *Joint Monitoring Programme (JMP) for Water and Sanitation Report 2015*, WHO and UNICEF, Geneva and New York, 2015.

World Health Organization and United Nations Children's Fund, *Joint Monitoring Programme (JMP) for Water and Sanitation Report 2014*, WHO and UNICEF, Geneva and New York, 2014.

World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank Group, and United Nations Population Division, *Trends in Maternal Mortality: 1990 to 2015*, WHO, Geneva, 2015, <www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>, accessed 12 March 2017.



Annexes

Annex A: Table Child Well-Being Dimensions as Per CRC, CEDAW and CRPD, and Corresponding SDGs



Sustainable Development Goals (SDGs)

- SDG 1: No Poverty
- SDG 2: Zero Hunger
- SDG 3: Good Health and Well-Being
- SDG 4: Quality Education
- SDG 5: Gender Equality
- SDG 6: Clean Water and Sanitation
- SDG 7: Affordable and Clean Energy
- SDG 8: Decent Work and Economic Growth
- SDG 9: Industry, Innovation and Infrastructure
- SDG 10: Reduced Inequalities
- SDG 11: Sustainable Cities and Communities
- SDG 12: Responsible Consumption and Production
- SDG 13: Climate Change
- SDG 14: Life Below Water
- SDG 15: Life on Land
- SDG 16: Peace, Justice and Strong Institutions
- SDG 17: Partnerships for the Goals

RIGHT TO SURVIVE AND THRIVE

- Every child has a right to life
 - CRC Articles 6, 23, 24
- Every child has the right to the highest attainable standard of health and medical care
 - CRC Articles 3, 6, 23, 24
- Eliminate discrimination against women, particularly in rural areas, in the field of healthcare, including pregnancy, confinement and post-natal period, as well as adequate nutrition during pregnancy and lactation.
 - CEDAW Articles 10, 11, 12, 14
- Every human being has the inherent right to life and the highest attainable standard of health without discrimination on the basis of disability
 - CRPD Articles 10, 25

SDG

- Goal 1: Eradicate extreme poverty
- Goal 2: End hunger and all forms of malnutrition (2.1 and 2.2)
- Goal 3: Ensure healthy lives and promote well-being for all at all ages. End preventable deaths of newborns and children under 5 years of age (3.3 and 3.8)
- Goal 6: Universal and equitable access to safe and affordable drinking water, sanitation and hygiene for all (6.1 and 6.2)
- Goal 16: End abuse, exploitation, trafficking and all forms of violence against and torture of children (16.1 and 16.2)

RIGHT TO LEARN

- Every child has the right to education and quality education
 - CRC Articles 28
- Development of the child's personality, talents and mental and physical abilities to his or her fullest potential
 - CRC Article 29
- Right to non-discrimination by a child
 - CRC Article 2, 30
- Recognizing the special needs of a mentally or physically disabled child to be able to enjoy a full and decent life
 - CRC Article 23
- Parental responsibilities, rights and duties to provide direction and guidance and ensure the right of a child in a manner consistent with his/her evolving capacities
 - CRC Article 5, 18
- Equality between women and men through ensuring women's equal access to education
 - CEDAW Articles 10
- Right of persons with disabilities to education without discrimination, by ensuring an inclusive education system at all educational levels, independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life
 - CRPD Article 24, 26
- Prohibit all discrimination on the basis of disability, especially children, women and girls with disabilities
 - CRPD Article 5, 6, 7
- Enable persons with disabilities to live independently and participate fully in all aspects of life
 - CRPD Article 9

SDG

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, including providing for education facilities that are child-, disability- and gender-sensitive with safe, non-violent, inclusive and effective learning environments for all (4.1, 4.2, 4.3, 4.5 and 4a)

Goal 3: Good health and well-being

Goal 5: End all forms of discrimination against all women and girls everywhere (5.1)

Goal 6: Safely managed water and sanitation (6.2)

Goal 10: Reduce inequality and empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion, or economic or other status. Promote peace, justice and strong institutions (10.2 and 10.3)

RIGHT TO PROTECTION FROM VIOLENCE AND EXPLOITATION

- Right of every child to identity
 - CRC Articles 7, 8
- Every child has a right to life and protection from violence
 - CRC Articles 6, 19
- Right to protection from all forms of discrimination, with the best interests of the child being a primary consideration
 - CRC Articles 2, 3
- Right to be protected against torture, respected and treated in accordance with international humanitarian law
 - CRC Articles 37, 38, 39

SDGs

Goal 1: End poverty in all its forms everywhere and implement nationally appropriate social protection systems and measures for all, with substantial coverage of the poor and the vulnerable (1.3).

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide legal identity for all, including birth registration (16.9)

Goal 16: Significantly reduce all forms of violence and related death rates everywhere, end abuse, exploitation, trafficking and all

- Ensure school discipline is administered in a manner consistent with the child's human dignity
 - CRC Article 28
- Right of a child to be protected from all forms of sexual exploitation and sexual abuse, sale and trafficking of children for any purpose or in any form
 - CRC Article 34, 35 and OP
- Every child has the right to be heard and to express views freely in all matters affecting him or her, including any judicial and administrative proceedings affecting the child
 - CRC Articles 12, 40
- Right of the child to engage in play and recreational activities appropriate to the age of the child, and protection from harmful traditional practices, prejudicial to the health of children
 - CRC Articles 24, 31
- Right of the child to be protected from economic exploitation and harmful work
 - CRC Article 32
- Right of the child temporarily or permanently deprived of his or her family environment to be entitled to special protection, alternative care and social security
 - CRC Articles 20, 21, 26
- Rights to protection by persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects
 - CRPD Article 16

forms of violence against and torture of children, promote and enforce non-discriminatory laws and policies and promote the rule of law at the national and international levels, and ensure equal access to justice for all (16.1, 16.2, 16.3 and 16.b)

Goal 5: End all forms of discrimination against all women and girls everywhere, eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation, and eliminate all harmful practices, such as early and forced marriage and female genital mutilation (5.1, 5.2 and 5.3)

Goal 8: Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking, and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers (8.7)

RIGHT TO SAFE AND CLEAN ENVIRONMENT

- Every child has a right to life
 - CRC Articles 6, 23 & 24
- Right to adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.
 - CEDAW Article 14(2,h)
- Right of the child to the enjoyment of the highest attainable standard of health and to facilities [including] clean drinking water
 - CRC Article 24 (2,c)
- Adequate standard of living and social protection: equal access by persons with disabilities to clean water services
 - CRPD Article 28 (2,c)

Goal 6: Ensure availability and sustainable management of water and sanitation for all. Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. Achieve universal and equitable access to safe and affordable drinking water for all (6.1 and 6.2)

Source: UNICEF, *Mapping the Global Goals for Sustainable Development and the Convention on the Rights of the Child*.

Annex B: Data Availability Matrix

	Data Available	Data Available from Official Sources	Gaps
Food/Nutrition	<ul style="list-style-type: none"> Deficiency of micronutrients among children under-5 and pregnant women Percentage of children under-5 classified as malnourished (stunting, wasting, underweight) Breastfeeding practices Infant and young child feeding practices 	<ul style="list-style-type: none"> MICS FATA 2007 MICS AJK 2008 MICS Balochistan 2010 MICS Punjab 2014 MICS Sindh 2014 MICS GB 2016-17 NNS 2011 Pakistan Economic Survey 2015-16 & 2016-17 PDHS 2012-13 	<ul style="list-style-type: none"> There is no updated MICS data for AJK, Balochistan, KP and FATA
Education	<ul style="list-style-type: none"> Out-of-school children ECE Educational attainment: Net Enrolment Rate (NER) at the primary, middle and secondary levels Learning achievements GPI 	<ul style="list-style-type: none"> AEPAM & NEMIS Pakistan Education Statistics 2015 ASER 2015 & 2016 MICS FATA 2007 MICS AJK 2008 MICS Balochistan 2010 MICS Punjab 2014 MICS Sindh 2014 MICS GB 2016-17 NEAS 2014 PDHS 2012-13 PSLM 2015 	<ul style="list-style-type: none"> There is no updated MICS data for AJK, Balochistan, KP and FATA
Health	<ul style="list-style-type: none"> Access to safe deliveries for newborns and maternal survival IMR, U5MR, MMR Access to quality child health care services, particularly for diseases that cause high rates of mortality (pneumonia, diarrhoea, and HIV/AIDS) Immunization coverage 	<ul style="list-style-type: none"> MICS FATA 2007 MICS AJK 2008 MICS Balochistan 2010 MICS Punjab 2014 MICS Sindh 2014 MICS GB 2016-17 PDHS 2012-13 PSLM 2015 	<ul style="list-style-type: none"> There is no updated MICS data for AJK, Balochistan, KP and FATA

<p>Child Protection</p>	<ul style="list-style-type: none"> • Child marriage • Child labour • Birth registration 	<p>National Child Labour Survey 1996</p> <ul style="list-style-type: none"> • LFS 2015 • MICS FATA 2007 • MICS AJK 2008 • MICS Balochistan 2010 • MICS Punjab 2014 • MICS Sindh 2014 • MICS GB 2016-17 • PDHS 2012-13 	<ul style="list-style-type: none"> • Overall country-level data on violent discipline for children is not available. Data on children in KP, Balochistan, FATA and AJK is not available in the last MICS surveys. • No official statistics exist on the sexual abuse of children or women aged 15-19. • MICS data on child marriage is not available for KP and FATA. Data is not available at the provincial level on women aged 20-24 who were first married before the age of 15 and/or 18. • Pakistan's first and only <i>National Child Labour Survey</i> was undertaken in 1996. The LFS 2015 provides data on children aged 10-14. Data at the country-level on the proportion and number of children aged 5-17 engaged in child labour – disaggregated by sex and age – is not available. • Data is extremely limited on the number of juveniles in pre-trial detention in Pakistan. • Data is not available on the proportion of victims of violence in the previous 12 months who reported these crimes to competent authorities or other officially recognized conflict resolution mechanisms, or on un-sentenced detainees as a proportion of the overall prison population. • Limited data exists on corporal punishment. • Data disaggregated by age is not available for care within the family environment.
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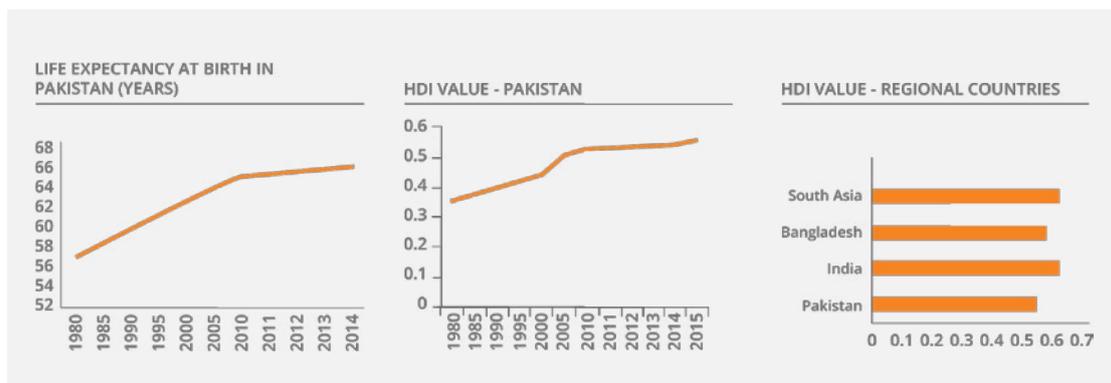
			<ul style="list-style-type: none"> Provincial figures for victims of human trafficking per 100,000 people in the population – by sex, age and form of exploitation – are not available. Data on the overall national data on victims of human trafficking per 100,000 population – by sex, age and form of exploitation – is not available. Limited data is available at the national and provincial levels on violence against women and girls. Moreover, available data solely addresses the issue of women subjected to domestic violence, as opposed to disaggregated data on physical, sexual or psychological violence.
Equity Profiles (Unpublished)		<ul style="list-style-type: none"> Punjab Sindh 	<ul style="list-style-type: none"> Equity profiles are not available for other provinces.
Sanitation	<ul style="list-style-type: none"> Use of improved Sanitation Open defecation 	<ul style="list-style-type: none"> JMP Report 2015 MICS FATA 2007 MICS AJK 2008 MICS Balochistan 2010 MICS Punjab 2014 MICS Sindh 2014 MICS GB 2016-17 • PDHS 2012-13 PSLM 2015 	<ul style="list-style-type: none"> Data is available only at the household level and no separate data exists on children. There is no updated MICS data for AJK, Balochistan, KP and FATA.
Safe Drinking Water	<ul style="list-style-type: none"> Use of improved drinking water sources 	<ul style="list-style-type: none"> JMP Report 2015 MICS FATA 2007 MICS AJK 2008 MICS Balochistan 2010 MICS Punjab 2014 MICS Sindh 2014 MICS GB 2016-17 PDHS 2012-13 PSLM 2015 	<ul style="list-style-type: none"> Data is available only at the household level and no separate data exists on children. There is no updated MICS data for AJK, Balochistan, KP and FATA.

Annex C: Regional Countries' Selected Indicators on Human Development

	HDI Value*	Rank	Life Expectancy	Infant Mortality Rate per 1,000	Under-5 Mortality Rate per 1,000	Maternal Mortality Ratio per 100,000	Population Under 18
Pakistan	0.550	147	M – 65.5, F – 67.5	66	81	178	39%
India	0.624	130	68	38	48	174	34%
Bangladesh	0.579	142	72	31	38	176	36%
Sri Lanka	0.766	73	75	8	10	30	29%
Nepal	0.558	145	70	29	36	258	40%
Bhutan	0.607	132	70	27	33	148	37%

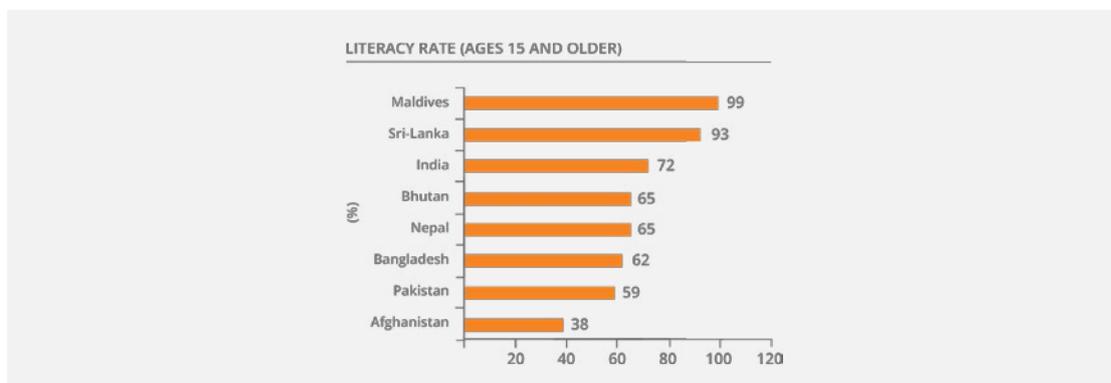
Source: UNICEF Regional Office for South Asia, 2016 South Asia Data.
* UNDP, Human Development Report 2016.

HDI Indicators - Pakistan and Regional Comparison



Source: UNDP, Briefing Note for Countries on the 2015 Human Development Report Pakistan.

Literacy Rates in South Asia



Source: UNDP, Human Development Report 2016.

Annex D: List of Selected Acts/Regulatory Bodies Relevant to Child Rights

Federal	Provincial
Constitution of Pakistan 1973 ²⁷²	Balochistan Free and Compulsory Education Act 2014
Child Protection Authority Act 2011	Balochistan Promotion of Breastfeeding Act 2014
ICT Right to Free and Compulsory Education Act 2012	KP Child Protection and Welfare Commission
Juvenile Justice System Ordinance 2000 (Amended in 2012)	KP Child Protection and Welfare Act (CPWA) 2010
Child Protection Authority Act 2011	KP Borstal Institutions Act (BIA) 2012
Protection of Breastfeeding and Young Child Nutrition Act (2002)	KP Prohibition of Child Labour Act 2015
Child Marriage Restraint Amendment Act 2009	Punjab Child Protection and Welfare Bureau
Employment of Children Act 1991	Punjab Employment of Children Act (Amendment) 2011
Bonded Labour System (Abolition) Act 1992	Punjab Free and Compulsory Education Act 2014
Criminal Amendment Act 2004 (Amendment in 2015) ²⁷³	Punjab Child Marriage Restraint Act 2015
Prevention and Control of Human Trafficking Ordinance 2002	Punjab Protection of Breastfeeding and Child Nutrition (Amendment) Act 2012
Pakistan Penal Code ²⁷⁴	Punjab Destitute and Neglected Children's Act (PDNCA) 2004
	Sindh Child Protection Authority Act (SCPAA) 2011
	Sindh Right of Children to Free and Compulsory Education Act 2013
	Sindh Child Marriage Restraint Act 2013

²⁷² Article 35: The State shall protect marriage, the family, the mother and the child.
Article 37-E: "Make provision for securing just and humane conditions of work, ensuring that children and women are not employed in vocations unsuited to their age or sex".
Article 11 (3): No child below the age of 14 years shall be engaged in any factory or mine or any other hazardous employment.
Article 25A: The State shall provide free and compulsory education to all children of the age of 5 to 16 years in such manner as may be determined by law.

²⁷³ Addresses killings in the name of 'honour' specifically and outlaws *Qisas* as a possible form of compensation. The Act falls short of providing actual protection to survivors and ensuring punishment for perpetrators and/or supporters of this crime. It also raises the minimum age of criminal responsibility from 7 years to 10 years.

²⁷⁴ This is the main piece of legislation that addresses killings in the name of 'honour'. It remains in force in the provinces despite devolution.

Annex E: Deficiency of Micronutrients among Under-5 Children and Pregnant Women

NNS-2011 (%)	Anaemia		Iron		Vitamin A		Zinc	
	Child	Mother	Child	Mother	Child	Mother	Child	Mother
Pakistan	61.9	51.0	43.8	37.1	54.0	46.0	39.2	47.6
Urban	62.9	50.3	46.1	34.1	46.9	41.5	39.3	47.4
Rural	61.4	50.5	42.9	38.1	56.9	47.8	39.1	47.7
Punjab	60.3	49.3	48.6	39.2	51.0	43.7	38.4	47.3
Sindh	72.5	59.4	40.6	34.5	53.3	46.7	38.6	44.5
KP	47.3	30.2	28.4	27.0	68.9	76.2	45.4	52.6
Balochistan	56.8	48.9	32.5	37.1	73.5	60.7	39.5	43.6
AJK	46.0	43	43.5	31.6	43.8	32.2	47.2	95.8
GB	41.0	33.6	36.2	45.7	71.8	44.1	32.6	54.8

Source: Government of Pakistan, *National Nutrition Survey (NNS) 2011*.

Annex F: Child Malnutrition in Pakistan (0-59 Months)

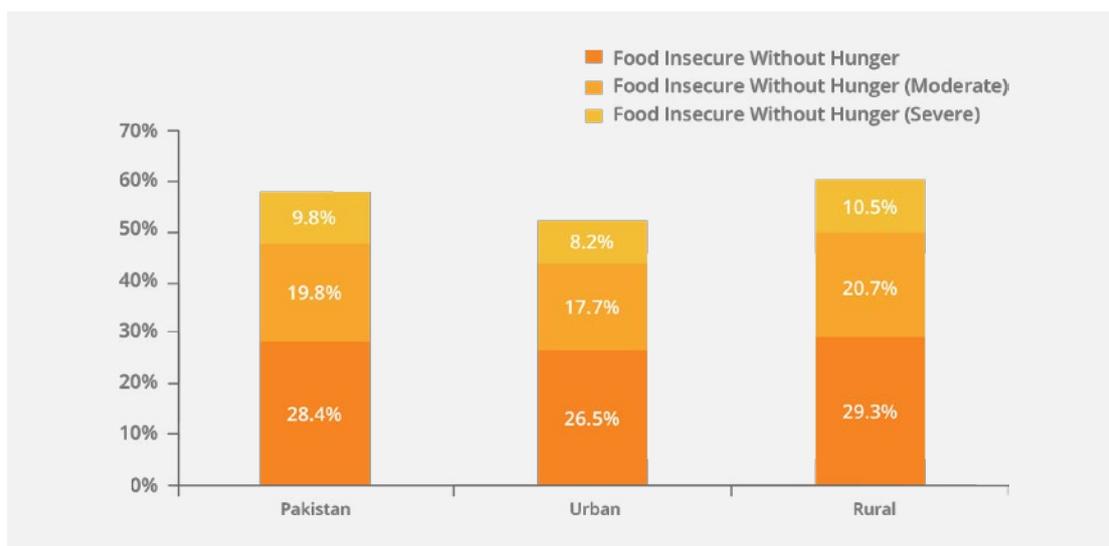
Characteristics	N	Stunted			Normal
		Severe	Moderate	Mild	
Age					
< 6 months	2173	11.0	12.8	20.5	55.7
6-11 months	2886	14.8	15.5	22.6	47.1
12-23 months	4172	24.7	23.2	25.3	26.8
24-35 months	3874	30.1	24.6	22.3	23.0
36-47 months	2935	25.2	27.1	22.4	25.3
48-59 months	3042	17.8	20.6	26.6	35.0
Sex					
Male	9949	23.9	20.3	23.8	31.9
Female	9133	19.4	22.4	23.1	35.1
Age Groups					
0-23 months	9231	18.3	18.3	23.3	40.0
24-59 months	9851	24.9	24.1	23.6	27.4
Mother's Education					
Illiterate	10726	26.6	21.6	21.7	30.1
1-5	2347	19.1	22.6	26.3	31.9
6-8	1625	17.1	26.8	24.2	31.9
9-10	2044	11.5	19.4	26.9	42.2
Above Matric.	1817	8.5	13.9	26.2	51.4
Diarrhea in last two weeks					
Yes	4233	21.6	21.7	24.5	32.1
Wealth Quintiles					
Quintile I	4121	31.4	22.6	19.3	26.7
Quintile II	4033	25.8	23.9	22.3	28.0
Quintile III	3866	20.5	21.9	24.9	32.7
Quintile IV	3697	15.9	20.7	25.9	37.6
Quintile V	3365	10.7	15.8	26.4	47.1

Characteristics	N	Wasted		
		Severe	Moderate	Mild
Age				
< 6 months	2045	12.5	13.8	18.0
6-11 months	2828	9.8	13.4	22.1
12-23 months	4161	6.3	9.5	21.3
24-35 months	3824	6.1	8.4	20.8
36-47 months	2869	4.3	6.9	20.4
48-59 months	2918	4.8	9.1	23.8
Sex				
Male	9667	7.2	10.5	20.9
Female	8978	6.6	9.2	21.6
Age Groups				
0-23 months	9034	8.8	11.7	20.8
24-59 months	9611	5.2	8.2	21.6
Mother's Education				
Illiterate	10426	8.1	11.0	21.4
1-5	2318	5.8	9.1	22.8
6-8	1601	4.9	8.6	20.1
9-10	2007	6.4	7.9	21.0
Above Matric.	1790	4.0	7.4	20.1
Diarrhea in last two weeks				
Yes	4179	7.3	11.9	22.5

Source: Government of Pakistan, *National Nutrition Survey (NNS) 2011*.

Child Malnutrition -%			
Areas	Stunting	Wasting	Underweight
National Nutrition Survey 2011			
Pakistan	43.7	15.1	31.5
Urban	36.9	12.7	16.1
Rural	46.3	16.1	33.3
PDHS 2012-13			
Areas	Stunting	Wasting	Underweight
Pakistan	44.8	10.8	30.0
Urban	37.1	9.9	24.1
Rural	48.2	11.2	32.5
Punjab	39.8	9.5	26.1
Sindh	56.7	13.6	42.3
KP	41.9	12	26.1
Balochistan	NA	NA	NA
GB	35.9	8.1	12.6

Annex G: Food Insecurity in Pakistan



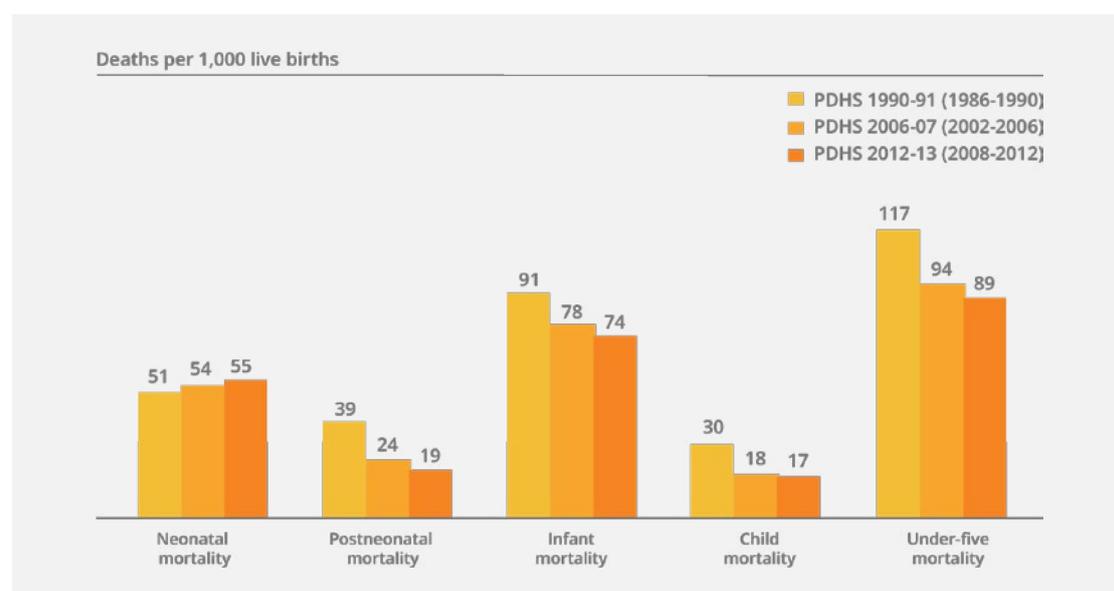
Source: Government of Pakistan, *National Nutrition Survey (NNS) 2011*.

Annex H: Early Childhood Mortality Rates

Region/Key Characteristics	Neonatal Mortality (NN)	Post-Neonatal Mortality (PNN)	Infant Mortality	Child Mortality	Under-5 Mortality
Pakistan	55	19	74	17	89
Urban	47	17	63	11	74
Rural	62	26	88	20	106
Mother's Education					
No Education	65	27	92	23	112
Primary	54	25	79	16	93
Middle	48	32	68	4	72
Secondary	47	8	55	2	57
Higher	27	3	30	5	36
Wealth Quintile					
Lowest	62	28	90	32	119
Second	67	30	97	20	115
Middle	63	21	85	15	98
Fourth	55	20	75	10	84
Highest	34	10	44	5	48

Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 2012-13*.

Trends in Childhood Mortality (1986-2012)



Annex I: Immunization Coverage in Pakistan

Areas	TB-BCG	DPT 1	DPT 2	DPT 3	Measles	All Basic Vaccinations	No Vaccinations	Polio 0	Polio 1	Polio 2	Polio 3
Pakistan	85.2	78.8	72.7	65.2	61.4	53.8	5.4	69.4	92.3	89.2	85.3
Urban	93	87.9	85.8	79	74.3	65.8	2.6	84.9	93.9	91.1	86.8
Rural	81.7	74.7	66.9	59	55.6	48.4	6.7	62.5	91.6	88.3	84.6
Punjab	91.6	87.2	81	76.3	70	65.6	1.5	72	97.4	95.2	92.4
Sindh	78.5	65.1	56.8	38.6	44.6	29.1	8.5	68.9	87.2	82.2	77.5
KP	79.7	77.1	73.9	69.6	57.8	52.7	12	70.8	83.6	79.5	75.7
Balochistan	48.9	37.7	33.7	27.1	37.3	16.4	20.8	34.8	78.1	74.9	60.6
GB	78.6	62.4	62.2	55.3	51	47	9.4	40.7	89.6	85.2	75.2
AJK	82.9	79.8	71.5	65.0	64.5	45.6	7.2	68.1	92.0	91.7	81.7

Source: Government of Pakistan, *Pakistan Demographic and Health Survey (PDHS) 2012-13*; *AJK Demographic and Health Survey 2010*.

Annex J: Antenatal Care, Deliveries and Postnatal Check-Ups

Area/Key Characteristics	Antenatal Care from a skilled provider	Delivery in a public health facility	Delivery in a private health facility	Delivery in a health facility	Delivery by a skilled provider
Pakistan	71.1	14.6	33.6	48.2	52.1
Urban	87.8	22.2	45.7	67.9	71.0
Rural	66.7	11.5	28.7	40.1	44.4
Punjab	77.8	14.6	34.0	48.5	52.5
Sindh	78.2	14.0	44.6	58.6	60.5
KP	60.5	16.5	24.0	40.5	48.3
Balochistan	30.6	7.7	8.1	15.8	17.8
ICT	94.3	54.7	31.7	86.4	88.1
GB	64.0	23.1	19.5	42.6	43.7
AJK	81.5	26.8	24.3	51.5	NA
Mother's Education					
No Education	59.9	10.4	23.6	34	37.7
Primary	81.4	16.8	35.2	52	57.0
Middle	91.0	22.4	43.8	66.2	70.2
Secondary	95.3	23.7	52.2	75.9	80.3
Higher	97.2	21.1	68.6	89.7	91.7

No Education	59.9	10.4	23.6	34	37.7
Primary	81.4	16.8	35.2	52	57.0
Middle	91.0	22.4	43.8	66.2	70.2
Secondary	95.3	23.7	52.2	75.9	80.3
Higher	97.2	21.1	68.6	89.7	91.7
Wealth Quintile					
Lowest	50.9	7.7	19.4	27.1	29.8
Second	62.5	10.3	23.5	33.8	38.1
Middle	76.7	14.5	31.1	45.6	51.2
Fourth	86.9	22.0	41.4	63.4	68.9
Highest	96.6	21.8	62.2	84.0	85.2

Source PDHS 2012-13.

Annex K: Out-of-School Children (Aged 4-12) and Wealth Quintiles

Age Group	Boys					Girls				
	Poorest	Poor	Middle	Richer	Richest	Poorest	Poor	Middle	Richer	Richest
Pakistan (4-12)	44.5	24.7	15.8	8.8	5.8	64.4	39.0	24.6	13.6	7.8
Aged 4 Years	66.7	49.1	40.1	23.9	18.3	78.1	59.0	45.6	32.8	21.7
Aged 5-9 Years	40.6	20.5	10.9	6.1	3.8	59.0	33.0	18.7	9.6	5.1
Aged 10-12 Years	41.9	22.8	15.1	7.5	4.3	70.6	42.4	27.7	13.1	7.2
Punjab (4-12)	37.7	19.2	11.5	6.8	4.6	53.7	27.1	14	9.1	5.2
Aged 4 Years	53.6	35.5	29.4	13.1	13.3	69.1	45.5	32.7	24.4	15.8
Aged 5-9 Years	34.4	14.6	6.8	4.7	2.6	47.8	21.3	8.7	5.3	3.1
Aged 10-12 Years	37.7	21.9	13.4	8.1	4.7	60.9	31.2	17.0	9.8	4.7
Sindh (4-12)	56.3	39.3	25.8	11.9	8.1	73	60.7	38.4	19.4	10.2
Aged 4 Years	79.3	66.5	54.5	30.3	27.2	85.4	77.5	56.2	37.6	29.2
Aged 5-9 Years	51.7	34.1	20.8	9.5	6.6	68.0	54.0	32.4	16.0	7.4
Aged 10-12 Years	53.9	36.8	23.9	8.6	3.6	78.4	66.4	42.6	19.0	8.4
KP (4-12)	32.4	18.1	15.4	9.4	9.5	62.7	39.1	33.2	21.4	17.2
Aged 4 Years	63.9	54.5	49.8	34.5	33.9	79.9	58.9	56.4	46.8	37
Aged 5-9 Years	28.7	14.5	11.3	5.8	5.7	59.1	32.7	26.8	15.4	11.7
Aged 10-12 Years	24.1	9.8	9.2	4.7	5.2	62.8	42.9	34.6	21.2	18.0

Balochistan (4-12)	55.2	41.3	28.6	24.6	14.1	84.3	71.4	58.6	49.5	28.9
Aged 4 Years	82.7	79.6	66.6	65.3	52.7	87.5	85.8	76.5	76.8	58.5
Aged 5-9 Years	51.0	36.1	22.9	21.2	11.7	81.2	64.5	54.3	43.0	20.4
Aged 10-12 Years	50.4	35.4	24.4	15.1	5.2	90.0	78.4	56.6	51.3	32.5

Source PDHS 2012-13.

Distribution of out-of-school children by Gender and Region

	Population (Ages 5-16) (million)	OOSC (million)		OOSC (%)	
		2015	2016	2015	2016
Pakistan	50.787	24.023	22.6	47	44
Punjab	25.979	11.415	9.9	44	38
Sindh	11.99	6.662	6.7	56	55
KP	6.833	2.454	2.5	36	36
Balochistan	2.656	1.846	1.9	70	70

Source: Government of Pakistan, *Pakistan Education Statistics 2014-15*; *Pakistan Education Statistics 2015-16*.

Annex L: Child Labour Force Participation (10-14 Years)

Areas	Total	Boys	Girls
Pakistan	9.58	11.22	7.71
Rural	12.6	13.80	11.18
Urban	3.78	6.04	1.32
Punjab	11.50	12.33	10.61
Sindh	8.54	12.13	4.41
KP	4.78	6.92	2.11
Balochistan	9.66	9.22	10.28

Source: Government of Pakistan Bureau of Statistics, *Pakistan Labour Force Survey (LFS) 2014-15*.

Annex M: Women Married Before the Ages of 15 and 18 and Incidence of Child Marriage in the Provinces

		Overall	Rural	Urban	Poorest	Richest
Sindh	Marriage before the age of 15 (women aged 20-49)	9.3	12.8	7.1	15.8	3.7
	Marriage before the age of 18 (women aged 20-49)	31.2	40.8	25.4	48.4	16.9
	Young women (aged 15-19) who are currently married	16.3	22.5	12.2	27.1	6.9
Punjab	Marriage before the age of 15 (women aged 20-49)	5.2	5.7	4.2	8.5	3.2
	Marriage before the age of 18 (women aged 20-49)	20.8	22.6	17.7	29.4	13.4
	Young women (aged 15-19) who are currently married	9.2	10.5	6.5	14.6	4.8
Balochistan	Marriage before the age of 15 (women aged 20-49)	6.7	6.9	6.1	6.5	5.3
	Marriage before the age of 18 (women aged 20-49)	35.0	36.0	29.0	34.0	28.0
	Young women (aged 15-19) who are currently married	6.9	7.4	5.5	7.8	4.8
AJK	Young women (aged 15-19) who are currently married	7.5	7.7	6.2	9.0	2.9

Source: Multiple Indicator Cluster Surveys (MICS) for Punjab (2014), Sindh (2014), Balochistan (2010) and AJK (2008).

Annex N: Open Defecation by Quintiles, Improved Sanitation Handwashing with Soap

Area/Type	Wealth Quintiles%					Total-%	Water and soap for hand washing	Safely managed sanitation at household level
	Poorest	2nd	Middle	4th	Richest			
Overall								
No Toilet	40	17	7	2	1	13		
Not Improved Sanitation	41	37	31	21	17	29		
Improved Sanitation	20	45	63	77	82	57	63.8	35.9
Rural								
No Toilet	46	30	17	7	2	21		
Not Improved Sanitation	39	41	36	30	21	33		
Improved Sanitation	15	29	47	63	77	46	51.8	23.9

Urban								
No Toilet	3	0	0	0	0	1		
Not Improved Sanitation	39	24	17	15	16	22		
Improved Sanitation	58	75	82	85	84	77	88.0	65.5
KP								
No Toilet	36	13	6	2	1	12		
Not Improved Sanitation	29	29	23	13	11	21		
Improved Sanitation	35	58	71	85	88	67	55.4	37.2
Punjab								
No Toilet	51	21	7	2	1	16		
Not Improved Sanitation	20	24	20	16	12	18		
Improved Sanitation	29	55	73	82	87	66	71.9	47.2
Sindh								
No Toilet	25	10	2	0	0	7		
Not Improved Sanitation	64	70	51	32	35	50		
Improved Sanitation	11	20	48	68	65	42	52.4	19.2
Balochistan								
No Toilet	28	22	9	5	2	13		
Not Improved Sanitation	65	72	79	78	71	73		
Improved Sanitation	7	6	12	17	27	14	33.4	4.7
Gilgit-Baltistan								
No Toilet						7.7		
Not Improved Sanitation						10.3		
Improved Sanitation						82.0	22.2	18.2

FATA							
No Toilet						10	
Not Improved Sanitation						51.7	
Improved Sanitation						38.3	
AJK							
No Toilet						5	
Not Improved Sanitation						20	
Improved Sanitation						75	

Source: UNICEF Pakistan, *WASH Child Deprivation Analysis*.

Annex O: Relevant Global Evidence

- 7.6 million children under the age of 5 worldwide die each year. More than 25 times that number – over 200 million children – survive but do not reach their full potential. As a result, their countries experience an estimated 20% loss in adult productivity.²⁷⁵ For about 1 million children in 2015, their first day of life was also their last.
- Globally, the Neonatal Mortality Rate – the probability of dying during the first 28 days of life – is declining less rapidly than the mortality rate for children between 1 month and 5 years of age. This means that the share of under-5 deaths that occur during the neonatal period is increasing. In 2015, neonatal deaths accounted for 45% of total deaths, 5 age points more than in 2000.
- Marked regional variations exist around the broad neonatal trend. In sub-Saharan Africa, for example, newborn deaths account for about one-third of deaths of children under-5. In regions with lower levels of child mortality, neonatal deaths comprise about half of the total. South Asia has both high child mortality and a high share of neonatal deaths. The geographic distribution of the burden of child mortality is changing. Globally, child deaths are highly concentrated. In 2015, about 80% of these deaths occurred in South Asia and sub-Saharan Africa. Almost half occurred in just five countries: the Democratic Republic of the Congo, Ethiopia, India, Nigeria and Pakistan.
- The rural-urban divide also contributes to unequal chances in child survival. Children born in rural areas are 1.7 times more likely to die before the age of 5 than children in urban areas.²⁷⁶
- Only 45% of newborns are breastfed within the first hour of life. Breastfeeding rates decrease by about one-third between the ages of 12 and 23 months. 4 in 10 mothers report that they had started breastfeeding within one hour of their child's birth.²⁷⁷ If breastfeeding were scaled up to near-universal levels, the lives of 823,000 children under-5 would be saved annually in 75 low- and middle-income countries. For nursing women, breastfeeding protects them against breast cancer and improves birth spacing.²⁷⁸

²⁷⁵ UNICEF.

²⁷⁶ United Nations Children's Fund, *The State of the World's Children: A Fair Chance for Every Child*. UNICEF, New York, 2016.

²⁷⁷ United Nations Children's Fund, *From the First Hour of Life: Making the Case for Improved Infant and Young Child Feeding Everywhere, Part I: Focus on Breastfeeding*, UNICEF, New York, 2016.

²⁷⁸ United Nations Children's Fund, *The State of the World's Children: A Fair Chance for Every Child*. UNICEF, New York, 2016.

- Vitamin A deficiency is a contributing factor in the 2.2 million deaths around the world each year from diarrhoea among children under-5 and nearly 1 million deaths caused by the measles.
- In 2015, 5.9 million children around the world were projected to die before reaching their 5th birthday. Of these deaths, pneumonia was set to be responsible for 16% and diarrhoea for 9%, making them two of the leading killers of children worldwide. Together, these diseases claimed the lives of nearly 1.5 million children under-5 in a single year. Pneumonia and diarrhoea-related mortality in young children continues to be disproportionately concentrated in a few countries: 72% of the global burden occur in just 15 countries, including Pakistan, even though these countries are home to only 55% of the world's under-5 population. The Global Action Plan for Prevention and Treatment of Pneumonia and Diarrhoea (GAPD) scores improved modestly for some countries (Democratic Republic of the Congo, Angola, Ethiopia, Afghanistan and Sudan); remained unchanged for others (Indonesia, Niger and China) and decreased for some (Pakistan, Chad and Bangladesh).²⁷⁹
- The lives of 6 children are lost with each passing minute. Although the number of child deaths in 2015 decreased compared to 2013 (6.4 million), the overall contribution of pneumonia and diarrhoea to those deaths has remained steady.
- Immunization, one of the most powerful tools to end preventable child deaths, saves up to 3 million children a year. Nearly 1 in 5 infants do not receive the life-saving benefits of vaccines and remain exposed to a far higher risk of death and disability. An estimated 1.5 million unvaccinated children die each year globally from vaccine-preventable diseases. Scaling up vaccines in 73 of the poorest countries by 2020 could save 6.4 million lives. It would also save an estimated US\$ 6.2 billion in treatment costs and US\$ 145 billion in productivity losses. Many of the children who missed out on vaccinations are among the most deprived in the world. They tend to live in communities where people also lack food and clean water, live in poor housing, do not go to school, and cannot access even basic health care.²⁸⁰
- Over 30% of children under-5 are stunted – some 156 million stunted children in total. In 2015, more than half of all stunted children under-5 lived in Asia, and more than one-third lived in Africa. Over two-thirds of all wasted children under-5 lived in Asia, and over one-quarter lived in Africa. The majority of children under-5 who suffer from wasting and severe wasting live in Asia – 33.9 million children under-5 in Asia are afflicted by wasting, of whom 11.9 suffer from severe wasting.²⁸¹
- The number of primary school-aged children (aged 6-11) who are out of school has significantly declined globally, from 104 million children to 58 million in 2012.²⁹¹ Significant disparities exist – 32% of primary school-aged out-of-school children (OOSC) belong to the poorest households, compared to 7% among the richest. 20% reside in rural areas, compared to 9% in urban areas.
- In 1999, global numbers of primary school aged OOSC revealed a large difference of 29% between girls and boys, with more girls out of school than boys. This difference has shrunk considerably overtime, falling to 13% in 2012. This is still significant, suggesting girls are more deprived than boys at an early age.

²⁷⁹ International Vaccine Access Center, Pneumonia and Diarrhoea Progress Report 2015. IVAC Johns Hopkins University Bloomberg School of Public Health, Baltimore M.D., 2015.

²⁸⁰ United Nations Children's Fund, *Immunization: Keeping Children Alive and Healthy*, UNICEF, New York, n.d., <www.unicef.org/immunization/files/immunization_brochure.pdf>, accessed 30 June 2017.

²⁸¹ United Nations Educational, Scientific and Cultural Organization, *Education for All 2000-2015: Achievements and Challenges: EFA Global Monitoring Report 2015*, UNESCO, Paris, 2015.

- The trend is reversed for children of lower-secondary school age, of whom more boys are out of school than girls.²⁸²
- In 2012-13, nearly a quarter of girls aged 15-19 reported being victims of violence since they turned 15.²⁸³ 17% of women were married between the ages of 15 and 19,²⁸⁴ and girls accounted for nearly two-thirds of new HIV infections among adolescents aged 15-19.²⁸⁵
- The forms of violence to which children are exposed tend to increase with age. However, the potential impact of violence is greater at younger ages. Early and prolonged exposure to violence potentially has more adverse effects. In 2012 alone, homicide took the lives of about 95,000 children and adolescents under the age of 19 around the world – almost 1 in 5 of all homicide victims that year. Around 6 in 10 children between the ages of 2 and 14 worldwide (almost 1 billion) are subjected to physical punishment by their caregivers on a regular basis. Close to 1 in 3 students between the ages of 13 and 15 worldwide report involvement in one or more physical fights in the past year.²⁸⁶
- Each year, an estimated 20% of adolescents worldwide experience a mental health problem, most commonly severe depression or other mood disturbances.²⁸⁷ Suicide is a leading cause of death among adolescents globally. This may be associated with mental health issues or with family difficulties that adolescents experience.²⁸⁸
- If the trends of the past 15 years continue for the next 15 years, and if the world does not tackle inequity today, by 2030:²⁸⁹
 - million children under-5 will die;
 - 167 million children will live in extreme poverty; and
 - 60 million children of primary school age will be out of school.

²⁸² United Nations Children's Fund, *Progress for Children, Beyond Averages: Learning from the MDGs*, UNICEF, New York, 2015.

²⁸³ United Nations Children's Fund, *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children*, UNICEF, New York, 2014.

²⁸⁴ United Nations Educational, Scientific and Cultural Organization, *Education for All 2000-2015: Achievements and Challenges: EFA Global Monitoring Report 2015*, UNESCO, Paris, 2015.

²⁸⁵ United Nations Children's Fund, *Progress for Children, Beyond Averages: Learning from the MDGs*, UNICEF, New York, 2015.

²⁸⁶ United Nations Children's Fund, *Hidden in Plain Sight: A Statistical Analysis of Violence Against Children*, UNICEF, New York, 2014.

²⁸⁷ Adolescent Report Card, as quoted in United Nations Children Fund Bangladesh, *Situation Analysis of Children in Bangladesh 2015*, UNICEF Bangladesh, Dhaka, 2015.

²⁸⁸ United Nations Children Fund Bangladesh, *Suicide: Ideation and Attempt Amongst Bangladeshi Adolescents 2014*, UNICEF Bangladesh, Dhaka, 2014.

²⁸⁹ United Nations Children Fund Global Policy Section, *Global Study on Child Poverty and Disparities 2007-2008 Guide*, UNICEF, New York, 2007.

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