

Draft National Plan of Action for Children

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National Commission for Child Welfare and Development (NCCWD)
Government of Pakistan
Islamabad

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List of Abbreviations

| | |
|--------------|---|
| ADB | Asian Development Bank |
| AEPAM | Academy for Educational Planning and Management |
| AIDS | Acquired Immunodeficiency Syndrome |
| AJK | Azad Jammu and Kashmir |
| ARI | Acute Respiratory Infection |
| BEF | Balochistan Education Foundation |
| BFHI | Baby Friendly Hospital Initiative |
| BHU | Basic Health Unit |
| BLC | Bunyad Literacy Community Commission |
| BPEP | Balochistan Primary Education Project |
| CDC | Communicable Disease Control |
| CDD | Control of Diarrhoeal Diseases |
| CEA | Community Education and Action |
| CEDAW | Convention on the Elimination of Discrimination Against Women |
| CPNE | Council of Pakistan Newspapers Editors |
| CRC | Convention on the Rights of Child |
| DBMS | District Based Monitoring System |
| DFID | Department for International Development |
| DWE | Directorate of Workers Education |
| ECE | Early Childhood Education |
| ECCD | Early Childhood Care and Development |
| EDGs | End-Decade Goals |
| EDRs | End Decade Review |
| EFA | Education For All |
| EFP | Employers' Federation of Pakistan |
| EFYP | Eight Five-Year Plan |
| EMIS | Education Management Information System |

| | |
|-------------------|--|
| EPI | Expanded Program of Immunization |
| ESR | Education Sector Reforms |
| FANA | Federally Administered Northern Areas |
| FATA | Federally Administered Tribal Areas |
| FBS | Federal Bureau of Statistics |
| FEF | Frontier Education Foundation |
| FTI | Fast Track Initiative |
| FWCW | Fourth World Conference on Women |
| GAVI | Global Alliance for the Vaccines and Immunization |
| GDP | Gross Domestic Product |
| GER | Gross Enrolment Rate) |
| GEUP | Gender Equality Umbrella Project |
| GOP | Government of Pakistan |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| ICPD | International Conference on Population and Development |
| IDA | International Development Agency |
| IDD | Iodine Deficiency Disorders |
| IEC | Information Education Communication |
| IMC | Implementation and Monitoring Committee |
| IMCI | Integrated Management of Childhood Illnesses |
| IPC | Inter Personal Communication |
| ISP | Internet Services Providers |
| JJSO | The Juvenile Justice System Ordinance |
| LG&RDD | Local Government & Rural Development Department |
| MDG | Mid Decade Goals |
| MDR | Mid Decade Review |
| MICS | Multiple Indicator Cluster Survey |

| | |
|----------------|--|
| MOE | Ministry of Education |
| MOH | Ministry Of Health |
| NCC | National Coordinating Committee |
| NCC | National Core Committee |
| NCCWD | National Commission for Child Welfare and Development |
| NCHS | National Center for Health Statistics |
| NCRDP | National Council for Rehabilitation of Disabled Persons |
| NEAS | National Education Assessment System |
| NEF | National Education Foundation |
| NEP | National Education Policy |
| NFBE | Non Formal Basic Education |
| NFE | Non Formal Education |
| NGO | Non Government Organization |
| NIDs | National Immunization Days |
| NIH | National Institute of Health |
| NPA | National Plan of Action |
| NPA | National Program of Action |
| NTCDP | National Training Center for Disabled Persons |
| NTD | National Trust for the Disabled |
| NWFP | North West Frontier Province |
| ORT | Oral Rehydration Treatment |
| PBM | Pakistan Baitul Maal |
| PCCWDs | Provincial Commissions for Child Welfare and Development |
| PCRDP | Provincial Council for Rehabilitation of Disabled |
| PDHS | Pakistan Demographic and Health Survey |
| PEACESs | Provincial Education Assessment Centers |
| PEF | Punjab Education Foundation |
| PHC | Primary Health Care |

| | |
|---------------|--|
| PIHS | Pakistan Integrated Household Survey |
| PILER | Pakistan Institute of Labor Education and Research |
| PLC | Pakistan Literacy Commission |
| PPA | Pediatric Association of Pakistan |
| PRS | Poverty Reduction Strategy |
| PTA | Parent Teacher Association |
| PTMCs | Parent Teacher Management Committees |
| PWP | Population Welfare Program |
| SAARC | South Asian Association for Regional Co-operation |
| SAP | Social Action Program |
| SCCI | Sialkot Chamber of Commerce and Industry |
| SCs | School Councils |
| SEF | Sindh Education Foundation |
| SIMA | Surgical Instruments Manufacturing Association |
| SMCs | School Management Committees |
| SPARC | Society for Protection of the Rights of the Child |
| SSC | Special Session on Children |
| TBA | Traditional Birth Attendant |
| TGMs | Technical Group Meetings |
| TOR | Terms Of Reference |
| TT | Tetanus Toxoid |
| TTP | Teachers Training Program |
| UCI | Universal Children Immunization |
| UN | United Nations |
| UNDP | United Nations Development Program |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Family Planning Association |
| UNICEF | United Nations Children's Fund |

| | |
|--------------|--|
| UPE | Universal Primary Education |
| USAID | United States Agency for International Development |
| WCEFA | World Conference on Education for All |
| WHO | World Health Organization |
| WSC | World Summit for Children |



PREFACE

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

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

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

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EXECUTIVE SUMMARY

Children in Pakistan remain among the most vulnerable members of society. Most indicators confirm that they face serious disadvantages, both economically and in their social development. There is a close relationship between poverty and children, and improving the situation for children is essential for reducing the poverty in the community as a whole. Another reason for focusing on children is that early childhood offers a critical opportunity to influence their intellectual, physical and emotional development. Children are powerless and depend on adults to make decisions on their behalf. They rarely have the means to challenge these decisions.

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

This is the Second National Plan of Action (NPA) for Children. It has been developed by the Government, with the assistance of the United Nations Children's Fund (UNICEF) and aims to use a new approach. It has been formulated through elaborate consultations at the regional, provincial and district levels. UNICEF has provided technical support and consultants to assist the provincial social welfare departments in developing their respective Plans of Action. On December 28-29 2004 and 29-30 January 2005, the Government organized final consultations with stakeholders, to look in depth at the draft NPA, and make recommendations for fine tuning it. Specific recommendations were made in Education, Health, HIV/AIDS, and Special and General Protection. This National Plan of Action (NPA) for children has set targets and indicators to assess progress towards achieving these Goals and provides a monitoring process that keeps track of progress. It works in close collaboration with governmental and non-governmental agencies and sets goals to be met within a given time frame.

In health, these goals include the reduction of infant and under five mortality, maternal mortality rate, child malnutrition among children under 5 years of age, and the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water. It sets out to develop and implement the national health policies and programs for adolescents, increase access to the primary health care systems for reproductive health, and reduce HIV prevalence and the proportion of infants infected with HIV.

In education the goals include improving early childhood care and education, especially for the most vulnerable and disadvantaged children. It aims to increase the numbers of primary age children in school, literacy among adults as well as children, and gender equity throughout the educational system. Quality education and the learning needs of all young people will be improved through curriculum development, more qualified teachers and free primary education.

Protection includes both specific and general goals. Among the specific goals is the impact of armed conflict on children, child labor, and improving the plight of millions of children who

live under especially difficult circumstances. General goals address the need to protect children from all forms of exploitation, including pedophilia, trafficking and abduction. There is the need to ensure registration of every child at or shortly after birth, and fulfill his or her right to acquire name and nationality. All countries need to adopt and enforce laws, and improve their implementation of policies to protect children. The commercial and sexual exploitation of children has five strategic interventions: protection, recovery and reintegration, participation, monitoring, and coordination.

BACKGROUND

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

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

The third argument in favor of investing in children is that poor children usually grow up to raise poor children of their own. When children start life with all the disadvantages of poor health, inadequate nutrition and low education, there are fewer opportunities for them to move out of poverty. When they start new families, their own poverty will manifest itself in the next generation. For example, malnourished women tend to have babies with low birth weight, and illiterate parents cannot assist their children with schoolwork.

A fourth reason why poverty reduction must begin with children is that they are powerless. A good indicator of a country's level of development is the way it treats its most vulnerable members. Young children depend on adults to make decisions on their behalf and rarely have the means to challenge such decisions. They are not only the most vulnerable to poverty related problems but also disproportionately pay the price of being poor. There is, therefore, a moral imperative for governments to reduce the burden borne by children. A fifth and critical reason is that investing in children is not an option. The Convention on the Rights of the Child, ratified by 191 countries, obliges those governments to ensure that the children's rights it specifies are fully met. These include the right to good health, nutrition and education, and an adequate standard of living and protection.

The task of ensuring that all children fully enjoy their rights appears daunting, but Pakistan has the capacity to make it happen. What is required is a move from political rhetoric to resource mobilization and action for all children. Stated political commitment must translate into financial resources, policy reform and operational programs, if children's rights are to be realized and the inter-generational cycle of poverty is to be broken. Of course, government action alone will not end poverty for children. However, by ensuring universal access to basic social services of good quality, governments can provide the foundation to ensure that all children get the best possible start in life. Increased investment in children should occur in the context of administrative and legal reforms to support child friendly initiatives, greater participation of people in

social and economic activities and enhanced access of populations to the means of production and micro-credit.

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

The Second Plan of Action for Children that has now been developed by the Government with the assistance of the United Nations Children's Fund (UNICEF) has built on this recommendation. It has been formulated through elaborate consultations at the regional, provincial and district levels. UNICEF has provided technical support and consultants to assist the provincial social welfare departments in developing their respective plans of action. The government has also conducted workshops to evolve a process and methodology for the provincial and district planning workshops to ensure that these are focused, participatory, objective, outcome driven, and task oriented. The workshops were designed to ensure child participation in the planning process.

The committed efforts by the Pakistan government to rectify earlier shortcomings has led to this second plan of action holding much promise for children in Pakistan. It now elicits participation of the new players including district governments, TMA and civil society. It is being dovetailed into the Poverty Reduction Strategy Papers (PRSP) that are being prepared by the provincial and federal governments. These will reflect major policy commitments for economic development in the medium term (3 to 5 years). The Government of Pakistan is showing a strong commitment to the rights of children. It has actively participated in the SAARC Girl Child Symposium in July 2001 and UNGASS in May 2002. It has launched various interventions based on the "World Fit for Children" special session outcome document in 2002, together with the full participation of all stakeholders including children.

During the preceding years, the Government has committed a lot of efforts in favor of children. There have been public debates on issues such as child labor, basic health and education, children's needs, child abuse and juvenile justice. School and health institution have campaigned on CRC awareness. Introductory orientation on children's issues have been held with all district governments, elected councilors and administration. Appreciable work has been undertaken with these initiatives, for example a journalist grassroots network is in place and functioning.

Media development forum meetings have been held at different parts of the country, and there have been orientation forums for local NGOs on juvenile justice, child labor and registration at birth. District level promotional competition programs on the awareness of CRC have been organized for school children, and universal children's day has been celebrated.

On 28th-29th December 2004, the Government organized a consultation of stake holders to look in depth at the draft National Plan of Action and make recommendations for fine tuning it. Stakeholders represented civil society, academia, donors, policy makers and children. They made specific recommendations on education, health, HIV/AIDS, and special and general protection. This document reflects the recommendations made by the different groups. Similarly, another national consultation was organized on 28th – 29th January 2005, to discuss the issues of child protection with specific emphasis on child abuse and commercial sexual exploitation of children. The recommendations were prepared in response to the Stockholm Declaration and Agenda for Action, Yokohama Global Commitment Against Commercial Sexual Exploitation of Children and other Regional International Instruments on the issues of children. Recommendations from these consultations were adopted in the NPA for children, thus a comprehensive document has been developed that promotes the survival, protection, development and participation of children through the next decade.

INTRODUCTION

On 29-30 September 1990, the largest gathering of the World Leaders in history assembled at the United Nations to attend the World Summit for Children. Pakistan was one of the six countries that initiated the World Summit for Children. The outcome was the World Declaration and Plan of Action, which established guiding principles and a set of goals for the year 2000. The Convention on the Rights of the Child, however, is a Charter of Human Rights elaborating the rights of children, it does not in itself have the legal status of domestic or international law. To implement the obligations of the convention, countries must introduce domestic legislation. Pakistan ratified the Convention in September 1990 with the reservation that no clause should contradict Islamic Law. A group of eminent scholars and researchers then examined and compared clauses of the Convention and declared that none were in conflict with Pakistan law and relevant Islamic Laws. Subsequently, on recommendation of the Ministry of Religious Affairs, the Council of Islamic Ideology and Decision of the Federal Cabinet, the Pakistan Government withdrew the reservation on 23rd July 1997 and actively accelerated follow up and implementation of the obligations undertaken in the Convention.

The outcome of the World Summit for Children (WSC) was the Declaration on Survival, Protection and Development of Children and a Plan of Action for implementing the declaration in the 1990s. As a follow up to the WSC and to transform its international commitments, an NPA was prepared. National indicators and targets to achieve WSC goals were tabulated with indication of financial resources required. The NPA was not a special or additional programme for children, but represents the longer term perspective for planned response to their unmet basic human needs, conceived in context of the Social Action Program.

The Government of Pakistan and UNICEF jointly undertook a Multiple Indicator Cluster Survey (MICS) for End Decade Review (EDR) in 2001. Ministry of Health administered the survey and was the focal point. Federal Bureau of Statistics, Planning Division and other related ministries were involved in finalizing the technical details. EDR is an important follow-up because it assessed the extent development goals set at the 1990 World Summit for Children had been met. The objective was to advance children's basic survival, protection, development and participation. This would be done by completing the unfinished agenda of the 1990s, and by identifying future strategies and interventions. All civil society players have actively engaged and played a central role in the EDR and in developing SSC 2001 activities. The major NGOs were on the National and Provincial Steering Committees. National NGOs contributed to the Report through their responses in the matrix questionnaire. NGOs also conducted a number of activities to raise awareness of child rights.

EDR tabulated the national indicators and targets and also identified the financial resources required for this. The policy planners framed the NPA, not as a "special or additional programme for children". The process of its formulation was quite limited. It was completed in a relatively short period by a small team of people without much consultation. Provincial participation was virtually nil. Various sectoral activities envisaged in the NPA were incorporated in the Social Action Program (SAP), which were part of the national planning process. In this sense, the NPA was able to influence the national planning process, although the NPA itself was not fully internalized. It may be the reason why no provincial level NPAs were formulated. The slow progress

in implementing the NPA was a result of resource constraints and unstable security in the region. This meant that resource allocation for a number of development goals did not correspond with the political commitment. The situation was further complicated by the political uncertainty in the country during most of the period under review.

These shortcomings led to the realization that the next NPA must be participation, involving all new players including district governments and civil society. Initial plans need to be attempted in all provinces and some districts. The NPA must have a rights based perspective. NPA development must involve Planning and Development Departments and Finance Departments under the provincial governments and respective ministries, to ensure that the goals and strategies being incorporated in the NPA and the national child policy are in line with the “perspective plans”, and are backed by financial commitments.

This new National Program of Action for children in Pakistan has developed set targets and indicators to assess progress towards the achieving the goals. It also envisages a process of monitoring progress, by measuring changes in the status of the indicators. The basic aims of developing this NPA builds on the 10 aims of the 2002 World Summit for Children, these are: Put children first; fight poverty; invest in children; leave no child behind; care for every child; educate every child; protect children from harm and exploitation; protect children from war; combat HIV/AIDS; listen to children and ensure their participation; and protect the earth for children. Along with this NPA for children, a National Child Policy has also been prepared and is included in the Annexure to this document. The NPA is in line with the Child Survival Strategy for Pakistan 2005 and the National Nutrition Strategic Plan 2005, prepared by the Ministry of Health. These two strategy documents help reinforce the strategic thrust of the NPA for children.

The NPA works in close collaboration with governmental and non-governmental agencies. It is composed of comments/ recommendations of government representatives from the Ministries of Finance, Planning and development, Social Welfare and Special Education, Women Development, Information, Interior, Law Justice & Human Rights, Health, Education, Labour, Local Government, as well as NGO coalition representatives and UNICEF. It envisages child protection as having special space in the NPA for children, and the requirements of international obligations such as the Stockholm Declaration and Agenda for Action, Yokohama Global Commitment Against Child Abuse and Commercial Sexual Exploitation of Children, SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution and SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia, are all considered for action in the NPA. The implementation of the NPA will provide a base for regional cooperation and context of SAARC Convention.

SITUATION ANALYSIS – THE STATE OF CHILDREN

A. HEALTH

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

Primary health programs have continued to promote the survival and development of children. Among these have been: Expanded Program on Immunization (EPI); Control of Diarrhea Diseases; National Program for Family Planning and Primary Health Care; National Nutrition Program; Acute Respiratory Infections Control Program; Malaria Control Program / Roll Back Malaria; National Tuberculosis Control Program; Baby Friendly Hospital Initiative / Breast Feeding Promotion; Iodine Deficiency Disorders Control Program; Vitamin A Deficiency Control Program; Integrated Management of Childhood Illness in Pakistan; Reproductive Health Program (Maternal and Child Health); and National HIV/AIDS Control Program.

The Health Sector in Pakistan consists of a public sector and a private sector. Total spending on health care exceeds 3% of GDP of which 70% is through private sector and 30% through the public sector. More than 75 % people use private sector health services for their outpatient care needs. Those practicing allopathic medicine dominate the private sector, but this sector also includes homeopaths and hakims (indigenous / traditional healers). There are more than 12,454 health facilities in the country. A well developed network of Primary Health Care facilities include 4,507 Basic Health Units, 541 Rural Health Centers, 879 Maternal & Child Health Centers, 4,625 dispensaries. At the secondary level there are 907 hospitals. More than 70% of the patients utilizing primary health facilities are women and children.

The Expanded Program on Immunization (EPI) is running effectively, with broader but variable coverage across the country. EPI aims to reduce morbidity and mortality amongst children under 1 year of age, due to vaccine preventable diseases, namely Poliomyelitis, Diphtheria, Pertussis, Tuberculosis, Tetanus, Hepatitis & Measles. Hepatitis B vaccination program has been introduced countrywide since 2002. Polio is near eradication because of intense supplementary immunization activities (NIDs and SNIDs), and increased access to the EPI program. Interruption of poliovirus transmission in Pakistan is critical to the success of the global effort. Pakistan is part of the largest global poliovirus reservoir that includes India, and also Afghanistan. Virus transmission within Pakistan and across open borders with Afghanistan has been a source of virus importation into neighboring Iran and other polio-free countries in the Middle East as recently as mid 2000.

There were 90 polio confirmed cases in 2002 that included 74 wild P1 isolates and 24 wild P3 isolates. Districts with wild poliovirus isolates were 33. Distribution of confirmed polio cases

by province was Punjab-11, Sindh- 39, NWFP-33 and Balochistan-7. There were four districts, which had a polio compatible case but no wild poliovirus isolate. These are Chitral (NWFP), Pishin (Balochistan), Shikarpur and Badin (Sindh). For the year-to-date, the surveillance system has detected 1,790 acute flaccid paralysis cases. Key surveillance indicators for the country are satisfactory with non-polio AFP rate of 2.5 and adequate stool collection rate of 86% for 2002, and 1.4 and 91% for 2003 in the same order.

In addition to routine polio vaccination under EPI, there had been National Immunization Days throughout the country at the rate of 2 rounds per year since 1994 to 2002. There have also been two SNIDs during 2001 and one SNID, two rounds of HRAC and one mop up round during the year 2002. Vaccination of Hepatitis B was introduced in EPI with effect from July 2001, with the help of grant assistance from Global Alliance for Vaccines and Immunization (GAVI). Pakistan is the first country selected for such assistance. Hepatitis B vaccination has become an integral part of routine EPI since 2002 throughout the country.

Malnourishment is a severe threat to the physical and mental well being of children. Early in life, it is linked to deficits in children's intellectual development, leaving them ill prepared to take maximum advantage of learning opportunities at school. Malnourished children are also more likely to die as a result of common childhood diseases than children who are adequately nourished. The recent National Nutrition Survey 2001-02 (Government of Pakistan, UNICEF & PIDE) shows an improvement in nourishment, with an average of 41.5% underweight compared with 51.5% in National Nutrition Survey of 1985-86. A UNICEF supported program for promotion, protection and support of breast-feeding was started through Baby Friendly Hospital Initiative (BFHI) in teaching hospitals and health facilities in the provinces during 1995. It was expanded to district hospitals in the following years. There is no separate budget allocation for breast-feeding promotion, as it is an integral part of health education

To promote health among women, Women Health Project has been launched throughout the country with a total outlay of Rs.3, 750 million in July 2000 and the assistance of the Asian Development Bank. The project aims at improving the health nutrition and social status of women and girls by developing Women Friendly Health Systems in 20 districts of Pakistan. To promote health among girls, Tawana Pakistan Program has been initiated to improve the nutritional status of girls at school, through providing cooked food at home, de-worming tablets, nutritional information and education. The program has been started in the most marginalized areas in 20 districts of Pakistan. This project will not only enhance the nutritional status of girls but will also lead to increased enrolment of girls in primary schools. This is a sustainable program, based firmly on family and community support.

Two of the major killers for children under 5 years are diarrhea and acute respiratory infections (ARI). A program for effective control of both these diseases has been set up, with the assistance of international agencies, and includes: Development of simplified and specific treatment protocols; printing and wide distribution of these protocols; training to all levels of service providers for better patient management; development / modification of information system for these diseases for better data management. ARI accounts for more than a quarter of all childhood illness, with 43.7% of all the health problems (Priority Diseases) being related to it in 2000. It can be life threatening to infants and young children when appropriate treatment is not

provided. A national program for ARI control has been launched with emphasis on adopting WHO standardized guidelines of treatment, and the need to seek medical care once respiratory symptoms appear in a young child.

The importance of family planning and birth spacing is now fully recognized. The Population Welfare Program (PWP) is providing information and services to the target population, to encourage voluntary adoption of birth spacing. Contraceptive prevalence has increased in Pakistan with an increase of 11 percent in budget provision for the program over the past five years. Major activities undertaken under the head of population welfare are: service delivery infrastructure; social marketing and civil society; advocacy, information, education, and communication; capacity building; research program; monitoring and evaluation. The National Program for Family Planning and Primary Health Care (Lady Health Workers Program) was launched in 1994 and Rs.1, 791 million were allocated for 2002-03. The program aims at delivering basic health services to under-privileged segments of society, by capacity building of Lady Health Workers (LHWs) living in their own localities. It has recruited 69,254 LHWs to achieve universal health coverage, providing preventive and curative services at the community level.

Malaria and Tuberculosis continue to take their toll. National Malaria Control Program/Roll Back Malaria aims to reduce malaria morbidity and mortality to a level where it is no longer considered a major health problem in Pakistan. The current provisional figures show annual parasite incidence as 0.62 cases per 1000 population. Over 500,000 malaria cases occur annually. The target is to reduce malaria morbidity (annual parasite incidence) by 50% over the next five years. There has been an expansion of the Tuberculosis Control Program as Pakistan currently has the sixth highest prevalence for tuberculosis in the world. The TB incidence at present is 177 per 100,000 populations

There has been a marked increase in the access to clean drinking water and safe sanitation during the past few years. Although universal access has yet to be achieved, Pakistan has made considerable progress. Providing universal access to safe drinking water, sanitary excreta disposal and control of water-borne diseases are all goals set by the World Summit for Children and are crucial to ensure the survival and health rights of children.

B. AIDS/HIV

Pakistan began testing for AIDS as early as 1986 at the National Institute of Health, Islamabad. There have been 1,741 HIV infected and 231 AIDS cases reported to the National AIDS program, against 3,526 million tests carried out up till 30th September 2002 on the recommended categories for diagnosis (volunteers, suspected/referred cases), routine blood screening before transfusion and surveillance. However, on the basis of these figures, the present estimated number of HIV positive cases in Pakistan using WHO/UNAIDS computer model may be from 50,000 to 80,000. The prevalence of AIDS is 5 cases (2 male and 3 female) under four years old, 2 cases, both male between ages 5 and 9, and one case aged between 15 and 19 years old. This gives a total percentage of AIDS cases for children as 0.4%. For HIV Positive there are 24 cases between 0 and 4 years old, 8 cases between 5 and 14 years old, and 14 cases between 15 and 19 years old, giving the total percentage HIV Positive cases for children as 0.8%.

The Government has taken various measures combat the spread of AIDS. Screening centers

have been established, and surveillance activities are in progress. 3,259 HIV screening kits have been distributed and messages are being given through the media. There are four voluntary counseling and testing centers at the following public sector facilities: Services Hospital Lahore; Lady Reading Hospital, Peshawar; District Head Quarters Hospital Sukkur; and Sandamen Hospital, Quetta. The following NGOs are providing voluntary counseling services: ORA, Peshawar; Aahang and Fatmid Foundation, Karachi, Lahore, Peshawar and Multan; DARES Quetta; and Message, Lahore. The government has taken the following preventive measures: (a) Public health education: The Government wants to raise awareness through newspapers, radio, television and seminars, of the fatal effects of AIDS. (b) Legislation: The Government is engaged in legislation for safe blood transfusion. Laws will soon be presented in the Cabinet. Under these new laws, only screened blood could be given to the patient. Forty-six laboratories have been set up which offer blood tests free of charge.

C. EDUCATION

Education has immense potential for personal and collective transformation. It is recognized as a cornerstone to freedom, democracy, well-being and sustainable human development, and is closely linked to eradicating poverty. This has been well documented in the Poverty Reduction Strategy Paper (PRSP) analysis for Pakistan. Children who complete at least five years of schooling, considered as the minimum for achieving basic literacy and numeracy, are better equipped to move out of poverty. However, where households become impoverished, older children are often pulled out of school to supplement family income and support their younger siblings. Levels of education correlate with income levels and with the ability to hold a job in the formal sector.

Numerous studies have demonstrated that educating girls is one of the best strategies for breaking the cycle of poverty. Educated girls have greater capacity to apply their learning to decision making at home and in the workplace. They marry later in life and are more likely to space pregnancies. As a result, they tend to have fewer children and are more likely to seek medical attention for themselves and their children. They are better informed about good nutrition and childcare. Educated women are more likely to enroll their own children in primary school.

Pakistan has a low literacy rate of just 54%. About 25% of primary age children are not enrolled in school and 50% of those enrolled in government schools drop out, shifting either to non-state providers or abandoning education altogether. The percentage in middle and high schools is 46% and 31% respectively. Poverty and poor educational provision are considered the main reasons for parents not sending their children to school, or withdraw them prematurely, with a bias against girls. It is this discrimination that accounts for the low level of literacy, and poor attendance of girls in primary schools, especially in rural areas. The government is aware of this, Pakistan ranks 138 out of 175 in the Human Development Index (UNDP) and there is urgent need to invest in education if sustainable economic stability is to be achieved. Education Sector Reforms (ESR) and Education For All (EFA) action plans are designed to address these issues and cater to education at the primary, secondary, technical and higher levels, as well as madaris mainstreaming and literacy programs.

The Education Sector is using a sector wide approach to address education at all levels, with particular focus on Universal Primary Education (UPE), Early Childhood Education (ECE), and

Youth & Adult Literacy. A key concern is to improve quality and reduce dropout rates. The National Education Policy (1998-2010) seeks to ensure 100% literacy rate in the country. Ministry of Education has initiated Education Sector Reforms (ESR) Action Plan 2001-2005 aimed at qualitative and quantitative improvements in all sub-sectors of education. The budget for education has increased considerably. International organizations are giving support to EFA and ESR targets through gender sensitive and child-centered strategies. A concerted effort is being made to promote female education, with various incentives being offered to girl students. Examples of these are stipends at middle school level, free textbook distribution to all primary schools and a school feeding program.

The policy framework of the Government of Pakistan for education draws upon provincial, national and international building blocks. Consolidation of policies occur at the Federal level, increasingly through a consensus based approach. The core reference documents for policy and action plans currently being implemented include: The 1998-2010 National Education Policy; ESR Action Plan 2001-2005; EFA National Plan of Action; PRSP (Ministry of Finance led, with well integrated ESR/EFA priority areas); The 10 Year Perspective Plan (Planning Commission led); and Ninth Five Year Plan (Planning Commission led). These have integrated EFA and the Millennium Development Goals (MDGs) as cross cutting areas for strategic action. Provisions made by the Convention on the Rights of The Child (CRC), Convention on the Elimination of Discrimination Against Women (CEDAW), Convention-182 of ILO and now even the SAARC Social Charter are seen as markers for a code of public policy and action, for the Government of Pakistan.

The National Education Policy 1998-2010 serves as an interface to the NPA for educating children up to 18 year. It states that every child of six to twelve year age group will be in a school within five years and Kachi class at primary level shall be introduced. Access to elementary education shall be increased through effective utilization of existing and new facilities, and a priority shall be given elementary education for out of school children. Non-formal systems shall be adopted and female education will be given greater emphasis in rural areas. Education will improve in quality, be made relevant to available job markets and eliminate cheating from the examination system. Family, school, community, non-governmental organizations and media will be more fully involved. Tolerance and the values inherent in Islam will be given priority at elementary level and equity will be promoted throughout the system. All private schools will be encouraged to take a percentage of students belonging to low income group and give them free education. Teachers' competencies shall be improved, and the relevance of teacher training shall be ensured. The financial resource base for elementary education shall be diversified. A monitoring system shall be developed, and qualitative monitoring of achievement shall be introduced. Management and supervision shall be improved through greater decentralization and accountability. Research, development and scientific education will be modernized.

The Ministry of Education initiated the Education Sector Reforms (ESR) Action Plan 2001-2005. This aims at qualitative and quantitative improvements in all the sub-sectors of education. A sector wide strategy has been adopted to give a holistic approach. The guiding principles of ESR are derived from the linkages between poverty and literacy. It fully recognizes the imperative of need-based programs, budget allocations and gender balance in education at all levels. It is a strategic plan containing targets, implementation strategies, program summaries and in-

novative programs. Implementation strategies stress mobilization of political will, Education for All (EFA), poverty reduction strategies in the Education Sector, good governance and recognition of private sector and partnerships between private institutions, NGOs and government. It includes innovative programs such as Early Childhood Education (ECE); National Adult Literacy Campaign; Examination Reforms including deregulation; National Education Assessment System (NEAS); Video Textbook Libraries; Good Governance and decentralization in Education.

The main objectives of the Education For All NPA are to reach the disadvantaged population group in rural and urban areas, promote community participation and ownership of basic education programs at the grass roots and improve relevance and quality of basic education through enhancing learning achievements. Its order of priority is: Elementary Education, Adult Literacy and Early Childhood Education. To achieve these objectives, projected additional costs will be Rs 202 billion for primary education, Rs 180 billion for adult literacy and Rs 48 billion for ECE. The total cost is Rs 430 billion. Out of this, Rs 178 billion is estimated to be provided through the country's own resources. The international development partners, and bilateral and multilateral agencies could bridge the remaining Rs 253 billion gap. The Education Policy is informed by monitoring key indicators. Since 1990 this has been done through the Education Management Information System (EMIS) at the provincial and national levels.

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

The Government of Pakistan has been gradually trying to enhance the Budgetary Allocation for education. The MoE has undertaken a multilevel financing exercise to map all resource allocations to education from all ministries and divisions as well as provinces and districts, to give a more realistic flow of resources to education. The challenge, however, lies in its capacity to utilize these in a timely and appropriate manner. The current allocation of 2.2 percent of the GDP (Gross Domestic Product) is an improvement over the past, but this is still far below the five percent recommended by UNESCO. The total education budget during the fiscal years 2001-02 was Rs75,887 million (1.96%), in 2003-04 it had risen to Rs120,488million (2.7%)

All the educational needs between the ages of 0-18 years need to be catered for. These include education options which span Early Childhood Care and Development (ECCD) /Early Childhood Education (ECE), Elementary (I-VIII) Education through formal and non-formal delivery

systems, Secondary and Higher Secondary Education (IX-XII), Technical Vocational Education at Secondary and Post Secondary level, and Literacy and integrated literacy programs for youth.

It is important to recognize and support transitional opportunities for children from primary to middle and secondary levels. This will allow Pakistan to secure a higher percentage of the target group for tertiary as well as technical and vocational education. Currently, these are hovering at a meager 3 percent (3%) and 2 percent (2%) respectively. Similarly, literacy programs must be linked to skills or pre-vocational training and micro-credit. This will provide the integrated programs that can ensure the protection rights for children.

The structure for implementing the EFA/ESR/ MDG/PRSP/CRC Goals in a federal system is straddled across federal, provincial and now district levels. The machinery dealing with the above education options has been restructured recently on account of the Devolution Plan 2001. Implementation and planning has increasingly been relocated at the district level, with distinct responsibilities at the provincial and federal levels. The Federal Ministry is charged with: Policy and planning, including EFA planning and reporting, curriculum and textbook finalization, Quality Assurance, resource mobilization including donor coordination, technical Education, mainstreaming Madaris Education, special initiatives through specific projects.

There are structural variations at both the provincial and district level, due to human resource and financial constraints. These variations, although aligned to provincial diversity, have created problems, and there is a lack of standardized approaches and predictability in the norms and practices of implementation. In the province of Punjab, the Departments of Education and Literacy are separate, whilst in the rest of the provinces literacy and NFE are subsumed under education. All EFA planning and reporting activities currently lie with the Literacy and NFE departments/sections, whilst the bulk of the EFA implementation is with the mainstream Department of Education. This anomaly has been created as a result of decisions at the federal and provincial level regarding focal persons /officers for EFA related activities.

Total enrolment growth rate at elementary level has risen from 1.85% in 1993-94 to 2.84% in 1999-2000. For primary level (classes 1-5) the growth rate for boys is 1.25 % and for girls is 2.83 %. At middle (classes 6-8), the trend growth rate for boys is 1.84 % and for girls is 4.80%.

A basic indicator of progress towards universal primary education (UPE) is gross enrolment rate (GER). The GER is a measure of the total number of children at the primary level divided by the total number of children of primary school age. The PIHS has taken school age (5-9 years old). This indicator for Pakistan as a whole is considerably lower than the gross enrolment rate, as a result of over-age children attending primary school. NER marginally declined for boys in 1998-99, i.e., 47 percent in 1998-99 as against 53 per cent in 1991. Similarly NER for girls was 39 per cent in 1991 whereas it marginally declined to 37 per cent in 1998-99. It is important to see percentage of girls' enrolment in total enrolment. Girls' enrolment is 40 per cent of total enrolment (39 per cent in government schools and 43 percent in private schools).

To address gender equity through compensatory initiatives, the Government has adopted a number of effective innovations. All provinces and areas have made progress in coeducation, and mixed gender schools are present to varying degrees in most provinces / areas. Katchi Class (Pre School) are being institutionalize and provinces are beginning to include Katchi in their

official definition of primary school. Specific incentives have been introduced to attract females into the teaching profession at primary level. These are generally restricted to rural areas and include the government policy of posting female teachers in their own villages, and cadres of primary teachers being restricted to the district level, implying that posting or transfer within the district is still possible. Some provincial governments have introduced incentives to attract female children to primary schools. There have also been incentive schemes initiated by different projects, which increase the number of girls and poor disadvantaged children in primary education. These have aimed at increasing enrolment and performance (particularly for girls) in primary schools.

Private Educational Institutes are playing an increasingly important role in the country and are instrumental in disseminating education. The Federal Bureau of Statistics (FBS) completed the first ever census of private educational institutions in Pakistan and published its report in February 2001. Based on this census and EMIS data, the present share of private sector in total primary enrolment is about 28 per cent (27 per cent for boys and 29 per cent for girls). The share of private sector in primary education has doubled over the last 10 years, from 14 per cent as reported in the 1991 PIHS report, to 28 per cent in 1999-2000. There are 36,096 private institutes in Pakistan.

The high population growth and rising demand for education, coupled with severe constraints on public expenditure, is giving the private sector this heightened role in the education sector. According to findings of the FBS Census, private schools are not just urban phenomena; almost half the primary and 41% of the middle schools are located in rural areas. Private primary and middle schools account for approximately 17% of total primary and middle schools in Pakistan. Most of the private schools are mixed schools and account for 57% of total primary and middle schools in Pakistan.

A key element of the Education Sector Reform agenda is the development of partnerships between the private sector and NGOs. The proposed package of incentives for the private sector, particularly in rural areas and urban slums, includes: provision of land free of cost and/or at concessional rates in rural areas; utilities such as electricity, Sui Gas, etc. to be assessed at non-commercial rates; liberal grant of charter; exemption of custom duties on transport of educational equipment; exemption of 50% income tax to private sector institutions for faculty, and management and support staff.

Five education foundations have been set up to non-elite private sector and take a lead role in developing innovative programs and collaborations. These government agencies with a mandate to promote private sector participation in education are: Sindh Education Foundation (SEF) established in 1992; Punjab Education Foundation (PEF) set up in 1991; Balochistan Education Foundation (BEF); Frontier Education Foundation (FEF) set up in 1992 and subsequently (2003) split into two, one focusing on Elementary and the FEF on colleges and higher education; National Education Foundation (NEF).

The quality improvement strategy of the Ministry of Education is covering the following four areas: curriculum development, textbooks development, teacher education, and training, testing and evaluation. Under this scheme, 58 titles of National Curriculum for classes 1-VI have been revised and updated. New diploma and bridging courses for teachers have been designed

and launched. 30 most needy Teachers Training Institutes have been priorities and work started on up grading their hostel facilities in collaboration with Provincial Education Departments. The pilot phase of the Education Department has been started under ADB-assisted Teacher Training Project (TTP). Curriculum for bridging courses was developed with support from ADB. Training workshops for 2000 master trainers were organized. Training courses for 100,000 PTC and 25,000 CT teachers are under progress. On qualifying in these courses, teachers would be placed in BPS 12. This initiative is designed to upgrade educational quality.

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

It is essential to monitor the learning process, and development of critical literacy and numeracy skills among students. An efficient and cost effective mechanism is therefore a high priority, which can regularly assess student performance and teacher competencies at elementary level. There have been a number of workshops and Technical Group Meetings (TGMs) to establish the National Education Assessment System (NEAS). Representatives of federal and provincial areas and development partners have participated. These meetings aim to clarify concepts, reach consensus and move the planning process forward, establishing NEAS at the federal level and Provincial Education Assessment Centers (PEACESs) at the provincial level.

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

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

Community involvement under SAP has been introduced in the sector as a core strategy to improve quality of service. Thus, parents of school going children and community members have been called upon to play a key role, together with the teachers, in the management of primary and middle schools, through School Committees. The Government has taken some concrete steps to institutionalize and strengthen these committees, through social mobilization, financial employment and management training. As a result, school committees have been established

in most of the government schools across the country. The Government has also provided funds to the committees to purchase educational materials and carry out minor repair of school buildings.

School Committees have different names. They can be known as Parent Teacher Associations (PTAs), Schools Management Committees (SMCs), Schools Councils (SCs) Parent Teacher Management Committees (PTMCs), depending on the province where they were first formally notified by the provincial Governments. Since then, some changes in composition of the committees and their names (e.g. from SMC to School Councils in Punjab and Village Education Committees to PTA in NWFP) have occurred in some provinces and duly notified. However, major roles and responsibilities of these schools committees have remained unchanged. These are: To increase enrolment, especially of girls, by motivating parents to send their children to school; decrease and ultimately eliminate dropouts; ensure regular attendance of teachers; monitor teachers' performance; promote mutual cooperation among the local community, parents and teachers; manage government funds for the purchase of educational material and for maintenance and repair; and raise local resources in support of school activities and for improvements in school.

An innovative element of ESR is the introduction of a technical education stream at the secondary school level. This plan aims at introducing skill development into the ninth and tenth grades, parallel to the existing science and arts group, in 1,200 existing secondary schools and 60 new model technical high schools. Training will be given in trades selected in consultation with local industry, thereby creating employment linkages. Technical education will be introduced through the technical/vocational stream in existing secondary schools and in vocational training institutions that will be established at tehsil levels. The program will be supplemented by micro credit schemes, to encourage self-employment. A program for reinvigorating polytechnics at tehsil level and initiating second shifts in existing polytechnics is also being planned, with a particular focus on opportunities for women. This component of ESR specifically targets the youth.

Pakistan Literacy Commission has been restructured and merged into EFA (Education For All) Wing and progress has been made. A literate is defined as the person who can read newspapers and write a simple letter. According to this definition, based on the data of the Population Census 1998 reports, 43.9 percent of Pakistan's population was literate in that year. The present literacy rate is estimated at 54% (Male 66% and female 42%). 7,000 literacy centers have so far been established and are operational. 13,000 literacy centers are being set up all over the country to enroll male and female groups of age 10+. Trust funds have been established under the auspices of the National Commission on Human Development. The President Task Force on Human Development is to undertake NFBE and Literacy in 13 districts. Founding member, including expatriate community, private sector and others has been raised seed capital of Rs. 100 million. The President has announced a contribution of Rs. 2 billion on behalf of Government of Pakistan. Provincial Initiatives launched 2,000 UJALA centers in Punjab and Women Literacy Empowerment Program in Sindh.

The Government of Pakistan approved a project, proposed by the Pakistan Literacy Commission (PLC) to establish 10,000 non-formal basic education schools at cost of Rs. 1,263,375 million.

Of these some 7,190 have reportedly been established, with an enrolment of 224,570. The NFBE schools are based on the “Home School” model in which the community selects a teacher at a fixed salary of Rs. 1,000 per month and funding is provided by PLC to the communities, through intermediary non-government organizations (NGOs). According to ESR, spearheading education for all and sector wide reform includes “PLC restructuring as a support organization, with selective monitoring for setting standards.” Primary school enrolment is set to reach 100% by 2010, while female literacy is set to increase to 67% by 2011. The adult literacy rate in the same period is projected to reach 78%.

D. CHILD PROTECTION

The Government of Pakistan has signed and ratified international and regional treaties obliging it to protect children from all acts of violence, abuse, exploitation and discrimination. Recently it has promulgated laws for protection of children. The Juvenile Justice System Ordinance (JJSO) was promulgated in 2000 and the Ordinance for Prevention and Control of Human Trafficking in 2002. In June 2004, the Provincial Assembly of the Punjab approved an historic bill for the protection of destitute and neglected children, this law establishes the first child protection system in Pakistan.

Though Pakistan has laws designed to protect children against exploitation, abuse and violence, most are not enforced or poorly implemented. In 2003, the Ministry of Women Development, Social Welfare and Special Education reviewed 78 child and family-related laws. Many of them were found to need revision and harmonization with the CRC provisions and other international treaties and standards. Furthermore, laws conforming to the Convention on the Rights of the Child are not de facto applied. The Zina and Hudood Ordinances stand in conflict with the principles and provisions of the CRC.

Child protection is a complex and, at times, sensitive area. It is therefore not surprising that information tends to be anecdotal, and there are few statistics depicting the scope of abuses against children in Pakistan. However, violations of protection rights are evident in child labour, children without primary caregivers, children who are trafficked, children who are sexually exploited and children subjected to violence ranging from corporal punishment to sexual abuse and various forms of torture.

One of the most visible violations is child labour. Its prevalence is high, and it is widely accepted in society and takes many forms. It is estimated that more than 3.6 million children in Pakistan work in the formal sector¹. Two of the most exploitative forms of labour are in carpet weaving and brick kilns. The minimum age for admission to employment, as stated in the Employment of Children Act, is 14 years but varies between other laws. Yet children below that age can be found working in family establishments or in non-hazardous occupations². Many child laborers, notably those working as domestic servants, are completely without protection and vulnerable to a range of abuses.³ In November 2003, ILO/IPEC launched a project in support of the National Time Bound Programme to eliminate the worst forms of child labour in Pakistan.

Children without primary caregivers are defined as those deprived temporarily or permanently of their first source of protection. In Pakistan, this category includes street children (highly

visible in big cities like Karachi and Lahore), children in welfare institutions mainly in the big cities, in residential madrassas, new born babies abandoned in maternity wards or on the streets (still very rare), children in prison and detention centers, unaccompanied refugee children mainly to be found in Balochistan and NWFP, and internally displaced children. The few studies available on street children show that abuse and exploitation by parents or members of the extended family are the main reasons a child leaves home. Once on the streets, children are subject to violence, torture, sexual abuse and exploitation. The majority does not have access to shelter, adequate nutrition, health care or education.

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

There are no official statistics and data on the sexual abuse of children⁴. Traditional attitudes (e.g. concepts like “family honour”) make it difficult for cases to be reported. But the reports and findings of NGOs actively working in this area indicate that sexual abuse and exploitation is a serious problem. The anecdotal studies suggest that, particularly in larger urban centers such as Karachi and Lahore, the prevalence is higher. The CRC Committee has expressed its concern about “the high prevalence of violence, abuse, including sexual abuse, and neglect of children and the lack of effective measures to combat this problem”.⁵ Due to limited awareness and coping skills, most of the child victims of abuse and exploitation are not able to turn to the family or social services for support. Often parents, the first line of defense for the child, are not able to offer protection. Worse still it may be the parents themselves who are the aggressors or who place their children in perilous situations e.g. sending them to work at a very young age, trading them for material or financial benefits or to settle family disputes. The stakeholders in communities, such as teachers, health workers, police, local authorities and community leaders, are unable to recognize, prevent or respond to protection abuses. This is due to unawareness about protection issues, and no systems to prevent and respond to abuse. NPA for Children 2005 has special space for protection of children against abuse and commercial sexual exploitation.

The abduction and trafficking of boys for camel races in the Gulf countries is a well-known phenomenon in Pakistan. Pakistan is known to be a country of origin, destination and transition for cross-border child trafficking. Children are trafficked within the country for bonded labor and sexual exploitation. Young girls may be trafficked to settle inter-family conflicts and for forced marriages. However, little is known or documented about the “push and pull” factors of internal and external child trafficking in Pakistan. As mentioned earlier, in 2002, the Government promulgated the Ordinance for Prevention and Control of Human Trafficking but the law has not been enforced, as the authorities in charge of its implementation, particularly within district governments, are not fully aware of its requirements. The law deals mainly with cross-border trafficking and does not contain any special provision for dealing with child victims of trafficking. Another obstacle in the implementation of this law is lack of required infrastructure and mechanism for a logical settlement on issues of child trafficking.

There is much discrimination in Pakistan that is socially accepted. It can be based on religion, ethnicity, class, and language. However, the most pervasive is based on gender. Girls are discriminated against within the family, community and society. For many traditional parents,

daughters are seen as a source of worry and a poor investment as, once they marry, they will live within another family. Sons are preferred because parents believe they will remain to take care of them. In traditional families, discrimination against girls manifests itself in several ways: girls are asked to do domestic chores from a very early age, their freedom of movement is restricted and the males of the families, including younger brothers, have the power to decide on their lives. The existing norms reinforce the idea of the inferiority of girls and the superiority of boys. However, even boys have little say on issues which affect their lives, despite being highly valued. Other negative practices that are socially acceptable in Pakistan, particularly in rural areas, include early marriage, arrangements to send children away from home to work, severe physical punishment and the killing of girls who are accused of dishonoring the family.

There are traditional national practices that can severely harm children. The CRC Committee recommends that Pakistan, “As a matter of urgency, . . . takes all necessary measures to eradicate all traditional practices harmful to the physical and psychological well-being of children, which affect the girl child in particular:”⁶ Corporal punishment, which may include very severe forms, is widely used as a disciplinary measure for children in schools, institutions and homes. In the Tribal Areas and in the remote interior areas of Sindh, Punjab and Balochistan Provinces, children are subject to harmful traditional practices such as honor killings, forced and/or early marriages and dowry-related violence.

With the exception of child labour, child protection issues such as sexual abuse, sexual exploitation, drug abuse and trafficking are seldom discussed openly. It is on these issues that the media has a key role to play, by reporting cases where child protection rights are being abused. In 2003 the NCCWD formulated a Code of Ethics for Media on Reporting of Children’s Issue. However, the Ministry of Information has not yet officially endorsed it, nor has its implementation been enforced or monitored. Media reports are still made on individual cases, and children’s rights to confidentiality and privacy are not respected.

Children are entitled to grow up in an environment that protects them. To build this protective environment in Pakistan, key factors have been identified. These are highly interdependent and interconnected and may sometimes over-lap, for example media attention can be a key factor in influencing attitudes. As such, if one factor is strengthened, it automatically has a positive affect the others. Where attitudes or traditions facilitate abuse, the environment will not be protective. Examples of this in Pakistan are sex with minors; the appropriateness of severe corporal punishment; the application of harmful traditional practices; and differences in the perceived status and value of boys and girls.

Government interest in, recognition of and commitment to child protection are essential pre-conditions for a protective environment. The most immediate need is for children to be free to speak up about child protection concerns affecting them or other children. Nationally there is need for media attention and civil society engagement with child protection issues. Partnerships between actors at all levels are essential for an effective and coordinated response. An adequate legislative framework, its consistent implementation, accountability and a lack of impunity are essential elements for a protective environment. Health workers, teachers, police, social workers and many others who deal with children need to be equipped with the skills, knowledge, authority and motivation to identify and respond to child protection problems. The capacity of families and communities to protect their children is also essential.

There are other broader types of capacity that relate to the protective environment, including the provision of education and safe areas for play. Children need information and knowledge to be equipped to protect themselves. Children also need to be provided with safe and protective channels for participation and self-expression. A protective environment for children requires an effective monitoring system that records the incidence and nature of child protection abuses and allows for informed and strategic responses. Such systems can be more effective where they are participatory and locally based. Child victims of any form of neglect, exploitation or abuse are entitled to care and non-discriminatory access to basic social services. These services must be provided in an environment that fosters the health, self-respect and dignity of the child.

To achieve this protective environment for children in Pakistan, the following child protection strategies are planned. National advocacy and dialogue will be initiated at all levels, from government down to communities, families and children themselves. There will be regional and international advocacy, including using international human rights mechanisms. Behavior change within society will be sought, which challenge the attitudes and traditions underpinning child protection abuses and support those that are protective. Capacity to assess and analyze protection issues will be strengthened. Law-based approaches will be used, as legal standards are particularly important for child protection, and need to be known, understood, accepted and enforced. Child protection will be prioritized during and after periods of conflict and instability, and lessons learned from experiences in the Wana Operation. There will be community based child protection initiatives planned and supported. Access to services will be ensured, so that children who have suffered child protection abuses can recover and be reintegrated. Children's participation will be promoted and their own resilience strengthened.

E. COMMERCIAL AND SEXUAL EXPLOITATION

Commercial sexual exploitation of children exists in Pakistan, though it is rarely visible. Due to cultural and religious factors, it is kept underground. However, its existence is well known and acknowledged by many sectors of society, including the law enforcers. Child sexual abuse and exploitation involves a violation of the victim's body, privacy, honour and rights to freedom. Such a violation has immediate and long lasting effects. The issues of repressed anger and hostility and failure to accomplish normal developmental tasks are all particularly significant. Unless the victim receives appropriate help and support, the prospects for avoiding the destructive consequences of abuse and exploitation are poor.

There are a number of International Instruments to protect children from commercial and sexual exploitation. There is the UN Convention on the Rights of the Child (CRC); the First World Congress against Child Abuse and Commercial Sexual Exploitation of Children: 'Stockholm Declaration, and Agenda for Action 1996'; The Second World Congress against Child Abuse and Commercial Sexual Exploitation of Children: 'The Yokohama Global Commitment 2001'; Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography; SAARC Convention on Combating Trafficking in Women and Children.

Among governmental initiatives, the prevention of prostitution, including the prevention of advertising, printing, circulation and display of obscene literature, is in the principle policy of the Constitution of Islamic Republic of Pakistan. Legislation includes the Provincial Suppres-

sion of Prostitution Ordinance, 1961; The Punjab Children Ordinance, 1983; the Sindh Children Act, 1955; Pakistan Penal Code prohibits pornography; the Marriage Restraint Act of 1929; Hudood Ordinance, 1979; Juvenile Justice System Ordinance 2000; Control of Human Trafficking Ordinance 2002

PLAN OF ACTION

A. PROMOTING HEALTHY LIVES

GOAL 1

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

Objectives

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

Current Situation

- IMR 74
- U5MR 98 per thousand live births.

Improvement in IMR and U5MR is being achieved through Primary Health Care in urban and rural areas. The main initiatives are in immunization; breast feeding and infectious diseases; control of diarrhea diseases and ORT; reproductive health; antenatal and postnatal care and births by trained and skilled birth attendants; and protection from neonatal tetanus through immunization of pregnant women.

Priorities

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

Target

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

Proposed Strategies

1. Reduction of incidence of low births weight through;
 - a. Adequate antenatal care, and monitoring of fetal development, by WMOs, LHWs, Midwives and LHWs.
 - b. Health education for better nutrition of pregnant mothers and regular visits to health outlets.

2. Immunization to pregnant mothers for tetanus and to infants against the seven major childhood diseases;
 - a. Vaccination by teams and static centers.
 - b. Health education through media, health staff and LHWs for uninterrupted vaccination doses.
3. Strengthen safe delivery services by skilled/ trained health personnel;
 - a. Ensure availability of WMO/ LHW/ Midwife at health centers and midwife / TBA (trained) in each locality.
 - b. Health education for delivery at hospital or by a trained TBA / midwife at home.
4. Protection from Diarrhea, ARI, Malaria and other infective and viral diseases;
 - a. Proper treatment and advice at health facilities.
 - b. Health education for proper utilization of health facilities.
5. Reproductive health promotion;
 - a. Family planning, counseling, child spacing, persuasion to avoid early age marriages.
 - b. Health education on media and IPC by health and FP staff and LHWs.
6. Prevention of nutritional deficiencies
 - a. Promotion of breast feeding and caring practices at community level
 - b. Control of micro nutrient deficiencies (Iodine, Vitamin A, Iron).
 - c. Health Education for feeding practices and balanced diets.

Activating Actions

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

Time Frame

Ensure reduction of IMR to 60 by 2010 and 30 per 1000 live births by 2015.

Ensure reduction of U5MR to 42 per 1000 live births by 2015.

Resources Required

1. Provision and improvement of infrastructure for new and existing health institutions.
2. Provision of staff.
3. Improvement of nutrition, and health education for antenatal care.
4. Strengthen available services for reproductive health, childbirth and child spacing.
5. Strengthen immunization services for children and pregnant women.
6. Trainings/ workshops
7. Awareness, promotion through the Media, IPC, meetings etc.
8. Financial resources from; Government; UNICEF; WHO; Save the Children Alliance; USAID; UNFPA; DFID; KfW; UNDP; Community.
9. Implementing agencies - Building Department, Health Department at provincial level, FANA/FATA and AJK, NGOs, health committees and community organizations

Expected Outcomes

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

Gaps

1. Community based organization (CBOs) for each First Level Care Facility (FLCF) may not be organized and functionalized.
2. Co-ordination may be lacking between stakeholders, donors, FLCF staff and community.
3. Financial resources and human resource development may be inadequate.

Responsibilities/ Partnerships

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

Follow up Actions

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

GOAL 2

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

Objectives

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

Current Situation

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

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

Priorities

1. Improving maternal nutrition.
2. Operating and strengthening existing health services.
3. Promoting reproductive health and FP, counseling and child spacing.
4. Tetanus vaccination to pregnant women.
5. Health education through health staff and LHWs.
6. TBA training and ensure availability of trained TBA in each village.

Target

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

Proposed Strategies

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

Activating Actions

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

Time Frame

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

Resources Required

1. Increase in financial resources and allocations.
2. Increase human resource development.
3. Development of health infrastructure.
4. Financial support from donor agencies.
5. Community involvement.

Expected Outcomes

Reduction in MMR to 133 per 100,000 live births by 2015.

Gaps

1. Lack of health education.
2. Lack of friendly health services, lack of referral services.
3. The communities are not involved in monitoring.

Responsibilities/ Partnerships

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

Follow up Actions

1. Recording base line data.
2. Reporting and recording data by DHA.

GOAL 3

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

Objectives

Reduction of malnutrition by one third (1/3) in children under 5 years and 2 years of age.

Current Situation

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

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

Priorities

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

Target

Reduce malnutrition by one third (1/3).

Proposed Strategies

1. Include health and nutrition education in curricula of schools.

2. Health and nutrition education projects through NGOs and Government, in partnership with civil society.
3. Establish nutrition rehabilitation centers in rural and urban areas, with coordination of health department and LHWs program.
4. Strengthen breast feeding and improve complimentary feeding practices.
5. Baby friendly hospitals, midwives, LHVs, LHWs, TBAs.
6. Family Planning and child spacing counseling.
7. Training workshop for health personnel, LHWs, TBAs, male and female community health workers, NGOs, community etc.

Activating Actions

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

Time Frame

Elimination of malnutrition by one third (1/3) by 2015.

Resources Required

1. Financial resources: Government; Donor agencies; Community Resources.
2. Human resources: Health Department personnel; Education Department; NGOs; community leaders and community workers; technical expertise from UNICEF, WHO, Save the Children; LHWs/ LHW supervisors.
3. Material resources: health and nutrition education maternal (printed); commodity assistance by UNICEF, WHO, WFP; practical demonstration for supplementary feeding-weaning practices – health personnel/ NGOs.

Expected Outcomes

Reduction in malnutrition in children under 5 years by one third (1/3) to be achieved by 2015.

Gaps

1. Under utilization of FLCFs.
2. Lack of cooperation and coordination between different sectors, stakeholders, NGOs and community.

3. Media, health personnel and LHWs lack awareness about malnutrition.
4. More seminars, festivals, training workshops needed for communities, social workers, health committee members and community health workers, to advocate adequate nutrition.

Responsibilities/ Partnerships

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

Follow up Actions

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

GOAL 4

Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third (1/3) of the current level.

Objectives

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

Current Situation

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

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

Priorities

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

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

Target

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

Proposed Strategies

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

Activating Actions

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

Time Frame

Achievement of targets by 2015.

Resources Required

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

Expected Outcomes

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

Gaps

1. Lack of public awareness about hazards and dangers of unsafe drinking water, lack of hygienic sanitation and unhealthy latrine practices, and improper methods for disposal of human excreta.
2. Lack of town planning and urban waste management.
3. No sewerage systems in rural areas.

Responsibilities/ Partnerships

1. Execution through Public Health Engineering Department and Local Government and Rural Development Department at Provinces, FANA/FATA and AJK.
2. Technical and material support from UNICEF.
3. Financial support from government and donor agencies.
4. Awareness raising and advocacy by health personnel, education department personnel, religious leadership, public representatives and LHWs, NGOs and CBOs.

Follow up Actions

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

GOAL 5

Development and implementation of national health policies and programs for adolescents, including goals and indicators, to promote their physical and mental health.

Objective

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

Current Situation

- The dropout rate from primary level is high. This is due to the amount of poverty in Pakistan, the majority of population living in rural areas, and the curriculum and capabilities of teaching staff in middle and secondary schools lacking the appropriate skills to provide guidance to adolescents. The dropout rate is higher for girls.
- There are very few secondary school teachers with vocational training in rural areas as per requirement of adolescent population.
- Coverage by NGOs and private sector for the rehabilitation and help of adolescents is negligible.
- Lack of cooperation and coordination among the stakeholders, welfare organization, NGOs, CBOs etc.

Priorities

1. Improve the quality of formal education at middle and secondary level (for adolescent age students).
2. Arrange non-formal education opportunities for out of schools or drop out adolescents, especially in rural areas and females.
3. Involvement of adolescents in vocational skill development opportunities.
4. Involve NGOs, health personnel, community, and school authorities in setting up counseling centers for adolescents, to provide relevant information on reproductive health.

Targets

Providing adolescents, during this important phase of their life, in personality and character building, and channeling their energies and initiatives in a positive direction. Involve rural and urban adolescents in appropriate programs, sports, skills and social activities.

Proposed Strategies

1. Basic and refresher training programs of teachers for help and guidance of adolescents in schools.
2. Special activities in schools by conducting group classes for adolescents, to educate them in reproductive health including AIDS.
3. Non-formal education with the collaboration of NGOs, CBOs and community involvement.

4. Include of vocational training in secondary schools.
5. Develop linkage with vocational skills development opportunities and Non-Formal Education through NGOs, CBOs and communities.
6. Expansion of services in rural and urban areas.
7. Training and capacity building for teachers, social workers, police, and juvenile justice personnel who work with adolescent / youth.

Activating Actions

1. Health awareness through media and health education programs.
2. Promotion of schools health services where adolescents can acquire information on reproductive health and HIV/AIDS.
3. Refresher training of health personnel of FLCFs on mental health.
4. Strengthening vocational guidance and vocational education in schools.
5. Development of non-formal education and rehabilitation of dropped out male and female adolescents in vocational training through NGOs.
6. Awareness about avoiding early age marriages of girls and reproductive health.

Time Frame

Achievement of targets by 2015.

Resources Required

1. Financial resources for introduction of vocational subjects and training of teachers.
2. NGO support for non-formal education.
3. Funds and resources for rehabilitation centers for adolescents who have dropped out of primary education
4. Training workshops for school teachers and social workers as well as for master trainers.
5. Curriculum, books and teaching materials.
6. Financial, material and technical support from donors.

Expected Outcomes

With joint efforts from the Health, Education and Social Welfare Departments, and coordination with NGOs, CBOs, and communities, adolescents will be provided an environment to become successful adults and strong and active members of society.

Gaps

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

Responsibilities / Partnerships

1. Health Department to provide guidance and protection on general and reproductive health in hospitals and FLCFs.
2. Education Department to arrange training of teachers for appropriate guidance of adolescents and improvement of existing curriculum. Introduction of vocational subjects and courses in schools, particularly in rural schools. Development of playgrounds in schools (male/female), and adolescents involved in sports, games and other social activities.
3. Social Welfare Department to organize NGOs, CBOs and community involvement to promote community functions with maximum participation of adolescents.
4. Rural Development and Local Government Department to involve communities and adolescents in various programs.
5. NGOs / CBOs to start activities in remote rural areas for the general public and for adolescents.
6. International agencies like UNICEF, UNFPA, UNDP, USAID to provide technical, material and financial assistance.

Follow Up Actions

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

GOALS 6

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

Objectives

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

Current Situation

These infant and maternal health and welfare indicators put Pakistan far behind most of the developing countries in the region:

| | |
|--------------------------|------------------------------|
| • The IMR | 84 per 1000 live births, |
| • U5MR | 125 per 1000 live births, |
| • MMR | 530 per 100,000 live births; |
| • low birth weight | 21%, |
| • stunting prevalence | 23%, |
| • underweight prevalence | 38% |
| • wasting prevalence | 11% |

The existing network of health facilities from village/ union council level to markaz, tehsil, district and tertiary level are providing reproductive health services. The Population Welfare Program is providing information and services to the target population to encourage voluntary adoption of birth spacing. NGOs in Pakistan are providing services on reproductive health and counseling for child spacing. National Program for Family Planning and Primary Health Care has been very effective in advocating for Primary Health Care, Family Planning, Nutrition and Immunization, through its huge field force of Lady Health Workers. Expanded Program of Immunization has been providing vaccination to eligible and pregnant women for maternal and neonatal tetanus.

Priorities

1. Coordinating initiatives among various sectors and programs for raising awareness about preventing malnutrition in pregnant women and children especially girl chil-

dren, promotion of breast feeding, reducing low birth weight, improvement in immunization coverage, control of diarrhea through ORT, preventing iodine deficiency, and iron and vitamin A deficiency and ARI control.

2. Coordination with NGOs for raising awareness on child spacing and for success of all programs mentioned in Priority No.1 above.
3. Strengthen Lady Health Workers Program by completing the recruitment and training of remaining phases, refresher training to working LHWs, close supervision, and provision of Health Education tools to LHWs for improving IPC.

Target

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

Proposed Strategies

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

Activating Actions

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

Time Frame

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

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

Resources Required

Financial resources for;

- Awareness raising
- Training of staff and refresher courses
- Contraceptives
- Food supplementation

These financial resources will be provided by the Government of Pakistan budget; Donor countries/ donor agencies; and community/ NGO resources.

Expected Outcomes

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

Gaps

- Utilization of Health Facilities needs to be improved through community involvement.
- Not enough NGOs in rural areas.
- Coordination needed between stakeholders and LHWs programme for promotion of counseling on child spacing, reproductive health and contraceptive utilization.
- Effective public awareness programmes are needed.
- Financial resources are needed according to UN recommended parameters, as the available funds, through federal/ provincial budgets, do not produce required results.

Responsibilities/ Partnerships

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

Follow up Actions

1. Regular supervisory visits to rural FLCFs by district government officials.

2. Joint evaluation sessions by sector representatives, NGOs and community members.
3. Surveys for evaluation.
4. Proper documentation of achievements.

B. COMBATING HIV/AIDS

GOAL 1

Reduction in HIV prevalence, among young men and women, aged 15-24 years by twenty five percent (25%) by 2008 and a further 25% by 2015.

Objectives

1. To establish time bound national targets to achieve the internationally agreed global prevention goal to reduce HIV prevalence among young men and women aged 15-24 in the most affected countries.
2. To intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, and encourage the active involvement of men and boys.

Current Situation

- HIV infected: 1,741.
- AIDS cases reported to the National AIDS Program: 231.
- Tests carried out: 3,526 million up till 30th September 2002 on the recommended categories for diagnosis (volunteers, suspected/ referred cases), routine blood screening before transfusion and surveillance.

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

Priorities

1. Awareness campaigns with special approach to vulnerable target groups and counseling on appropriate sexual behavior and use of safety methods.
2. Establishment of Blood Bank at all THQ level hospitals with necessary equipment and staff.
3. Establishment of HIV/AIDS diagnostic set up with availability of all concerned equipment and chemicals at all teaching hospitals, DHQ hospitals and THQ hospitals.

4. Development of a comprehensive package to ensure screening of all blood and its products for HIV and Hepatitis B, both in public and private sector, free of cost.
5. Establishment of Aids Control Centers at provincial level under supervision of prominent epidemiologists.
6. Each health care facility to be able to provide referral services with pathology departments of teaching hospitals and medical colleges and manage all diagnosed cases of AIDS, keeping track of over 80% HIV positive cases and 90% of AIDS cases.

Target

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

Proposed Strategies

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

Activating Actions

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

Time Frame

Prevalence of HIV/AIDS to be less than 0.11% by year 2015.

Resources Required

Human Resources

- Additional (separate) staff at the existing health institutions to handle AIDS cases if number of patient increases.

- Staff for blood transfusion services to expand to THQ level.
- Staff to establish a system of monitoring for private sector.
- Out-reach staff facilities for extending counseling services to vulnerable groups.

Financial Resources

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

Expected Outcomes

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

Gaps

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

Responsibilities/ Partnerships

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

GOAL 2

By 2008, reduce the proportion of infants infected with HIV by twenty five percent (25%), and by a further 25 % by 2015.

Objectives

1. Reduce by twenty five percent (25%) the proportion of infants infected with HIV by 2008 and a further 25% by 2015.
2. Ensure that eighty five percent (85%) of pregnant women obtaining antenatal care have the facility for getting information and counseling and other HIV prevention services.
3. Reduce mother to child transmission of HIV through effective treatment.

4. Develop effective interventions for HIV infected women, including voluntary and confidential counseling and testing.
5. To make access to treatment, especially anti retrieval therapy, and where appropriate, provide breast milk substitutes and establish provision for a continuum of care.

Current Situation

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

Priorities

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

Target

Reduce the proportion of infants infected with HIV by twenty five percent (25%) by 2008, and by a further 25 % by 2015.

Proposed Strategies

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

Activating Actions

1. Notification of Blood Transfusion Authority on provincial / regional level and enactment of respective transfusion of safe blood ordinances and enforcement there of.
2. Establishment of 20 new, and strengthening the existing 25 surveillance centers as followings:

| Sr. No. | Province | Numbers |
|---------|--------------|---------|
| 1 | Federal FANA | 10 |
| 2 | Punjab | 10 |
| 3 | Sindh | 8 |
| 4 | NWFP/ FATA | 7 |
| 5 | Balochistan | 8 |
| 6 | AJK | 2 |

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

Time Frame

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

Resources Required

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

Expected Outcomes

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

Gaps

1. Budgetary allocations are not adequate.

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

Responsibilities/ Partnerships

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

C. PROVIDING QUALITY EDUCATION

GOAL 1

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

Objectives

1. Introduction of preprimary education, regularizing of Kachi class to form a strong foundation for primary education.
2. Implementation and enforcement of legislation for compulsory education.
3. Intervention of playgroup classes and day care centers.
4. Provide pre-school children with educational activities, particularly in rural areas, to sensitize them and their parents to education.
5. Develop early childhood education by increasing participation to 50% by 2010 and 80% by 2015.

Current Situation

Pre-primary (Katchi) class is not yet compulsory in all primary schools. Education department

is considering including a class prior to class one (i.e. Katchi class) in primary schools. Nursery and playgroup classes for early age children are available only in private English medium schools in urban areas. There are a very limited number of Day Care Centers for children of working women, arranged of Social Welfare Department, and these are only in cities. There are no such arrangements available in rural areas.

Priorities

1. Preprimary class to be declared part of primary education, and children younger than five years to be encouraged to enroll in Katchi class.
2. An intervention of home-based preschool classes to be started with the involvement of the community. These will be for preschool children at home, or children of ten to fifteen nearby houses to be gathered in one house for a few hours a day. One educated lady may guide the children, with the help of educational games and picture books, and start the syllabus of Katchi class.
3. Curriculum for Katchi class to be designed. Picture books already available can be utilized, and further attractive picture books need to be developed.
4. NGOs, CBOs and the community may organize preschool classes and play classes for preschool children in rural areas.
5. Special health care of preschool children to be organized, with collaboration of NGOs, CBOs, community, FLCF concerned and LHW.

Target

Expand and improve early childhood care and education for girls and boys, especially for the most vulnerable and disadvantaged children. This will be achieved by means of Katchi class regularization, enhancement and development of day care centers, and home-based preschool classes. With the involvement of health, education, social welfare departments, NGOs, CBOs and community participation, 50% boys and girls by 2010 and 80% boys and girls by the year 2015 will be provided special care for ideal development and preprimary preparatory education facilities, so as to ensure universal access to compulsory primary education.

Proposed Strategies

1. Training/refresher courses for teachers to work with preschool children.
2. Community involvement and training workshops to be organized for introducing home-based early childhood education classes.
3. Joint workshops, seminars and conferences to be convened on early childhood care and education, involving the departments of health, education, and social welfare, NGOs and CBOs. Awareness raising through electronic and print medias for maximum involvement of early aged children in education process.

Activating Actions

1. National Commission for Human Development (NCHD) and EFA wing will coordinate so that Katchi Classes can be included at primary level in all government schools.

2. EFA and NFE centers will enroll preschool children.
3. Number of early childhood education centers in government schools will be increased.
4. Curriculum for preschool children will be publicized to facilitate the home-based early childhood classes, NGOs, and CBOs.
5. Community basic education schools will be established in rural areas.

Time Frame

50% target will be achieved by 2010 and 80% target will be achieved by 2015.

Resources Required

| Sr. No. | Resources required | Financial Resources | Implementing Agencies |
|---------|--|------------------------|---|
| 1 | Provision of rooms for early childhood education | Government of Pakistan | Building department |
| 2 | Training of teachers for early childhood education | Government of Pakistan | Education department |
| 3 | Introduction of home-based early childhood education classes | Donor Agencies | NGOs, CBOs, Community |
| 4 | Training courses for home-based early education center staff/ volunteers | Donor Agencies | Education department, NGOs, CBOs, Community |
| 5 | Provision of curriculum, books and education material | Donor Agencies | NGOs/CBOs, Community |
| 6 | Early childhood education at EFA centers | Donor Agencies | NGOs/CBOs, Community |
| 7 | Early childhood education at NFE centers | Donor Agencies | NGOs/CBOs, Community |

Expected Outcomes

The foundation for primary education will be established, with more girls and boys being prepared for their primary schooling. This will increase the enrolment in primary schools, especially for girls. Recognition will be given to the significance of early childhood development and appropriate monitoring will be put in place.

Gaps

1. There are few early childhood education centres.
2. EFA and NFE centers are not including early childhood education classes.

3. Introduction of home-based early childhood classes need to be promoted by NGOs, CBOs and communities.
4. The National Curriculum for Early Childhood Education needs to be publicized and circulated.

Responsibilities/ Partnerships

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

Follow up Actions

National Commission to monitor early childhood education for the Human Development EFA wing of the education department. Education committees to be activated at all levels to follow up the process.

GOAL 2

Reduce the number of primary aged school children out of school by 50 percent, and increase net primary school enrolment, or participation in good alternative primary education programs, to at least 90% by 2010.

Objectives

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

Current Situation

1. Net primary school attendance as reported by UNICEF (“The State of the World’s Children 2003”) during 2001 was as under;
 - Boys: 50%
 - Girls: 41%
2. According to situation analysis contained in National Plan of Action for Education (2000-2015) regarding primary education;
 - a. Primary schools lack essential physical facilities including buildings, furniture, black boards, chalks and charts etc.

- b. Absenteeism is more common in rural areas.
- c. Parents and children are not interested in education because they do not recognize the benefits. They see it only as a means to get employment and when it is evident that many educated people fail to find employment, they lose interest in schooling.
- d. Unattractive school environment has resulted in a high drop out rate.

Priorities

1. Improve the physical facilities in existing schools so that there are adequate classrooms, water supplies, toilets and boundary walls.
2. Improve the quality of education through teacher education and training.
3. Enforce the compulsory education law throughout the country.
4. Build partnerships with the private sector, NGOs, CBOs and communities.

Target

To provide universal access to compulsory primary education for all children by 2015, with special emphasis on girls and children in difficult circumstances. All children between the ages of 5-9 to complete their primary education.

Proposed Strategies

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

Activating Actions

1. Left out and drop out children to be brought back into mainstream primary education, through combined efforts of the NGOs, CBOs, community and health committees, particularly in rural areas.
2. Private sector to make up gaps in government primary schools and establish easily accessible Primary Education Schools/ centers
3. Education committees and school parent/teacher associations to be established.
4. New schools and classrooms to be constructed on the basis of objective and demographic criteria. Preference to be given to girls' schools.
5. Education committees, community, NGOs and CBOs, in collaboration with the education department, to identify parents who do not send their children for primary education.

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

Time Frame

Increase gross participation rate from 83% to 90% in 2010 and 95% by 2015. Eliminate gender disparity up to 90% by 2010 and 100% by 2015

Resources Required

Finances required for the following purposes;

- Construction of new schools, addition of new rooms in existing schools, repairs to old schools.
- Training of primary teachers
- Refresher trainings for primary teachers
- Provision of missing facilities such as black boards, water supply and latrines in primary schools
- Training of female teachers for rural and undeveloped areas

Expected Outcomes

1. Universal accesses to primary education by 2015 for both boys and girls.
2. Elimination of left out and drop out children from primary education, through educational initiatives with EFA and NFE and with the involvement of communities, NGOs and CBOs.
3. Elimination of gender disparity in primary education by 2015.

Gaps

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

Responsibilities/ Partnerships

1. Education department at Provinces, FANA/FATA and AJK to monitor the entire primary education process and complete mapping of schools in rural areas.
2. Private sector to share responsibilities in establishing schools and help in achieving universal access to primary education.

3. Government to provide adequate funds for primary education.
4. Communities, NGOs, and CBOs to search out left out and dropped out children and bring them into mainstream, by providing them Non Formal Education (NFE) and Basic Education for All (BEFA).

Follow up Actions

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

GOAL 3

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

Objectives

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

Current Situation

Girls have a considerably lower enrolment rate than the boys. The difference is markedly larger in rural areas than in urban areas. Girls' enrolment is only 40% of the total primary school enrolment.

There were 1,170,000 (60%) boys enrolled in primary schools during 1999-2000 against 867,900 (40%) girls enrolled. There were 94,500 boys and 76,000 girls schools in the country during 1999-2000. This clearly indicates disparity in male and female genders in education sectors.

Priorities

1. Construction of new schools for girls
2. Training of female teachers, especially for rural areas
3. Promoting education for all new non-formal education classes to eliminate disparity in girls' education.

4. Awareness raising through media to promote gender equality in education and effect changes in attitudes, values and practices.
5. Activate community participation through education committees.

Targets

Eliminate gender disparities by 2007 and achieve gender equality by 2015.

Proposed Strategies For Gender Equity:

- a) Assign teachers to schools on the basis of empirical need and reduce transfer rate by recruiting local teachers for local schools.
- b) Ensure a better distribution and optimum utilization of teachers.
- c) Relaxation of qualification where no female teacher is available.
- d) Primary schools to be co-educational.
- e) All new primary schools to be opened with the ratio 60:40 i.e. 60 for female and 40 for male. Similarly the female/male teachers' ratio in new school to be 70:30.
- f) In order to attract and retain female teachers in rural areas and difficult regions of the country, special incentives including monetary incentive to be given to female teachers.

Activating Actions

1. Special focus on female education through integration of government, donor and international agency resources, so that the gender disparity can be eliminated from female education.
2. Adopt suitable measures for gender equality by increasing educational institutions and number of trained female teachers.
3. All provinces to provide free education to girls up to secondary level.
4. Support and develop the setting up of village education / school management committees and make them legal entities.
5. Expand Education For All (EFA) and non-formal education campaigns concentrating on girls and bringing them into mainstream.

Time Frame

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

Resources Required

1. Financial resources for opening new schools in specific areas.

2. Funds for additional training of female teachers to achieve equity.
3. Funds for monetary incentives for female teachers working in rural and undeveloped areas.
4. Funds for books and educational materials.
5. Funds to meet the requirements of free education to females.

Expected Outcome

1. Requisite financial resources.
2. Adequate system to search and rehabilitate the left outs and dropped out girls from primary education, with the help of the community and NGOs.
3. More female teachers available for rural, undeveloped and difficult areas.
4. Incentives for girls to attend schools with commitment and devotion.
5. Girls' primary schools to be available within accessible distances..
6. Improved impact of non-government organizations on motivating parents and girls.

Responsibilities / Partnership

1. Education department in Provinces, FANA/FATA and AJK to raise the number of female teachers in primary schools and provide training facilities for female teachers in undeveloped areas, through monetary incentives, and upper age limit and basic qualification relaxations.
2. Imams to share responsibilities for primary education, including girl students, in early education classes.
3. NGOs, CBOs, and community to participate in eliminating the discrimination and disparity for female students.
4. Government, through its education department, to monitor the process of eliminating gender disparity and provide funds for human resources development.
5. NGOs and CBOs, and Community Education Committees to work together to eliminate gender disparities.

Follow Up Actions

1. Community based education committees and NGOs to confirm, through mopping up operations, that no girl is out of school.
2. NGOs, and CBOs already involved in EFA and NFA operations to ensure that all left out and dropped outs girls be brought back into formal education through EFA and NFA, and rejoin the main stream.

3. Adequate monitoring and supervisory systems are in place to evaluate equity process.
4. Population surveys to determine sustainability of gender non-discrimination and maintenance of equity and equality in gender issue.

GOAL 4

Improve all aspects of quality education so that children and young people achieve recognized and measurable learning outcomes, especially in numeracy, literacy and essential life skills.

Objectives

1. To examine factors that facilitate and hinder the learning process in children and devise the best approach.
2. Improve school environments to facilitate learning for girls and boys throughout early childhood, primary level, and adolescence to adulthood.

Current Situation

1. **Pre Primary – Early Childhood Education** - Katchi class (pre-primary) has not been included in government schools due to scarcity of resources. In private sector schools, however, there is some pre-primary education under such names as K.G., Prep, and Nursery etc. Children below 5 years learn basic concepts of literacy and numeracy. However, the numbers are low compared to the total 3-5 years age group population.
2. **Religious Education** – In Pakistan, Quranic/ Islamic education for all is emphasized, particularly at an early age, both in urban and rural areas and almost equally for males and females. Quranic education is provided formally or informally at mosques, madrassas or at homes. It is an effective way to inculcate moral values and teach life skills at an early age. It is estimated that more than 80% children of 4-10 years age group do get Islamic education.
3. **Primary Education (5-9) years** – Gross participation rate at primary level is 88% (male 106% and female 66%). Net participation rate is 66% (Male 82% and Female 50%). Universal access to primary education is aimed at being achieved by 2015. As well as the formal education in regular government and private sector schools, there are many other programs that contribute to the target of universal access to primary education. These include Education For All (EFA), Non Formal Education (NFE) and many other programs started by NGOs and donor agencies.

Priorities

1. Construction of new schools, addition to existing schools, repair and provision of more facilities in the existing schools.
2. Reforms in pre service teacher training, include revision of curricula, revamping textbooks and instructional material. Revamping in-service training.

3. Enforcement of curricula that encourage enquiry, creativity and progressive thinking among students. Major effort to be directed towards improving the delivery of the curriculum.
4. Introducing Kachi class in the government primary schools. Private sector to continue developing pre-primary classes.

Target

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

Proposed Strategies

1. Provide access to all primary school age children, with a maximum of 19.6 million places/ seats to complete the required seats by 2006.
2. Open 8,250 new schools under ESR (2001-2004).
3. An addition of 2,500 new mosque schools to be made to the existing 27,000 mosques.
4. More schools to be opened under Non Formal Basic Education Scheme, National Education Foundation and other schemes.
5. Teacher training to be expanded.
6. ICTs to be utilized for training of educators, teacher trainers and managerial people, to promote quality EFA.
7. Textbooks to be revised, incentives to be provided to teachers for producing attractive learning materials.

Activating Actions

1. Agreed teaching strength in primary and upgraded middle schools to be increased.
2. Services of Pesh Imams to be utilized for each masjid Maktab Schools. New Pesh Imam to be appointed in new Masjid Maktab.
3. In order to improve the monitoring and supervision of the schools, additional supervisors/ learning coordinators, to be appointed.
4. Private sector to be encouraged to invest in education.
5. NGOs, CBOs, community and education committees to play their role in promoting quality education and improving the school environment.

Time Frame

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

Resources Required

1. Financial resources required for infrastructure of primary schools, additions, new constructions, repairs and provision of facilities presently lacking.
2. Finances required for up-grading primary schools to middle schools.
3. Finances required for training teachers, and refresher trainings for in service teachers.
4. Finances required for appointment of Pesh Imams in Masjid Maktabas.

Expected Outcomes

By the year 2015, universal access to free primary education for males and females will be achieved and all disparities of gender, rural and urban whatsoever will be eliminated. Children will be educated in a safe environment, which provides opportunities for students of both sexes to develop capabilities in numeracy, literacy and essential life skills.

Gaps

1. Distance from school and lack of facilities in schools.
2. Sub standard textbooks and obsolete curricula.
3. Poverty of parents, and their lack of understanding of the value of education.
4. Lack of separate girls schools, and inadequate financial support for them.
5. Lack of qualified and experienced female staff.
6. Lack of incentives for girls to attend schools.
7. Poor impact of non-governmental organizations on motivating parents and girls.

Responsibilities/ Partnerships

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

Follow up Actions

1. District education authority will be responsible for monitoring and evaluating primary education and early childhood education programme.
2. District, Provincial and National Education Management Information Systems (EMIS) will collect data/ information on core EFA indicators on a regular basis to evaluate the EFA programme.

GOAL 5

Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programmes.

Objectives

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

Current Situation

Despite all the effort of the Pakistan government, the overall education scene in Pakistan is unsatisfactory. There are insufficient resources available from both the federal as well as provincial governments. Only 2.06% of the GNP was reserved for education during 2000-2001.

There are thousands of ghost schools. Absenteeism of teachers in rural areas is very common. Schools in remote areas lack the required teaching strength. This is because teachers get themselves transferred to areas of their choice or deputed on loan or on general duty to the schools of their choice, yet continue to remain on the payroll of schools of remote areas and draw salaries from them. Teachers are appointed on a political basis and lack dedication and motivation. The primary school curriculum is mostly urban-oriented and not relevant for rural children.

Unattractive education/ school environments have resulted in poor retention and a high drop out rate. Poverty, illiteracy and the conservative attitude of parents are generating negative attitudes to education, especially for girls.

Priorities

1. Curriculum to be developed to meet the needs and mental growth of the children, and relevance to the community.
2. Required number of adequately trained teachers to be provided through incentives and residential facilities, particularly in remote areas.
3. Comprehensive teacher training, on-job refresher training and opportunities for in-service training and improvement of qualification with attractive benefits and promotion packages.
4. Provide incentives, free textbooks, free education and other facilities to children, particularly girls, to encourage them to complete their education, and so control the left out and dropout rate.

Target

To provide an attractive school environment with an improved and appropriate curriculum taught by adequately qualified, trained and devoted teachers. Provide universal access to free primary education by the year 2015 that meets the learning needs of all children, with sports and recreational activities in schools and communities, and develops life skills.

Proposed Strategies

1. To provide universal access to primary education by opening new primary schools and Masjid Maktab schools, establishing non-formal basic education schools, rehabilitating existing schools and introducing double shift systems in existing schools.
2. To improve the performance of existing schools and make full and optimum use of them. New schools will be located as close as possible to the cluster of homes where children live.
3. Incentive oriented approach to be adopted for the communities, villages and areas proportionate to their degree of accomplishment and success.
4. Assignment of teachers to schools according to empirical need. Transfer rate to be reduced by appointment of local teachers. Better distribution and optimum utilization of teachers to be ensured.
5. Improved teacher training facilities, and enhanced qualifications of teachers from remote and undeveloped areas.
6. Special incentives for female teachers so as to attract and retain them in rural areas and difficult regions of the country.

Activating Actions

1. Revise regulations and service rules for teachers, and create strong transparent personnel management mechanism. Enforce attendance and leave regulations with strict action against absentees.
2. Highly interactive (participatory), learner centered teaching and training materials to be produced. Training methods will be improved.
3. The curricula to encourage enquiry, creativity and progressive thinking, through project-oriented education. The linkages between curriculum development, textbook writing, teacher training and examination to be reinforced.
4. Textbooks to be revised, updated and improved to incorporate new knowledge, skills and technologies. Incentive to be provided to teachers for producing new and attractive learning materials, making use of audio, video and print media.

Time Frame

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

Resources Required

1. Construction of new schools, rehabilitation of dilapidated schools and rooms for shelterless schools.
2. Curriculum development.
3. Teacher training programmes.
4. Textbooks and other teaching material.
5. Audio video materials for education and recreation purposes.
6. Incentives for teachers, especially lady teachers and for female students.
7. Improvement of school environment.

Expected Outcomes

Universal primary education will be achieved by 2015, offering quality education and appropriate life skills.

Gaps

1. Distances from school and lack of facilities in schools.
2. Substandard textbooks and irrelevant curricula.
3. Poverty of parents and lack of understanding of value of education.
4. Need for separate girls schools and lack of adequate financial support.
5. Lack of qualified and experienced female staff.
6. Lack of incentives for girls to attend schools.
7. Poor impact of non-governmental organizations on motivating parents and girls.

Responsibilities/ Partnerships

- Government through education departments
- National and International funding agencies.

Follow up Actions

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

GOAL 6

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

Objectives

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

Current Situation

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

Priorities

1. Establish field offices
2. Select NGOs and site/ areas
3. Train master trainers, field functionaries, trainers, and teachers.
4. Procure and distribute equipment and material for offices and schools.
5. Registration of students and teaching/ learning activities at school level.

Target

Present literacy rate (2001-02) actual 49%

Phase 1 (2001-02 to 2005-06) target 61%

Phase 2 (2005-06 to 2010-11) target 68%

Phase 3 (2011-12 to 2015-16) target 86%

The target gender equity, 86% literacy rate both for male and female is targeted by 2015. More focus would be on rural areas as compared to urban. Rural literacy rate would be increased from the existing 37% to 83% by the year 2015.

Proposed Strategies

1. The literacy programme to be implemented by the District Literacy Department through NGOs/ CBOs.
2. A unit of 50 schools to be allotted to one NGO.
3. Communities may also establish their adult literacy centers and NFBE by forming CBO or village education committee (VEC) and network with bigger NGOs.
4. Government to provide;

- a. Salary of the teachers
 - b. Free learning material
 - c. Teaching aids
5. Procedures will be followed for site selection, registration of students, selection of NGOs, forming of CBOs and village education committee (VEC) prescribed by the education department regulations .

Activating Actions

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

Time Frame

The program will be completed in three phases of 5 years each, raising the literacy rate by the end of each phase as shown below;

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

Expected Outcomes

Literacy level at 86% for both male and female in rural and urban to be achieved by the year 2015.

Gaps

Lack of awareness at community and family level, particularly in remote and undeveloped areas where there is also an absence of NGOs and CBOs. Need for awareness raising campaigns

through media, and inter personal communication among staff in education, local government and social welfare department.

Responsibilities/ Partnerships

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

Follow up Actions

Monitoring and evaluation by the District Literacy Department. Education Department and UNICEF to determine success of the programme by conducting monitoring surveys.

D. CHILD PROTECTION

I. SPECIAL PROTECTION

GOAL 1

Protect children from the impact of armed conflict and ensure compliance with international humanitarian law and human rights.

Objective:

Protection of children from armed conflict

Time Frame:

Year 2007

Strategies/Actions:

1. Establish special rehabilitation centers for children affected by armed conflict.
2. Provision of proper health care and formal vocational education training.
4. Rehabilitation.

Responsibility & follow up actions

1. Public and private sector organizations with the collaboration of NGOs and society
2. PBM
3. Donor agencies
4. Social Welfare Department at Provinces, FANA/FATA and AJK.

GOAL 2

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

Objectives

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

Strategies/Actions

1. Harmonization and synergies among government run programmes and with the donor run programs on child labour.
2. Mass campaign that includes seminars, symposiums, and workshops on child labor issues involving district governments, contractors and employers.
3. Develop non-formal education facilities for children involve in child labor on a large scale and make arrangement of their mainstreaming in the formal education system.

4. Implement Occupational Safety and Health Standards in all industries.
5. Review existing child labor policies and revise them with consultation of civil society.
6. Activate Citizen Community Boards (CCBs) on the issues of child labor at district level.
7. Promote research at university level on child labor issues.
8. Involve university students in non-formal education of children.
9. Provision of recreational, educational and health facilities for child laborers in all industrial sectors.
10. Enhanced wage rate and reduced working hours for children.
11. Consultations with NGOs and community to develop a mutually identified child labor monitoring system at the district level.
12. Micro credit financing for the families of child laborers through social safety networks.
13. Surveys on child labor by FBS.
14. Engage print and electronic media to continuously project issues of child labor in the media.

Responsibility and follow up actions

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

GOAL 3

Protect children from trafficking for prostitution, camel racing, organ transplant, forced labor, drug smuggling, begging, pedophile, forced child marriages and other exploitative forms of work.

Objectives

1. Revise national laws and policies under auspices of CRC to protect children from trafficking.
2. Enhance the capacity of the key stakeholders and mobilize them to generate active support towards implementation of national policy to prevent child trafficking.
3. Raise awareness on child trafficking at different levels aiming at changing perception, attitude, traditional values and norms that keep people indifferent and inactive in combating child trafficking.
4. Capacity building of law enforcers and service providers on child trafficking issues.
5. Encourage local governments in vulnerable districts to take pro-active steps to prevent child trafficking.
6. Create synergies among government departments, and bridge the prevailing operation and communication gap regarding child trafficking issue.
7. Provide education, health, and recreational facilities to all victims of trafficking.
8. Guarantee basic safety against repeated or future abuse, including the possibility of 're-trafficking'.
9. Introduce rehabilitation and reintegration programmes, activities and services which are directed at the survivor's needs and rights, and are carried out efficiently and effectively.
10. Arrange psychological counseling and support for the child survivor, in order to help her/him to withstand the impact of the legal proceedings.
11. Offer guarantee of support and assistance for the child survivor and her/his family, making them feel more secure and safe.
12. Arrange reunification of children with their families.
13. Familiarize the child survivors with procedures of the justice system.
14. Introduce protection through the social service system.
15. Develop a legal aid programme or the criminal justice system for the victims of trafficking.
16. Build up network of professionals and organizations committed to data gathering, fact compilation and verification, reporting and intervention on trafficking and child abuse cases.

Strategies/Actions

1. Establish and operate core groups/ networks in targeted districts to conduct advocacy activities to combat child trafficking at district level.
2. Constitute a committee on child trafficking at national level that includes members from government, public and private sector.
3. Revise national laws and policies with consultation of NGOs, academia, and civil society.
4. Government to undertake legal and other measures to ensure the implementation of SAARC Convention on Preventing and Combating Trafficking in Women and Children for Prostitution as enunciated in article X.
5. Sign bilateral and multilateral agreements to prevent child trafficking with source, transition and destination countries.
6. Promote and strictly implement Prevention and Control of Human Trafficking Ordinance 2002.
7. Introduce a reporting system on trafficking at national, provincial and district levels.
8. Take input from all stakeholders from all over the country to formulate a national counter-trafficking mechanism.
9. Identify local and provincial gangs and other stakeholders involved directly or indirectly in trafficking.
10. Strict enforcement, rigorous imprisonment and fines to be imposed on all partners to this crime.
11. Record and data about trafficking incidents and traffickers must be maintained at the district, provincial and national levels.
12. Establish rehabilitation centers in coordination with District Governments, NGOs and CBOs for the victims of trafficking and ensure their education and welfare.
13. Improve birth registration and other related systems, especially for ID cards and passports.
14. Regulate the camel race event during annual fair in Cholistan
15. Training of labor inspectors to keep a continuous check on employers who obtain children for involvement in worst forms of child labor, and take remedial measures to stop child labor (INGOs/NGOs)
16. Training and sensitization of FIA officials and border forces to trafficking issues and victims.
17. Check and break trafficking networks.

18. Improve the role and transparency of *Zakat* and *Bait-ul-Mal* committees to address the problems of deserving families.
19. Media (State and Private) can play an effective role in highlighting the dangers of trafficking and informing the public about the existing laws in this regard.
20. Local and provincial gangs and other stakeholders involved directly or indirectly in trafficking need to be identified. (NGOs)
21. Review the issue of trafficking through marriage and take effective steps to prevent fake marriages that are used for trafficking, especially internal trafficking.
22. Local governments to initiate social development projects in the vulnerable district; public works programs could be one way of ensuring employment opportunities.
23. Sensitization of the UC members to the issue is a starting point. Once the members are convinced, they could find ways of effectively curbing trafficking in their area.
24. Local NGOs and CBOs can mobilize opinion against women's exploitation through the customs of *Walwar* or *Gul* until the government imposes restrictions on the misuse of this customary practice.
25. Training of local journalists/activists about trafficking issues (INGOs/NGOs).
26. NADRA needs to be more stringent about the issuance on National Identity cards to check issuance of fake or multiple cards.
27. Effective coordination for implementation of NPA for combating Human Trafficking.

Responsibility and Follow up

1. Government functionaries
2. District Governments
3. FIA, Police, and customs
4. Ministry of Labour, Manpower and Overseas Pakistanis
5. Ministry of Women Development, Social Welfare and Special Education
6. National Commission on Child Welfare and Development (NCCWD)
7. ILO-IPEC
8. NGOs
9. FBS
10. Media

GOAL 4

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

Objective

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

Time Frame

Achieve the target by 2015

Strategies/Actions

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

Responsibility & follow up actions:

1. Government
2. NGOs
3. Community

II. GENERAL PROTECTION

GOAL 1

Protect children from all forms of abuses, neglect, exploitation and violence

Objective

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

Time Frame

Protection of children is a priority at all times.

Strategies/Actions

1. Creating awareness programs at all levels.
2. Development of IEC material.
3. Children's rights workshops for professional groups and NGOs/CBOs.

4. Community mobilization.
5. Development of referral system for victimized children.
6. Support services for victims.

Resources

1. Collaboration of NGOs with Government.
2. Community involvement and participation.
3. Strong infrastructure.

Responsibility & follow up actions

1. Ministry of Law, Justice & Human Rights,
2. Television
3. Radio
4. APNS
5. CPNE
6. NGOs
7. International donor agencies
8. Social Welfare Department.
9. Local Government bodies.

Outcome

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

GOAL 2

Protect children from all forms of exploitation, including pedophilia, trafficking and abduction

Objective

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

Time Frame

Children will be protected from all forms of exploitation by the year 2015.

Strategies/Actions

General awareness of the existing laws regarding protection of the children through media and advocacy seminars.

Resources

1. Financial, technical and human resources
2. Well-organized institutions
3. Infra structure development

Responsibility & follow up actions

1. Ministry of Law, Justice and Human Rights
2. Home departments
3. Provincial High courts
4. Human Rights Commission
5. SWD
6. Religious madrassas
7. ISPs
8. Interpol
9. PTCL

Outcome

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

GOAL 3

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

Objective

Universal Registration at Birth ensured. Name and nationality to all children in accordance with National Law and relevant international instruments.

Time Frame

Children will be registered by the year 2015

Strategies/Actions

1. Effective coordination with the relevant agencies responsible Ministry of Local Government, Interior (NADRA) and immigration authorities.
2. Awareness raising campaign to sensitize the public on the importance of Registration at Birth and Nationality.
3. Capacity development of the officers / officials responsible for carrying out the said functions.

Resources

1. Resources of NADRA
2. Local Government
3. Social Welfare

Responsibility & follow up actions

Ministry of Local Government, Interior, Social Wel. & Special Education, NGO and supporting donors and International NGOs (UNICEF, SCF, Plan International.) The agencies should calculate and manage the resource as per their specific responsibilities.

GOAL 4

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

Objective

1. Review of existing laws and policies.
2. Bring in new and comprehensive law on child protection covering all aspects of the child protection.

Time Frame

2005-2010.

Strategies/Actions

1. Review and develop new and comprehensive law on the subject in consultation with the relevant stakeholders.
2. Strategy for awareness raising, sensitization and capacity development.
3. Development and promulgation of the law.

4. Strategy for effective implementation of the laws.

Responsibility & follow up actions

1. Provincial Social Welfare Departments.
2. Ministries of Social Welfare & Special Education, Law Justice & Human Rights, Interior,
3. NGOs, Donors, UNICEF, ILO.

GOAL 5

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

Objective

Prorogation and awareness raising on the rights of the child. Making Child Rights and Human Rights part of Education Curriculum.

Time Frame

2006-2015.

Strategies/Actions

1. Campaign on the Child Rights in print and electronic media, the rights of the child.
2. Organizing child rights and human rights bodies at National, Provincial and grass root level, to care and work for non-discriminating free society and provide effective assistance to the victims of discrimination.

Responsibility & follow up actions

1. Ministry of Social Welfare & Special Education
2. Ministry of Religious Affairs
3. Ministry of Interior
4. NGOs
5. International donors
6. Provincial Social Welfare & Special Education, Religious Affairs, Interior, Education, and Home Departments.

GOAL 6

End impunity for all crimes against children by bringing perpetrators to justice and publicizing the penalties for such crimes.

Objective

1. Ensure justice to all.
2. Awareness raising on the law and rights of victim and consequences of perpetration.

Time Frame

2005-2015.

Strategies/Actions

1. Publicize the consequences of perpetration of violence against any rights of the victim, and facilities and services available for the assistance to victim.
2. Organizing society to keep watch on the perpetrators.
3. Develop an effective strategy for the protection of children from all forms of abuse, exploitation and violence.
4. Develop capacity of law enforcing agencies to timely check the violence and take effective steps against the perpetrators.

Responsibility & follow up actions

1. Ministries of Social Welfare & Special Education; Law, Justice and Human Rights; and Interior
2. NGOs
3. Donors
4. Provincial Social Welfare Departments, Home Departments, Law and Justice Departments.

GOAL 7

Raise awareness about the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation.

Objective

1. Affective information and awareness about all forms of child abuse including sexual abuse.
2. Identification of risk factors and protection strategy for effective protection.

Time Frame

2006-2010.

Strategies/Actions

1. Community intervention programmes.
2. Assessment of consequences on children who are subjected to violence, abuse and exploitation.
3. Fact and figure based information for awareness of general public.

Responsibility & follow up actions

1. Ministries of Social Welfare & Special Education, Interior, Health, Education, Law, Justice & Human Rights
2. Provincial Social Welfare, Interior, Provincial Social Welfare, Home, Education Depts.
3. NGOs
4. International Donors.

GOAL 8

Promote the establishment of prevention, support and caring services as well as justice systems specifically applicable to children.

Objective

1. Prevention of children from abuse.
2. Protection of children from abuse and exploitation.
3. Rehabilitation and reintegration of children who are victims of abuse and exploitation.

Time Frame

2005-2010.

Strategies/Actions

1. Effective prevention programme.
2. Awareness raising.
3. Measure to identify the risk factors and devise special protection measure in this respect.

4. Develop protection strategy by organizing protection committee at all levels.
5. Public sector shelter homes and rehabilitation centers for children who are victims of abuse and exploitation.

Responsibility & follow up actions

1. Ministries of Social Welfare & Special Education, Interior
2. NGOs
3. International Donors
4. Provincial Social Welfare & Special Education, Interior, Health, Education, Home Departments.

GOAL 9

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

Objective

1. Elimination of early and forced marriages
2. Promotion of education among girls

Time Frame

2006-2010.

Strategies/Actions

1. Increasing educational facilities especially for girls.
2. Effective implementation of existing laws.
3. Awareness raising, specially educating the general public, of harmful effect of early marriages.
4. Capacity building measures.

Responsibility & follow up actions

1. Ministries of Social Welfare & Special Education, Health, Education, Interior,
2. Provincial Social Welfare, Home, Health and Education Departments.

GOAL 10

Adopt mechanisms to provide special protection and assistance to children without primary care givers.

Objective

Protection of children without primary care givers.

Time Frame

2006-2010.

Strategies/Actions

1. Assessment of problem.
2. Regularization of existing institutions, development of model institution.

Responsibility & follow up actions:

1. Ministries of Social Welfare & Special Education, Health, Education,
2. Provincial Social Welfare, Health, Education Departments
3. NGOs.

GOAL 11

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

Objective

Regularize childcare institutions. Develop uniform code of conduct to regulate the supervision of institutions. Support to promote the social service structure in these institutions.

Time Frame

2006-2010

Strategies/Actions

1. Preparation of uniform rules to regulate orphanages and childcare institutions.
2. Support packages for development of social services for standard of living of disadvantaged and poor children living in situations.

Responsibility & follow up actions

1. Ministries of Social Welfare & Special Education, Health, Education, Religious Affairs
2. Provincial Health, Social Welfare and Education Departments.

GOAL 12

Combat and prevent the use of children, including adolescents, in the illicit production of and trafficking in narcotic drugs and psychotropic substances.

Objective

Effective implementation of existing laws, awareness campaign for general public. Capacity building of law enforcers and community based intervention centers.

Responsibility & follow up actions:

Ministries of Social Welfare & Special Education, Interior, Narcotics Control, and Information

E. COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC)

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

Objectives of Prevention Program

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

Objectives of Protection Program

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

Objectives of Recovery and Reintegration Program

1. To promote and achieve the best possible recovery of child victims of sexual abuse and exploitation.

2. To ensure that services provided to child victims and their families are comprehensive and of high quality, using non punitive approach and in keeping with the best interests of the child.
3. To build a national pool of health care providers who have the expertise to deal with all type of child abuse.
4. To facilitate the full rehabilitation and reintegration of child victims into their families and communities.

Objectives of Participation Program

1. Encourage appropriate participation.
2. Increase children's awareness on their rights to participate, and build their capacity to do so.
3. Raise awareness of parents, teachers and other duty bearers regarding children's rights to participate in all matters affecting their lives.
4. Build capacity of relevant instructional structures and individuals to ensure children's participation in matters related to their protection.
5. Build capacity of children to actively participate in all matters affecting their lives.

Objectives of Monitoring and Coordination Program

1. Establish a multi-sectoral monitoring and coordination system at national, provincial and district level.
2. Ensure implementation and enhance the overall efficiency, coverage and impact of the activities and programmes.
3. Enhance the effectiveness of efforts through strengthened coordination and co-operation.

National Plan of Action Matrix

A. Promoting Health Lives

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|--|---|------------|-------------------|---|--|---|--|
| Reduction in IMR and U5MR by at least 1/3, in pursuit of the goal of reducing it by two thirds by 2015 | Decrease of IMR up to 75/1000 live births | Year 2006 | IMR 84 | <input type="checkbox"/> Expansion, consolidation and integration of health delivery services <input type="checkbox"/> Health awareness through health education <input type="checkbox"/> Establishment of MCH centers in each region/ area <input type="checkbox"/> Provision of 100% trained staff <input type="checkbox"/> HR Development through training and workshop <input type="checkbox"/> Public private partnership <input type="checkbox"/> Availability of trained birth attendants (doctors, nurses, LHV, trained TBAs) | <input type="checkbox"/> Health, population welfare, local government and other line departments at FANA/FATA and AJK <input type="checkbox"/> Community <input type="checkbox"/> NGOs | Infant Mortality Rate Under 5 Mortality Rate | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |
| | Decrease of IMR up to 30/1000 live births | Year 2015 | U5MR 125 | <input type="checkbox"/> Community Midwives networking <input type="checkbox"/> 100% Immunization of children <input type="checkbox"/> Control of diarrhea diseases and ARI <input type="checkbox"/> Supplementation with Vit. A during NIDs | | | |
| | Decrease of U5MR up to 100/1000 live births | Year 2006 | U5MR 125 | | | | |
| | Decrease of U5MR up to 45/1000 live births | Year 2015 | | | | | |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|--|-----------------|--|--|--|---------------------------------------|--|
| Reduction in MMR by at least 1/3, in pursuit of the goal of reducing it by three quarters by 2015 | Decrease of MMR from 530/100,000 live births to 350/100,000 Decrease of MMR to 150 by year 2015 | Year 2006-2015. | MMR— 530/100,000 live births | <input type="checkbox"/> Expansion of MCH facilities from the existing 879 to 1800 <input type="checkbox"/> Provision of quality health services in rural areas <input type="checkbox"/> Spacing of births <input type="checkbox"/> Nutrition of expecting mothers may be improved <input type="checkbox"/> MCH education HR Development through training and workshops <input type="checkbox"/> Public private partnership | <input type="checkbox"/> Health, population welfare, local government and other line department FANA/FATA and AJK <input type="checkbox"/> Community <input type="checkbox"/> NGOs | Maternal Mortality Ratio | -do- |
| Reduction of child malnutrition among children under 5 years age by at least 1/3 with special attention to children under two years of age, and reduction in the rate of low birth weight by at least 1/3 of the current rate | Prevalence of under-weight in children (under 5 years of age) to 19% Reduction of percentage | Year 2006-2015. | Under 5 under-weight children 38% Infants with low birth weight 21% | <input type="checkbox"/> Health & nutrition education by inclusion in curricula of schools <input type="checkbox"/> Nutrition rehabilitation centers in urban and rural areas <input type="checkbox"/> Promoting breast feeding and weaning <input type="checkbox"/> Induction of community midwives (TBAs) <input type="checkbox"/> Strengthen National Nutrition Community based Programme | Health & Education departments at Provinces, FANA/FATA and AJK NGOs participation Baitul Mal | Percentage of Low Birth Weight babies | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|---|-----------------|--|--|--|--|--|
| the rate of low birth weight by at least 1/3 of the current rate | of low birth weight babies to 14% | | | <ul style="list-style-type: none"> <input type="checkbox"/> Encourage participation of philanthropic organizations at all levels of health services <input type="checkbox"/> Integration of Family Welfare Centers, Mobile Service Units, and VBFPWs with the health sector outlets <input type="checkbox"/> Control and appropriate management of childhood illnesses (IMCI) <input type="checkbox"/> Reduce micronutrient deficiency (Iodine, Vit.A, deworming, Iron supplementation) <input type="checkbox"/> Reduce low birth weight by improving maternal nutrition Kcal/day | | | Donors. iii) Community Resources available with NGOs |
| Reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one third | 95% access to safe drinking water and 82% sanitation. | Year 2010-2015. | Population using improved drinking water sources (total)– 90 Population using adequate sanitation facilities (total)–62 | <ul style="list-style-type: none"> <input type="checkbox"/> Community mobilization/ involvement <input type="checkbox"/> Create awareness <input type="checkbox"/> Reservation of water resources <input type="checkbox"/> Solid waste management. | <ul style="list-style-type: none"> <input type="checkbox"/> LG, NGOs and <input type="checkbox"/> City governments | Percentage of population with access to safe drinking water and sanitation | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|---|---|--|--|---|---|---|
| Development and implementation of national early childhood development policies and programs to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development | Formulation of National ECD program, followed by implementation | By 2010-2015 | ECD programs not exist | <input type="checkbox"/> Expansion of services of EPI <input type="checkbox"/> Expansion of LHWs network <input type="checkbox"/> Introduction of a new tier of lady workers to accommodate children of ages 3-5 (ECD workers) <input type="checkbox"/> Establishment of play groups <input type="checkbox"/> Capacity building of primary school teachers <input type="checkbox"/> Introduction of Kachi class | <input type="checkbox"/> Provincial governments <input type="checkbox"/> Civil society | ECD project has set the standards | Budgets allocated to relevant Provincial Departments./ Organizations/ Distt. Government |
| Development and implementation of national health policies & programs for adolescents, including goals and indicators to promote their physical & mental health | To develop a comprehensive National Health Policy for adolescents & later on its implementation at national level | Formulation by year 2006 Followed by implementation 2006-2015 | No particular policy regarding the adolescents | <input type="checkbox"/> Hiring of technical assistance <input type="checkbox"/> Establishing a separate desk for adolescents in the M/o Health <input type="checkbox"/> Inclusion in National Health Policy as a regular event | Federal Government Ministry of Health | National Health Policy for Adolescents formed and implemented | Budgets allocated to Ministry of Health |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|--|------------|---|---|--|--|--|
| Access through the primary health care system to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015 | PHC system approaches all target individuals of reproductive age group (15-49 years) | Year 2015 | PHC facilities are not fully equipped, also the staff especially the female staff are deficient | <input type="checkbox"/> More LHWs be appointed <input type="checkbox"/> Strengthening of MCH services <input type="checkbox"/> Community midwives <input type="checkbox"/> RH educationq Community/families involvement | <input type="checkbox"/> Health & Population Department at Provinces, FANA/FATA and AJK <input type="checkbox"/> Community & NGOs | Percentage of individuals of reproductive age group attending PHC facilities | allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

B. Combating HIV/AIDS

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|------------------------------------|----------------------------|---|--|---|---|---|
| By 2003, establish time bound national targets to achieve the inter-nationally agreed global prevention goal to reduce by | Reduce HIV/AIDS to less than 0.11% | Achieve the target by 2015 | Adult HIV prevalence rate (15-49 years)—0.11% | <input type="checkbox"/> Voluntary counseling and testing <input type="checkbox"/> Interventions to reduce mother to child transmission <input type="checkbox"/> Surveillance <input type="checkbox"/> Providing home and community based care <input type="checkbox"/> Clinical & professional management | <input type="checkbox"/> Govt. <input type="checkbox"/> NGOs <input type="checkbox"/> Community organizations | <input type="checkbox"/> Prevalence of HIV infected cases through HMIS data | i) Ministry/ Departments./ Organizations ii) International Donors. |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|--|------------|------------|-------------------|---|------------------------------------|--|---|
| <p>2005 HIV prevalence among young men and women aged 15-24 in the most affected countries by 25 percent and by 25 percent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys</p> | | | | <ul style="list-style-type: none"> <input type="checkbox"/> Awareness through media, IPC <input type="checkbox"/> Engagement of political, social and religious leaders <input type="checkbox"/> Augmenting planning, infrastructure, and capacity building <input type="checkbox"/> Compulsory AIDS/HIV testing for all foreigners | | <ul style="list-style-type: none"> <input type="checkbox"/> +No. of blood donors screened for HIV | <ul style="list-style-type: none"> iii) Community Resources avail able with NGOs |

C. Providing Quality Education

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|--|--|---------------------------------------|---|---|--|---|--|
| Expand and improve comprehensive early childhood care and education, for girls and boys, especially for the most vulnerable and disadvantaged children | Coverage of early childhood care and education of good quality to the target group | 50% by Year 2010 80% by Year 2015. | Early childhood care is lacking although Katchi class has been included in primary schools There are no play groups for very young | <input type="checkbox"/> Introduction of Kachi class to every Government owned primary school <input type="checkbox"/> Establishment of play groups <input type="checkbox"/> Teachers training and refresher courses <input type="checkbox"/> Community participation in educational activities <input type="checkbox"/> Awareness by using print and electronic media <input type="checkbox"/> Seminars and workshops | <input type="checkbox"/> Provincial Government <input type="checkbox"/> NGOs & community <input type="checkbox"/> Donor agencies | Proportion of children of ages 3-5 years entered to primary schools/play groups | Budgets allocated to relevant Provincial Departments./ Organizations/ Distt. Government International Donors |
| Reduce the number of primary school age children who are out of school by | Achieve the target of at least 90% primary school | Year 2006. Year 2015 | Net Primary School enrollment/ attendance 46% | <input type="checkbox"/> Teachers training <input type="checkbox"/> Conducive environment in schools <input type="checkbox"/> Community & parents participation in education activities <input type="checkbox"/> Mass campaigns <input type="checkbox"/> Seminars and workshops | <input type="checkbox"/> Government <input type="checkbox"/> Community and parents <input type="checkbox"/> NGOs | Increased literacy rate particularly for girls | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|--|--|--|---|--|--|--|---|
| 50% and increase net primary school enrolment or participation in alternative, good quality primary education programs to at least 90% by 2010. | education/enrolment. and gross enrollment to rise to 105% | | | <input type="checkbox"/> Reduce household costs of education <input type="checkbox"/> Improve teacher motivation and attendance <input type="checkbox"/> Food incentives (edible oil) for girls <input type="checkbox"/> Recruitment of additional teachers (70% women) <input type="checkbox"/> Separate toilet facilities with water <input type="checkbox"/> Construction of additional classrooms & girls schools | | | Organizations ii) International Donors. iii) Community Resources available with NGOs |
| Eliminate gender disparities in primary & secondary education by 2005, & achieve gender equality in education by 2015, with a focus on ensuring girls, full & equal access to and achievement in basic education of good quality | Achieve gender balance for primary education and secondary education | For primary education (Year 2008) For secondary education (Year 2015) | -Net primary school attendance Male 50 Female 41 Secondary school enrollment ratio Male 46 Female 32 | <input type="checkbox"/> Increase the number of institutions/ girls schools <input type="checkbox"/> Additional financial and material resources for girls schools <input type="checkbox"/> Community mobilization <input type="checkbox"/> Public private partnership | <input type="checkbox"/> Provincial Governments <input type="checkbox"/> NGOs <input type="checkbox"/> Community and private support | Proportion of girls in primary and secondary school system | Budgets allocated to relevant Provincial Departments./ Organizations, Distt. Government International Donors/ local NGOs |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|--|--|-----------------------------|---|---|--|---|--|
| Improve all aspects of quality of education so that children and young people achieve recognized measurable learning outcomes especially in numeracy, literacy and essential life skills | Improving the quality of education in all spheres especially in languages, science and mathematics | Achieve the target by 2010. | Poor quality of education. Most of the students fail in languages, mathematics and science subjects | <input type="checkbox"/> Training of teachers especially in Mathematics, Science and English <input type="checkbox"/> Awards, reward and incentives <input type="checkbox"/> Monitoring <input type="checkbox"/> Uniform curriculum | <input type="checkbox"/> Government <input type="checkbox"/> Community <input type="checkbox"/> NGOs | Proportion of the children and young people passed out in mathematics, languages and vocational subjects every year | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |
| Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programs | Access of all young people towards learning and life skills | Year 2015 | Due to scarce resources and mismanagement of available resources, most of | <input type="checkbox"/> Set up of new and comprehensive libraries at tehsil and sub tehsil level <input type="checkbox"/> Use of electronic media for academic purposes <input type="checkbox"/> Elimination of unnecessary programs from the media <input type="checkbox"/> Establishment of more vocational centers in diversified fields | <input type="checkbox"/> Government <input type="checkbox"/> Community organizations <input type="checkbox"/> Community in general | No. of young people benefited | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. |

| Goals | Objectives | Time Frame | Current Situation | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|---|--|---|---|--|---|--|
| | | | the young people lack access to appropriate learning and life skills programmes | | | | iii) Community Resources available with NGOs |
| Achieve a 50% improvement in levels of adult literacy by 2015, especially for women | Achieve 85% adult literacy especially for women | Achievement of 85% adult literacy by 2015. | Adult literacy rate 43% | <input type="checkbox"/> Motivation and awareness through print and electronic media <input type="checkbox"/> Door to door messaging <input type="checkbox"/> Workshops and seminars <input type="checkbox"/> Opening part time literacy centers in existing institutions <input type="checkbox"/> Free learning material | <input type="checkbox"/> NGOs <input type="checkbox"/> Government <input type="checkbox"/> Donor agencies <input type="checkbox"/> Community <input type="checkbox"/> Yearly data collection | Achievement of 85% adult literacy rate at the end of 2015.0 | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

D. Child Protection

Special Protection

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

| Goals | Objectives | Time Frame | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|---|--|--|--|---|---|--|
| Take immediate & effective measures to eliminate the worst forms of child labor as defined in the ILO Convention No.182 and elaborate and implement strategies for the elimination of child labour that is contrary to accepted international standards | <input type="checkbox"/> Elimination of all forms of child labour | Elimination of worst forms by 2006 Elimination of all other forms except domestic labor by 2010 Domestic labor by 2015 | <input type="checkbox"/> Mass awareness campaigns <input type="checkbox"/> Options and alternatives for children, parents and employers <input type="checkbox"/> 2 hours relief from working place to seek formal education <input type="checkbox"/> Active participation by NGOs, community and children <input type="checkbox"/> Incentive for Employer <input type="checkbox"/> Establishment of social securities authority or program <input type="checkbox"/> Provision of recreational facilities to children <input type="checkbox"/> Survey/data collection of labor children <input type="checkbox"/> Identification of mega Projects <input type="checkbox"/> Poverty eradication projects <input type="checkbox"/> Enhanced wage rates | <input type="checkbox"/> Govt. functional-ies <input type="checkbox"/> ILO-IPEC <input type="checkbox"/> NGOs <input type="checkbox"/> Chamber of Commerce | No. of children taken out from industry and other businesses | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |
| Improve the plight of millions of children who live under especially difficult circumstances | Improve the status of those children who are deprived of their legal | Achieve the target by 2015 | <input type="checkbox"/> Creation of mass awareness through social counseling with families <input type="checkbox"/> Shelter for disowned, kidnapped and lost children <input type="checkbox"/> Rehabilitation centers for addicts, refugees and other deprived children | <input type="checkbox"/> Government <input type="checkbox"/> NGOs <input type="checkbox"/> Community | No. of children given relief by the Govt. NGOs and other social welfare organizations | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. |

| Goals | Objectives | Time Frame | Strategies/ Actions | Responsibility & follow up actions | Performance Indicators | Sources of financing the Activities |
|-------|----------------------------------|------------|--|------------------------------------|------------------------|--|
| | and social rights in the society | | <input type="checkbox"/> Improvement of justice system and promulgation of child friendly laws | | | iii) Community Resources available with NGOs |

General Protection

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|--|---|---|---|--|--|
| Protect children from all forms of abuses, neglect, exploitation and violence | Prevent children from being sexually abused, exploited or harassed by all sectors of society | Protection of children is a priority at all times | <input type="checkbox"/> Creating awareness programs at all levels <input type="checkbox"/> Development of IEC material <input type="checkbox"/> Children's rights workshops for professional groups and NGOs/CBOs <input type="checkbox"/> Community mobilization <input type="checkbox"/> Support services for victims <input type="checkbox"/> Development of referral system for victims | <input type="checkbox"/> Collaboration of NGOs with Govt. <input type="checkbox"/> Community involvement and participation <input type="checkbox"/> Strong infrastructure | <input type="checkbox"/> Govt. of Pakistan <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> APNS <input type="checkbox"/> CPNE <input type="checkbox"/> NGOs <input type="checkbox"/> International donor agencies <input type="checkbox"/> Social Welfare Dept. <input type="checkbox"/> Local Govt. bodies. | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|--|---|--|--|--|---|--|
| Protect children from all forms of exploitation, including pedophilia, trafficking and abduction | Provision of comprehensive rehabilitation services and reintegration of child victims into their families and communities | Children will be protected from all forms of exploitation by the year 2015 | <input type="checkbox"/> General awareness of the existing laws regarding protection of the children through media and advocacy seminars | <input type="checkbox"/> Financial, technical and human resources <input type="checkbox"/> Well-organized institutions <input type="checkbox"/> Infrastructure development | <input type="checkbox"/> Ministry of Law, Justice and Human Rights <input type="checkbox"/> Home departments <input type="checkbox"/> Provincial high courts <input type="checkbox"/> Human rights commission <input type="checkbox"/> SWD <input type="checkbox"/> Religious madrassas <input type="checkbox"/> ISPs <input type="checkbox"/> Interpol <input type="checkbox"/> Telecommunication department | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|---|------------|---|---|---|--|
| Develop systems to ensure the registration of every child at or shortly after birth, and fulfill his or her right to acquire name and nationality, in accordance with national laws and relevant international instrument | <ul style="list-style-type: none"> - Universal Registration at Birth ensures. Name and Nationality to all children in accordance with National Law and relevant international instruments. | 2006-2015. | <ul style="list-style-type: none"> - Effective coord. amongst the relevant agencies both at public and private sectors responsible Registration at Birth and Nationality. - Awareness raising campaign to sensitize the mass on the importance of Registration at Birth and Nationality - Capacity Dev. of the officers / officials and offices responsible for carrying out the said functions. | <ul style="list-style-type: none"> - Local Govt. - Social Welfare - NGOs | 10. M/o Local Govt, Interior, Social Wel. & Spl. Edu., Social Welfare, Home, and Local Govt. Depts. at Provinces, FANA/ FATA and AJK 11 NGO and Supporting Donors & Int. NGO's (UNICEF, SCF, Plan Intl.) | i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|--|--|------------|--|--|---|--|
| Encourage all countries to adopt and enforce laws, and improve the implementation of policies and programmes to protect children from all forms of violence, neglect, abuse and exploitation, whether at home, in school or other institutions, in the work place or in the community. | <ul style="list-style-type: none"> - Review of existing laws and policies. - Bring new and comprehensive law on child protection covering all aspects of the child protection. | 2006-2010. | <ul style="list-style-type: none"> - Review and develop new, comprehensive law on the subject in consultation with the relevant stakeholders. - Devise strategy for awareness raising sensitization and capacity development. - M/o Law will support and assist in development and promulgation of the law. - M/o Interior will develop strategy for the said law effectively. | <ul style="list-style-type: none"> - NGO's - Donors - M/o Social Welfare & Special Education - Provincial Social Welfare Depts. - NGO's - Donors | <ul style="list-style-type: none"> M/o Social Welfare & Special Education, Law Justice, Interior, UNICEF, ILO. | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |
| Adopt special measures to eliminate discrimination against children on the basis of race, color, sex, language, religion, | <ul style="list-style-type: none"> - Prorogation and awareness raising on the rights of the child. - Making Child | 2006-2015. | <ul style="list-style-type: none"> - Campaign on the print and electronic media, the rights of the child. - Organizing child rights and human rights events at National, Provincial and grass root level to care and work for discrimination free society and provide effective assistance to the victim of discrimination. | <ul style="list-style-type: none"> - M/o Social Welfare & Special Education - Minority Affairs - M/o Interior - NGO's | <ul style="list-style-type: none"> M/o Social Welfare & Special Edu, Religious Affairs, Interior, Education, and Provin- | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|--|---|-------------|---|---|---|--|
| political or other opinion, national, ethnic or social origin, property, disability, birth or other status, and ensure their equal access to education, health and basic social services | Rights and Human Rights part of Education Curriculum. | 2006-2010. | | - International Donors | cial Home Departments. | Donors. iii) Community Resources available with NGOs |
| End impunity for all crimes against children by bringing perpetrators to justice and publicizing the penalties for such crimes | - Ensure justice to the all. - Awareness raising on the law and rights of victim and consequences of perpetration. | 2006-20015. | <ul style="list-style-type: none"> - Publicity of the consequences of perpetration of violence against any on rights of the victim & facilities & services available for the assistance of victim. - Organizing the society to keep watch on the perpetrators & develop effective strategy for the protection of children from all forms of abuse, exploitation and all forms of violence against children. - Capacity Development of the Law Officers to timely check the violence & take effective steps against the perpetrators. | <ul style="list-style-type: none"> - M/o Social Welfare & Special Education - Provincial Social Welfare Depts. - M/o Law, Justice & Human Rights - NGOs - Donors | <ul style="list-style-type: none"> M/o Law, Justice, M/o Social Welfare & Special Education, Interior, Social Welfare, Home, Law and Justice Depts at Provinces, FANA/FATA and AJK | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizationsii) International Donors.iii) Community Resources available with NGOs |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|--|-------------------|---|---|---|---|
| <p>Raise awareness about the illegality and harmful consequences of failing to protect children from violence, abuse and exploitation</p> | <p>- Affective information and awareness about all forms of child abuse including sexual abuse. - Identification of risk factors and protection strategy for effective protection.</p> | <p>2006-2010.</p> | <p>Community intervention programme. Assessment and fact and figure based information for awareness of general public</p> | <p>- M/o Social Welfare & Special Education - M/o Interior - M/o Law, Justice & Human Rights - Provincial Social Welfare Dept. - NGO's - International Donors</p> | <p>M/o Social Welfare & Spl. Education, Interior, Education, Provincial Social Welfare, Home, Education Dept. at Provinces, FANA/FATA and AJK, NGO's.</p> | <p>i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs</p> |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|---|------------|---|---|--|--|
| Promote the establishment of prevention, support and caring services as well as justice systems specifically applicable to children | <ul style="list-style-type: none"> -Prevention of children from abuse. -Protection of children from abuse and exploitation. -Rehabilitation, reintegration of child victims of abuse and exploitation. | 2006-2010. | <ul style="list-style-type: none"> - Effective prevention programme. - Awareness raising. - Measure to identify the risk factors and devise special protection measure in this respect. - Develop protection strategy by organizing protection committee at all levels. - Public sector shelter homes and rehabilitation centers for children victims of abuse and exploitation. | <ul style="list-style-type: none"> - M/o Social Welfare & Special Education - Provincial Social Welfare Dept - M/o Interior-NGOs - International Donors | <ul style="list-style-type: none"> - M/o Social Wel. & Spl. Education, Interior, Health, Education, - Home Education, Health and Social Welfare Dept at Provinces, FANA/FATA and AJK | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |
| End harmful traditions or customary practices, such as early and forced marriage and female genital mutilation, which violate the rights of the | <ul style="list-style-type: none"> Elimination of early and forced marriages restriction - Promotion of education among girls | 2006-2010. | <ul style="list-style-type: none"> - Increasing education facilities especially for girls. - Effective implementation of existing laws. - Awareness raising specially educating the general public on harmful effect of early marriages. - Capacity building measures. | | <ul style="list-style-type: none"> - M/o Social Welfare & Special Education, Health, Education, Interior, - Social Welfare, | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|--|------------|---|-----------|--|--|
| children and women | | | | | Home, Health and Education Dept at Provinces, FANA/FATA and AJK. | iii) Community Resources available with NGOs |
| Adopt mechanisms to provide special protection and assistance to children without primary care givers | Protection of children with out primary care givers. | 2006-2010. | <ul style="list-style-type: none"> - Assessment of Problem. - Regularization of existing institutions, development of model institution. | | M/o Social Welfare & Spl. Edu, Health, Education, Provincial Social Welfare, Health, Education Departments and NGO. | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |
| Adopt and implement policies for the prevention, protection, rehabilitation | <ul style="list-style-type: none"> - Regularization of child care institution - Development of | 2006-2010. | <ul style="list-style-type: none"> - Preparation of uniform rules regulation for orphanages and child care institutions. - Support packages for development of social services for standard of living of disadvantaged and poor children. | — | <ul style="list-style-type: none"> - M/o Social Welfare & Special Education - M/o Health | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|---|------------|---------------------|-----------|--|---|
| <p>and reintegration, as appropriate, of children living in disadvantaged social institutions & who are at risk, including orphans, abandoned children, children of migrants workers, children working and/or living on the street and children living in extreme poverty, and ensure their access to education, health and social service appropriate.</p> | <p>uniform code of conduct rules regulation for supervising these institutions.- Support in promotion of social services structure in these institutions.</p> | | | | <p>- M/o Education - M/o Religious Affairs - Health, Social Welfare and Education Dept at Provinces, FANA/ FATA and AJK.</p> | <p>Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs</p> |

| Goals | Objectives | Time Frame | Strategies/ Actions | Resources | Performance Indicators | Sources of financing the Activities |
|---|--|------------|--|-----------|--|--|
| Combat and prevent the use of children, including adolescents, in the illicit production of and trafficking in narcotic drugs and psychotropic substances | <ul style="list-style-type: none"> - Effective implementation of existing laws - Mass awareness campaign - Community organization for effective intervention. | | <ul style="list-style-type: none"> - Mass awareness campaign. - Capacity building of law enforces - Community based intervention centers. | | <ul style="list-style-type: none"> - M/o Social Welfare & Special Education - M/o Interior - M/o Narcotics Control - M/o Information | <ul style="list-style-type: none"> i) Federal and Provincial Budgets allocated to relevant Ministry/ Departments./ Organizations ii) International Donors. iii) Community Resources available with NGOs |

E. Commercial and Sexual Exploitation of Children (CSEC):

Program 1: Prevention

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|--|--|--|------------|
| 1. Multimedia awareness raising for general public. | <ul style="list-style-type: none"> • Increased level of awareness on CSA/ CSE amongst general public. | <ul style="list-style-type: none"> • Active media coverage of CSA/CSE issues. • A strong and highly visible social mobilization campaign implemented | MoIMD, PIDs, PCCWDs, District Govts, PTV, PBC, Private Radio/TV Networks, APNS, CPNE, Distt. Govts., | 2006-08 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|--|---|--|------------|
| | <ul style="list-style-type: none"> • More conducive social and policy environment. | <ul style="list-style-type: none"> • at national, provincial and local levels. • Number of media practitioners trained on CRC and CSA/E. | Boy Scouts & Girls Guide Association, Journalists Associations and NGOs. | |
| 2. Development of IEC material on CSA/CSE. | —do— | <ul style="list-style-type: none"> • Culturally appropriate IEC material developed and produced. • Number and type of IEC materials disseminated. | NCCWD, PPA, Rozan, Sahil, Sach, Vision, Azad Foundation, WAR, LHRLA, UNICEF and SCA. | 2006-08 |
| 3. Observance of Universal Children's Day. | <ul style="list-style-type: none"> • Enhanced public awareness and understanding of Child Rights and issues surrounding CSA/CSE. • More conducive Social and policy environment. | <ul style="list-style-type: none"> • Universal Children's Day observed at National, Provincial District and local levels. • Issues surrounding CSA/E highlighted at Universal Children's Day deliberations. | NCCWD, PTV, PBC, APNS, CPNE, PPA, Rozan, Sahil, Sudhar, Bedari, Sach, Vision and other NGOs. UNICEF & SCA. | Every Year |
| 4. Awareness raising through traditional and performing arts. | —do— | <ul style="list-style-type: none"> • Numbers and type of activities/events organized at all levels. | MoST, PNCA, Provincial Arts Councils, Bedari, Ajoka Theater, LHRLA, Amateur Artist Group and other NGOs. | 2006-10 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|---|---|---|---------------------------------|
| 5. Children Rights workshops and seminars for Professional Groups and NGOs/CBOs. | <ul style="list-style-type: none"> Enhanced knowledge and understanding of Children Rights and issues surrounding CSA/E. Enhanced Social mobilization for protection of children rights and prevention of CSA/E. | <ul style="list-style-type: none"> Number of workshops, seminars, orientation meetings and briefings held and type of target audience. Number of participants in the above mentioned events. | NCCWD, PCCWDs, PEDs, PPA, NCCR, Aurat Foundation, Sach, Sahil, Rozan and other NGOs, UNICEF, SCA, Action Aid. | One in each quarter of the year |
| 6. Ensure access to education for all children (including disabled) | <ul style="list-style-type: none"> Children educated and informed Children protected from high risk situations | <ul style="list-style-type: none"> Enhanced school enrolment Decrease in school drop outs | MoE, PEDs, Pvt. School System, Madrassa System, NCHD, Pakistan Bait-ul- Mal, NGOs & Local Charities. | 2006-15 |
| 7. Integration of Child Rights and personal health and protection education in the curricula. | <ul style="list-style-type: none"> Inclusion of child rights and personal health and protection (sex education) into the curricula of schools and teachers' training programmes. Enhanced knowledge and understanding of child rights and CSA/E issues. | <ul style="list-style-type: none"> Teaching modules on CRC and personal health and protection developed. Modules incorporated in the curricula. Teachers trained on the new modules. Schools started imparting child rights and personal health and protection education to children. | MoE (Curriculum Wing), PEDs, Teachers Training Schools, Private Schools and Institutions, Madrassa System, NGOs active in Child Rights & Education, UNICEF, UNESCO, UNFPA, UNAIDS, MoPW, MoH. | 2006-10 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|--|---|---|---------------|
| | <ul style="list-style-type: none"> Increased awareness and participation of teachers on prevention of CSA. Protective behavior developed in school children. | | | |
| <p>8. Awareness raising and sensitization of high-ranking officials and members of the parliament and provincial assemblies.</p> | <ul style="list-style-type: none"> Enhanced awareness and understanding of CSA/E issues. Enhanced Political commitment. More conducive social and policy environment. | <ul style="list-style-type: none"> Appropriate information material developed and produced. Number and type of information material disseminated. Press statements by decision makers. | <p>NCCWD, PCCWD. Secretariat of Senate, NA and PA, Standing Committees of Parliament on Human Rights, Working Group Against CSA/E, UNICEF, ILO, SCA.</p> | <p>2006-7</p> |
| <p>9. Sensitization of police and court officials.</p> | <ul style="list-style-type: none"> Enhanced understanding of children rights and CSA/E issues. A child friendly police and judicial system. | <ul style="list-style-type: none"> Teaching modules on CRC and personal health and protection developed. Modules incorporated in the curricula. Teachers trained on the new modules. Schools starting imparting children rights and personal health and protection education to children. | <p>M/o Interior, MoLJHR, PHDs, Police Deptt. NCCWD, PCCWDs, PCLC, LHRLA, Sahil, Rozan, SCA.</p> | <p>2006-7</p> |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|---|---|---|------------|
| 10. Awareness raising at the workplace. | <ul style="list-style-type: none"> Enhanced awareness of employers and child workers on CSA. A more protected environment for children at the workplace. | <ul style="list-style-type: none"> Number of seminars, workshops and special events held by type of target audience. Number of employers and children attending the above mentioned events. | <p>M/o Interior, PLDs, PSWDs, PBM, Employers Association, Trade Unions, ILO, NGOs like Sudhar, Buniad, PILER, PPA and other IPEC Partners.</p> | 2006-10 |
| 11. Community mobilization to develop local vigilance and protection system. | <ul style="list-style-type: none"> Increased participation of communities in child protection issues. Empowered communities to protect their children from CSA/E. | <ul style="list-style-type: none"> Strategy for community vigilance system developed. Number of community vigilance structures established. Number of active/functional community vigilance structure. | <p>Mo LGRD, PDs LGRD, District and local Governments, NGOs/CBOs, Religious Institutions, PEDs.</p> | 2006-7 |
| 12. Establishment of School Protection Committees through PTAs | <ul style="list-style-type: none"> Vigilance structure in place at schools School children protected from abuse | <ul style="list-style-type: none"> Number of Protection Committees established Reported actions and interventions by School Protection Committees | <p>Provincial Education Dept, MoE, Private school system</p> | 2006-10 |

Program 2: Protection

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|---|--|--|----------------|
| <p>1. Review of the existing legislation and development of new laws relating to child protection.</p> | <ul style="list-style-type: none"> • Appropriate legislative measures reviewed, amended and passed. • A responsive child protection system, based on CRC and other international measures in place. | <ul style="list-style-type: none"> • Legislative enhancement criminalizing all forms of sexual abuse and exploitation of children through prostitution, trafficking and pornography. • No gender bias in laws. • Legal age of protection against CSA/E is 18 for both boys and girls. | <p>NCCWD, MoLHR, Pakistan Law Commission, Ministry of Interior, PLDs, National Commission on status of Women, Provincial Home Deptt., HRCP, LHRLA and other NGOs.</p> | <p>2006-7</p> |
| <p>2. Ensure effective implementation of the Juvenile Justice System.</p> | <ul style="list-style-type: none"> • More responsive child protection structures in place to ensure expedient action on child protection interventions. • Successful investigations and increased convictions of abusers. | <ul style="list-style-type: none"> • The existing procedures and mechanisms reviewed and modified. • Number of orientations and trainings held and type of target audience. • Police procedures in place to monitor offenders. | <p>Mol and Provincial Home Depts.</p> | <p>2006-7</p> |
| <p>3. Training of law enforcement personnel on improved implementation mechanisms.</p> | <ul style="list-style-type: none"> • Law enforcement personnel educated on new system. • Law enforcement personnel sensitized on the best interests of the child. | <ul style="list-style-type: none"> • Number and type of training events organized and type of target audience. • Free legal aid services provided to sexually abused/exploited children. | <p>Mol, NCCWD, PCCWDs, PHDs, Police Training Schools, Judicial Academy, Bar Associations.</p> | <p>2006-10</p> |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|--|--|--|------------|
| | <ul style="list-style-type: none"> A child friendly and culturally appropriate prosecution system in use. | | | |
| 4. Publicity of laws and mechanisms against CSA/CSE. | <ul style="list-style-type: none"> Enhanced public awareness of laws on CSA/E. A more protective societal environment for children. | <ul style="list-style-type: none"> Project for publicity of laws developed. Project for publicity of laws implemented. | MolMD , PTV, PBC, UNICEF, SCA, APNS, CPNE, Journalists Associations, Local Govt. Bodies, NGOs/CBOs. | 2006-7 |
| 5. Take specific measures against child pornography. | <ul style="list-style-type: none"> A better understanding of the magnitude and types of child pornography in Pakistan and the emergence of future trends. | <ul style="list-style-type: none"> Study on child pornography designed and implemented. Findings and recommendations of the study disseminated to policy makers and general public. Actions taken at state level regarding child pornography. | Ministry of Interior , PHDs, Pakistan Telecommunication Ltd. (PTA), Police and Federal Investigation Agency, Provincial Information Dept. | 2005-7 |
| 6. Protect computer literate children from pornography on the web. | <ul style="list-style-type: none"> Computer/Internet made safer and pornography free for children. | <ul style="list-style-type: none"> A code of conduct developed and followed by ISPs and Internet cafes. Increased use of filtering software. Net smart rules widely publicized. | PTCL, Pakistan Telecommunication Ltd. Mol, ISPs, UNICEF, SCA, ECPAT, Interpol, NGOs, working groups against CSA/E, Citizen Community Boards. | 2006-10 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|--|--|---|------------|
| 7. Monitoring of regional trafficking mafias and networks. | <ul style="list-style-type: none"> Increased information shared between countries to close down trafficking routes. Reduction in the incidence of child trafficking. | <ul style="list-style-type: none"> Regional and international arrangements made for monitoring trafficking and safe return of trafficked children. Treaties in place for extradition of traffickers and sex offenders. | MoFA, Mol, LHRLA, Caritas, PPA and other NGOs, IOM, UNICEF, ILO, UN Center for Human Rights, Interpol, Travel Agent Associations, ECPAT International and Save the Children Alliance. | 2006-8 |

Program 3: Recovery and Reintegration

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|---|---|---|------------|
| 1. Develop a national Core Group of master trainers on psychosocial recovery and rehabilitation of victims of CSA/CSE. | <ul style="list-style-type: none"> A Core Group of master trainers developed. Structure in place for capacity building in psychosocial recovery and rehabilitation. | <ul style="list-style-type: none"> Training imparted to national Core Group of experts. Mechanisms in place to utilize the expertise of the Core Group for capacity building. | NCCWD, Working Group Against CSA/E, PMA, PPS, MoH, PHDs, Sahil, Rozan, PPA, UNICEF, UNFPA, UNAIDS, SCA, Action Aid, PCCWDs. | 2006-7 |
| 2. Develop training packages for health care providers | <ul style="list-style-type: none"> Packages/tools for capacity building of health care providers in place. | <ul style="list-style-type: none"> Training needs assessment done. Training packages developed and printed. | Working Group Against CSA/E, PPA, PMA, PPS, PHDs, Rozan, Sahil, UNICEF, SCA, Pakistan Psychological Association | 2006-7 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|---|---|--|---------------|
| <p>3. Train multi-disciplinary Service Providers.</p> | <ul style="list-style-type: none"> • Capacity of service providers in the areas of psychosocial recovery and rehabilitation built. • Early recovery and rehabilitation of child victims into their families and communities. • Accessibility of a variety of child friendly services to victims and families of CSA/E. | <ul style="list-style-type: none"> • Number and type of health care provider trained. • Number of health care outlets providing psychosocial intervention and support services. • Number of children/families provided services. | <p>NCCWD, PHDs, PSWDs, Working Groups Against CSA/E.</p> | <p>2006-7</p> |
| <p>4. Establish child protection committees in all major hospitals.</p> | <ul style="list-style-type: none"> • Services of victims and their families institutionalized. • Effective case management ensured through multi-disciplinary approach. | <ul style="list-style-type: none"> • Number of CSA committees established. • Number of CSA committees active in providing services. | <p>MoH, PHDs, All Teaching Hospitals, All Tertiary and secondary care hospitals, PPA, PPS.</p> | <p>2006-7</p> |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|--|---|---|------------|
| 5. Support services for victims/survivors of CSE. | <ul style="list-style-type: none"> Victims/survivors of CSE offered therapeutic and other rehabilitative services. | <ul style="list-style-type: none"> Pilot project developed and implemented in Rawalpindi-Islamabad area. Lessons learned from Pilot Project. Model amended and replicated in other parts of the country. | NCCWD, Sahil, Rozan, PPA, Sach, Bedari, LHRLA and other NGOs, SCA, PSWDs, Punjab Child Welfare and Protection Bureau. | 2006-7 |
| 6. Development of referral system for victims of CSA/ CSEC. | <ul style="list-style-type: none"> The recovery & rehabilitation of victims of CSA/E facilitated and expedited. | <ul style="list-style-type: none"> A referral system developed. Referral system implemented. Number of children referred to higher level of care. | MoH, PHDs, NGOs/CBOs, Local Govt. Bodies, PMA, CFM etc and other bodies of private practitioners. | 2006-7 |
| 7. Publicize the available services. | <ul style="list-style-type: none"> Enhanced access to services for victims and families of CSA/E. | <ul style="list-style-type: none"> Information about the service facilities developed. Information about the services disseminated. | NCCWD, PCCWDs, PIDs, PMA, CFM, PPA and other bodies of health care providers, Local Govt Bodies, NGOs/CBOs. | 2006-7 |
| 8. Develop and implement a code of conduct for shelters. | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> | MSWSE, PSWDs, MWD, SOS Villages, Edhi Homes, APWA (NWWFP), Anjuman Faizul Islam and other NGOs. Religious Madrassahs. | 2006-7 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|---|---|--|------------|
| 9. NFE and Skills Training for survivors of CSEC. | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | Vision, PCPB, UNICEF, SCA, PBM | 2006-9 |
| 10. Develop peer support groups to encourage children's participation in their recovery and re-integration. | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | Vision, PCPB, UNICEF, SCA, PBM | 2006-7 |
| 11. Establish a National Documentation Center on Child Sexual Abuse and exploitation. | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | NCCWD, Working Group Against CSA/E. UNICEF, SCA, PCCWDs. | 2006-10 |

Program 4: Participation

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|---|---|--|------------|
| 1. Consult children on their needs & priorities when developing & implementing activities & programmes include in this NPA | <ul style="list-style-type: none"> • Children consulted on their needs and priorities • Children involved in NPA implementation | <ul style="list-style-type: none"> • Consultations with concerned groups of children held • Children's opinions accommodated in program design and implementation | NCCWD, Working Group against CSA/E, MoE, PEDs, Other concerned Govt. Agencies and Civil society organizations, UNICEF. | 2006-7 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|--|--|---|----------------|
| <p>2. Provide support, information and training to NGOs and other partners to enable them to support children's active participation in implementing and monitoring NPA.</p> | <ul style="list-style-type: none"> • NGO's facilitated to encourage children's participation in NPAs implementation | <ul style="list-style-type: none"> • NGOs trained on methods of children's participation • Programs with children's participation by NGOs in place | <p>NCCWD, UNICEF, SCA, Working Group Against CSA/E.</p> | <p>2006-10</p> |
| <p>3. Increase awareness of children (including working children & children with disabilities) on their right to structures</p> | <ul style="list-style-type: none"> • Children made aware of their right to participate in programs affecting their lives, at all levels | <ul style="list-style-type: none"> • Awareness programs on children's participation in place | <p>NCCWD, MoE, PEDs, MoL, PLDs, MSE, Private Schools Systems, Ministry of Religious Affairs and PADs, UNICEF, IPEC/ILO.</p> | <p>2006-7</p> |
| <p>4. Develop guidelines and training modules that build children's capacity to participate, implement and monitor program activities.</p> | <ul style="list-style-type: none"> • Age appropriate child participation encouraged | <ul style="list-style-type: none"> • Training modules on children's participation developed. Training programs implemented | <p>SCA, NCCWD, UNICEF, Working Group, Ministry of Education</p> | <p>2007-8</p> |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|--|--|--|------------|
| 5. Raise awareness of key duty bearers regarding children's right to participate through parenting programs, teachers training and media orientation. | <ul style="list-style-type: none"> Duty bearers motivated to ensure children's participation | <ul style="list-style-type: none"> Awareness programs on child participation for duty bearers designed Awareness programs for duty bearers implemented | NCCWD, Ministry of Education & Provincial Education Departments, Ministry of Social Welfare and Provincial social Welfare Departments, Ministry of Information & Provincial Information Departments, PTV, PBC & APNS | 2006-7 |
| 6. Monitor the effectiveness of children's participation in implementation of NPA | <ul style="list-style-type: none"> Effective participation of children in NPAs implementation ensured | <ul style="list-style-type: none"> Monitoring programs on child participation in place | SCA, UNICEF Save the Children Alliance, concerned NGOs/CBOs | 2006-7 |

Program 5: Monitoring and Coordination

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|--|---|--|---|------------|
| 1. Strengthen the institutional capacity of the National Commission for Child Welfare and Development. | <ul style="list-style-type: none"> NCCWD strengthened to effectively implement NPA | <ul style="list-style-type: none"> Enhanced human resources at NCCWD Enhanced budgetary allocation for NCCWD | Ministry of Social Welfare and Special Education, UNICEF, SCA and other donors. | 2006-7 |

| Strategic Activities | Expected Outcomes | Indicators of Achievements | Responsible Agency and Partner Organizations | Time Frame |
|---|--|--|--|------------|
| 2. Establish a National Steering Committee to guide the implementation of NPA | <ul style="list-style-type: none"> Implementation of NPA facilitated | <ul style="list-style-type: none"> National Steering Committee (NSC) constituted and notified NSC held periodic meetings NSC took practical steps for NPAs implementation | NCCWD, Working Group against CSA/E, UNICEF, Save the Children Alliance, Line Ministries, Children's representatives | 2006-7 |
| 3. Establish NPA Monitoring and Coordination Cells at NCCWD, PCCWDs and at District governments | <ul style="list-style-type: none"> Effective implementation of NPA through better monitoring | <ul style="list-style-type: none"> Monitoring cells established at Federal, provincial and district levels Monitoring cells functional and generated periodic reports | NCCWD, Provincial Social Welfare Departments, Provincial PCCWDs, District governments | 2006-7 |
| 4. Develop quantitative indicators to measure progress of NPA implementation | <ul style="list-style-type: none"> Effective tracking and measurement of NPAs implementation | <ul style="list-style-type: none"> Quantitative indicators developed Quantitative indicators used for monitoring NPAs implementation. | NCCWD, Working Group against CSA/E, UNICEF, Save the Children Alliance Concerned Government agencies, Children and NGOs. | 2006-7 |
| 5. Conduct studies on the impact of various program interventions | <ul style="list-style-type: none"> Quality of implementation assessed. Lessons learned and best practices documented | <ul style="list-style-type: none"> Studies on programs implementation designed and conducted. Study reports published | NCCWD, PCCWDs, UNICEF, Save the Children Alliance Working Group against CSA/E | 2010 |

Monitoring and Evaluation Mechanisms

A. Quarterly Progress Report

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

B. Annual Review

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

C. Completion Report

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

D. Information System

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

- ◆ District Level
- ◆ Provincial Level
- ◆ National Level

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

E Third Party Evaluation of the Program every five years

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

F Pakistan Integrated Household Surveys (PIHS)

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

ANNEXURE I

National Child Policy

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

Right to Survival

1. (a) Every child has a right to survival. The State in partnership with community will undertake all possible measures to ensure that the child's right to survival is protected and realized.
- (b) In particular, the State in partnership with community will undertake all appropriate measures to address the problems of infanticide and foeticide, especially of female child and all other emerging manifestations which deprive the girl child of her right to survival.

Right to Health

2. (a). The State shall take measures to ensure that all children enjoy the highest attainable standard of health, and provide for preventive and curative facilities at all levels especially immunization and prevention of micronutrient deficiencies for all children.
- (b). The State shall take measures to cover, under primary health facilities and specialized care and treatment, all children of families below the poverty line.
- (c) The State shall take measures to provide adequate pre-natal and post-natal care for mothers along with immunization against preventable diseases.
- (d) The State shall undertake measures to provide for a national plan that will ensure that the mental health of all children is protected.
- (e) The State shall take steps to ensure protection of children from all practices that are likely to harm the child's physical and mental health.

Right to Nutrition

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

Right to a standard of living

4. (a) The State recognizes every child's right to a standard of living that fosters full development of the child's faculties.
- (b) In order to ensure this, the State shall in partnership with community prepare a social security policy for children, especially for abandoned children and street children.
- (c) State will in partnership with community try to remove the fundamental causes which result in abandoned children and children living on streets, and provide infrastructural and material support by way of shelter, education, nutrition and recreation.

Right to play and leisure

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

Right to early childhood care

6. (a) The State shall in partnership with community provide early childhood care for all children and encourage programmes which will stimulate and develop their physical and cognitive capacities.
- (b) The State shall in partnership with community aim at providing a child care centre in every village where infants and children of working mothers can be adequately cared for.
- (c) The State will make special efforts to provide these facilities to children from SCs/STs and marginalized sections of society.

Right to Education

7. (a) The State recognizes the right to elementary education of all the children. Education at the elementary education shall be provided free of cost and special incentives should be provided to ensure that girls, and children from disadvantaged social groups are enrolled, retained and participate in schooling.
- (b) At the secondary level, the State shall provide access to education for all and provide supportive facilities from the disadvantaged groups.
- (c) The State shall in partnership with community ensure that all the educational institutions function efficiently and are able to reach universal enrolment, universal retention, universal participation and universal achievement.
- (d) The State and community recognize the right of all children to education in their mother tongue.

- (e) The State shall ensure that education is child-oriented and meaningful. It shall also take appropriate measures to ensure that the education is sensitive to the rights of the girl child and to children of various cultural backgrounds.
- (f) The State shall ensure that school discipline and matters related thereto do not result in physical, mental, psychological harm or trauma to the child.
- (g) The State shall formulate special programmes to spot, identify, encourage and assist the gifted children for their development in the field of their excellence.
- (h) The state shall ensure comprehensive religious teachings to each child to make him/her the responsible citizen of the country with good moral values and character building.

Right to be protected from economic exploitation

- 8. (a) The State shall provide protection to children from economic exploitation and from performing tasks that are hazardous to their well-being.
- (b) The State shall ensure that there is appropriate regulation of conditions of work in occupations and processes where children perform work of a non-hazardous nature and that the rights of the child are protected.
- (c) The State shall move towards a total ban of all forms of child labor.

Right to Protection

- 9. (a) All children have a right to be protected against neglect, maltreatment, injury, trafficking, sexual and physical abuse of all kinds, corporal punishment, torture, exploitation, violence and degrading treatment.
 - (b) The State shall take legal action against those committing such violations against children even if they be legal guardians of such children.
 - (c) The State shall in partnership with community set up mechanisms for identification, reporting, referral, investigation and follow-up of such acts, while respecting the dignity and privacy of the child.
- 10. (a) The State shall take strict measures to ensure that children are not used in the conduct of any illegal activity, namely, trafficking of narcotic drugs and psychotropic substances, begging, prostitution, pornography or armed conflicts. The State in partnership with community shall ensure that such children are rescued and immediately placed under appropriate care and protection.
 - (b) The State and community shall ensure protection of children in distress for their welfare and all-round development.
 - (c) The State and community shall ensure protection of children during the occurrence of natural calamities in their best interest.

Right to Protection of the girl child

11. (a) The State and community shall ensure that offences committed against the girl child, including child marriage, forcing girls into prostitution and trafficking are speedily abolished.
- (b) The State shall in partnership with community undertake measures, including social, educational and legal, to ensure that there is greater respect for the girl child in the family and society.
- (c) The State shall take serious measures to ensure that the practice of child marriage is speedily abolished.

Right of Adolescents to education and skill development

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

Right to Equality

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

Right to Life and Liberty, Name and Nationality

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

Right to Freedom of Expression

15. All children shall be given every opportunity for all round development of their personality, including creativity of expression.

Right to Freedom to seek and receive information

16. (a) Every child shall have the freedom to seek and receive information and ideas. The State and community shall provide opportunities for the child to access information that will contribute to the child's development.
- (b) The State in partnership with community shall undertake special measures to ensure that the linguistic needs of children are taken care of, and encourage the production and dissemination of child-friendly information and material in various forms.
- (c) The State and community shall be responsible for formulating guidelines for the mass media in order to ensure that children are protected from material injurious to their well-being.

Right to Freedom of Association and Peaceful Assembly

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

Right to a family

18. (a) In case of separation of children from their families, the State shall ensure that priority is given to re-unifying the child with the parents. In cases where the State perceives adverse impact of such a re-unification, the State shall make alternate arrangements immediately, keeping in mind the best interests and the views of the child.
- (b) All children have a right to maintain contact with their families, even when they are within the custody of the State for various reasons.
- (c) The State shall undertake measures to ensure that children without families are either placed for adoption, preferably intra-country adoption, or foster care or any other family substitute services.
- (d) The State shall ensure that appropriate rules with respect to the implementation of such services are drafted in a manner that are in the best interest of the child and that regulatory bodies are set up to ensure the strict enforcement of these rules.
- (e) All children shall have the right to meet their parents and other family members who may be in custody.

Responsibilities of the Parents

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

Rights of Refugee children

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

Rights of Children with disabilities

21. (a) The State and community recognizes that all children with disabilities have a right to lead a full life with dignity and respect. All measures would be undertaken to ensure that children with disabilities are encouraged to be integrated into the mainstream society and actively participate in all walks of life.
- (b) State in partnership with community shall also provide for their education, training, health care, rehabilitation, recreation in a manner that will contribute to their overall growth and development.

- (c) State in partnership with community shall launch preventive programmes against disabilities and early detection of disabilities so as to ensure that the families with disabled children receive adequate support and assistance in bringing up their children.
- (d) The State shall encourage research and development in the field of prevention, treatment and rehabilitation of various forms of disabilities.

Rights of children from marginalized and disadvantaged communities.

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

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

Rights of Child Victims

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

Right to Child Friendly Procedures

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

ANNEXURE II

*A World Fit For Children***Resolution Adopted by the General Assembly****10 May 2002****I. Declaration**

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

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

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

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

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

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

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

- i. **Put children first.** In all actions related to children, the best interests of the child shall be a primary consideration.
- ii. **Eradicate poverty: invest in children.** We reaffirm our vow to break the cycle of poverty within a single generation, united in the conviction that investments in children and the realization of their rights are among the most effective ways to eradicate poverty. Immediate action must be taken to eliminate the worst forms of child labour.
- iii. **Leave no child behind.** Each girl and boy is born free and equal in dignity and rights; therefore, all forms of discrimination affecting children must end.
- iv. **Care for every child.** Children must get the best possible start in life. Their survival, protection, growth and development in good health and with proper nutrition are the essential foundation of human development. We will make concerted efforts to fight infectious diseases, tackle major causes of malnutrition and nurture children in a safe environment that enables them to be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.
- v. **Educate every child.** All girls and boys must have access to and complete primary education that is free, compulsory and of good quality as a cornerstone of an inclusive basic education. Gender disparities in primary and secondary education must be eliminated.
- vi. **Protect children from harm and exploitation.** Children must be protected against any acts of violence, abuse, exploitation and discrimination, as well as all forms of terrorism and hostage-taking.
- vii. **Protect children from war.** Children must be protected from the horrors of armed conflict. Children under foreign occupation must also be protected, in accordance with the provisions of international humanitarian law.
- viii. **Combat HIV/AIDS.** Children and their families must be protected from the devastating impact of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).
- ix. **Listen to children and ensure their participation.** Children and adolescents are resourceful citizens capable of helping to build a better future for all. We must respect their right to express themselves and to participate in all matters affecting them, in accordance with their age and maturity.

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

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

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

II. Review of progress and lessons learned

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

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

12. Yet much more needs to be done. The resources that were promised at the Summit at both the national and international levels have yet to materialize fully. Critical challenges remain: more than 10 million children die each year, although most of those deaths could be prevented; 100 million children are still out of school, 60 per cent of them girls; 150 million

children suffer from malnutrition; and HIV/AIDS is spreading with catastrophic speed. There is persistent poverty, exclusion and discrimination, and inadequate investment in social services. Also, debt burdens, excessive military spending, inconsistent with national security requirements, armed conflict, foreign occupation, hostage-taking and all forms of terrorism, as well as the lack of efficiency in the use of resources, among other factors, can constrain national efforts to combat poverty and to ensure the well-being of children. The childhood of millions continues to be devastated by hazardous and exploitative labour, the sale and trafficking of children, including adolescents, and other forms of abuse, neglect, exploitation and violence.

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

ANNEXURE III

*The Yokohama Global Commitment 2001***I. Our Follow-up:**

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

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

- ◆ the greater emphasis on the rights of the child and the call for more effective implementation of the Convention on the Rights of the Child by States Party to create an environment where children are able to enjoy their rights;
- ◆ the increasing mobilization of governments, local authorities and the non-governmental sector, as well as the international community, to promote and protect the rights of the child and to empower children and their families to safeguard their future;
- ◆ the adoption of multi-faceted, inter-disciplinary measures, including policies, laws, programmes, mechanisms, resources and dissemination of the rights of the child, to ensure that children are able to grow up in safety and dignity;
- ◆ enhanced actions against child prostitution, child pornography and trafficking of children for sexual purposes, including national and international agendas, strategies or plans of action to protect children from sexual exploitation, and new laws to criminalize this phenomenon, including provisions with extra-territorial effect;
- ◆ the promotion of more effective implementation/enforcement of policies, laws and gender-sensitive programmes to prevent and address the phenomenon of sexual exploitation of children, including information campaigns to raise awareness, better educational access for children, social support measures for families and children to counter poverty, action against criminality and the demand for sexual exploitation of children, and prosecution of those who exploit children;

- ◆ the provision of child-sensitive facilities such as telephone helplines, shelters, and judicial and administrative procedures to prevent violations of the rights of the child and to provide effective remedies;
- ◆ the comprehensive, systematic and sustained involvement of the private sector, such as workers' and employers' organizations, members of the travel and tourism industry, including Internet Service Providers and other businesses, in enhancing child protection, including their adoption and implementation of corporate policies and codes of conduct to protect children from sexual exploitation;
- ◆ greater participation by children and young people in promoting and protecting their rights, notably through young people's networks and forums, and the involvement of young people as peer communicators and counselors;
- ◆ the development of international and regional standards to protect children from sexual exploitation through new instruments, including the following: the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention against Transnational Organized Crime (2000), and the Convention on Cybercrime (2001), while noting relevant provisions of the Rome Statutes of the International Criminal Court (1998);
- ◆ the entry into force of the International Labour Organization (ILO)'s Convention No.182 Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (complemented by ILO Recommendation No.190) on 19 November 2000, and the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography on 18 January 2002;
- ◆ the progress made in the preparations for the forthcoming Special Session of the United Nations General Assembly on Children, including its outcome document;
- ◆ the emergence of a broader partnership among and between local and national governments, intergovernmental organizations, non-governmental organizations, regional/sub-regional and international organizations, communities, and other key actors, and closer linkage between the United Nations and other monitoring mechanisms on the issue, especially the Committee on the Rights of the Child and the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography of the Commission on Human Rights under the United Nations Commission on Human Rights.

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

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

II. Our Global Commitment:

5. We have come together to:

- ◆ **reiterate** the importance and the call for more effective implementation of the Convention on the Rights of the Child by States Party and related instruments, and **underline** our belief in the rights of children to be protected from commercial sexual exploitation in the form of child prostitution, child pornography and trafficking of children for sexual purposes;
- ◆ **encourage** early ratification of the relevant international instruments, in particular ILO Convention No.182 Concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, and the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography;
- ◆ **reaffirm** our commitment to build a culture of respect for all persons based upon the principle of non-discrimination and to eliminate commercial sexual exploitation of children, in particular by sharing the lessons learnt since the first World Congress, and by improving cooperation in this regard;
- ◆ **recommit** to the Declaration and Agenda for Action of the first World Congress (“the Stockholm Declaration and Agenda for Action”), and in particular to developing national agendas, strategies or plans of action, designated focal points and comprehensive gender-disaggregated data collection, and effective implementation of measures, including child-rights based laws and law enforcement;
- ◆ **reinforce** our efforts against commercial sexual exploitation of children, in particular by addressing root causes that put children at risk of exploitation, such as poverty, inequality, discrimination, persecution, violence, armed conflicts, HIV/AIDS, dysfunction families, the demand factor, criminality, and violations of the rights of the child, through comprehensive measures including improved educational access for children, especially girls, anti-poverty programmes, social support measures, public awareness raising, physical and psychological recovery and social reintegration of child victims, and action to criminalize the commercial sexual exploitation of children in all its forms and in accordance with the relevant international instruments, while not criminalizing or penalizing the child victims;
- ◆ **emphasize** that the way forward is to promote closer networking among key actors to combat the commercial sexual exploitation of children at the international, inter-regional, regional/sub-regional, bilateral, national and local levels, in particular, among communities and the judicial, immigration and police authorities, as well as through initiatives inter-linking the young people themselves;

- ◆ **ensure** adequate resource allocation to counter commercial sexual exploitation of children, and to promote education and information to protect children from sexual exploitation, including educational and training programmes on the rights of the child addressed to children, parents, law enforcers, service providers and other key actors;
- ◆ **reiterate** that an essential way of sustaining global action is through regional/sub-regional and national agendas, strategies or plans of action, that build on regional/sub-regional and national monitoring mechanisms and through strengthening and reviewing existing international mechanisms with a monitoring process, to improve their effectiveness as well as the follow-up of their recommendations, and to identify any reforms that might be required.;
- ◆ **take** adequate measures to address negative aspects of new technologies, in particular child pornography on the Internet, while recognizing the potential of new technologies for the protection of children from commercial sexual exploitation, through dissemination and exchange of information and networking among partners;
- ◆ **reaffirm** the importance of family and **strengthen** social protection of children, young people and families through awareness-raising campaigns and community-based surveillance/monitoring of commercial sexual exploitation of children;
- ◆ **commit** ourselves to promoting cooperation at all levels and to combining efforts to eliminate all forms of sexual exploitation and sexual abuse of children worldwide;
- ◆ **Declare** that the sexual exploitation of children must not be tolerated and **pledge** to act accordingly.

ANNEXURE IV*Stockholm Declaration and Agenda for Action***DECLARATION:**

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

THE CHALLENGE:

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

THE COMMITMENT:

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

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

AGENDA FOR ACTION:

The Agenda for Action aims to highlight existing international commitments, to identify priorities for action and to assist in the implementation of relevant international instruments. It recalls

for action from States, all sectors of society, and national, regional, and international organizations against the CSEC:

- ◆ Coordination, interaction and promote better cooperation at Local, National, Regional and international level between States and NGO's to plan, implement and evaluate measures against CSEC.
- ◆ Ensure access to services like health, formal and non-formal education and initiation of gender sensitive communication strategies and awareness campaign with special attention to prevent from family abuse and harmful traditional practices towards CSEC.
- ◆ Initiation and revision of laws to protect from CSEC and develop mechanism for monitoring and rehabilitation of children forced and involved in CSEC.
- ◆ Identify and encourage the establishment of national and international networks and coalitions among the civil society to protect the children from CSEC.
- ◆ For recovery and reintegration provide social, medical and psychological counseling and other support to child victims of commercial sexual exploitation and their families particularly suffering with sexually transmitted diseases.
- ◆ Ensure children participation for establishment and support network of young people as advocates of children to get their views, opinion to take action to prevent and protect from CSEC.

