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# SITUATION ANALYSIS

of children and women in Pakistan



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## ACKNOWLEDGEMENTS

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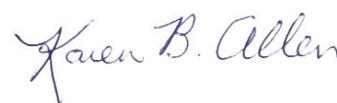
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## FOREWORD

As the countdown hastens to 2015, when countries will be evaluated according to their progress on the Millennium Development Goals (MDGs), we are pleased to present this Situation Analysis of Children and Women in Pakistan 2012, providing a comprehensive assessment of Pakistan's accomplishments, and the challenges it still faces, in ensuring the basic human rights of its children and women, including the rights to survival, development, protection and a favourable living environment.

Over the past 15 years, Pakistan has shown achievements in several of the key MDG target areas. School enrolment rates, including for girls, have gone up, and there are more women in the workplace and in decision-making roles in society. Despite natural and human-made crises – earthquakes, floods and conflicts in several provinces – improvements have been recorded in the rates of infant, child and maternal mortality, although they are still too high and there have been setbacks, especially due to the catastrophic floods of 2010, which have reversed some declining trends.

The past two or three years have seen the adoption of laws, at both the federal and provincial levels, enunciating children's rights and greatly strengthening the protection of women against discrimination and violence. The passage of the 18<sup>th</sup> Amendment establishing a framework for devolution of powers from the federal level to the provinces has sharpened the scope for better delivery of vital social services and greater public participation in governance. The 7<sup>th</sup> National Finance Commission Award has strengthened fiscal decentralization and addressed inequities in resource transfers to the local level. Importantly, the 18<sup>th</sup> Amendment recognized the provision of free and compulsory basic education as a fundamental human right, and it is to be hoped that decentralization of authority and responsibility to the community level will improve key outcomes and pave the way for achievement of the MDG targets and Education for All goals.

Similarly, in health care, the findings reported in this SitAn indicate signs of improvement on both the supply and demand side of service delivery, with more women seeking antenatal care and a two-fold increase in coverage by Lady Health Workers delivering health care at household level.

The challenges of accelerating progress on achieving the MDGs, alleviating the hardships of systemic poverty, and broadening the fulfilment of basic rights are at the forefront of this SitAn. With its accession to international conventions on civil and political rights, Pakistan has committed itself to guaranteeing the rights of the most vulnerable members of its population. The findings embodied in this Analysis can serve as a checklist to ensure that, going forward, those guarantees are fulfilled.

The floods disaster, which brought new hardships, including displacement and the destruction of homes, schools and livelihoods, to the most vulnerable communities, highlighted the imperative of equity that is the core principle analyzed in these reports. In the context of "delivering as One", for UN, for which Pakistan is one of eight pilot countries, this SitAn will serve as a valuable tool in the building of a coalition between Government and service providers such as UNICEF and other United Nations and non-governmental organizations, in pursuit of an equity-based approach to programming and planning. Particularly useful will be the findings here regarding the most deprived localities, at district level, in terms of access to such key services as health, education, and water and sanitation. It is to be hoped that the Child Well-being Index especially created for this analysis will greatly assist in the goal of focusing on the neediest communities and ensuring that resources are applied in the most equitable way possible.

The preparation of this analysis has in itself exemplified the partnerships that are critical for the achievement of the MDGs, the pursuit of equitable economic and human development, and the fulfilment of basic rights in Pakistan. Government and NGO representatives, at national and sub-national level, together with numerous independent experts and specialists, have been fully engaged in the "SitAn" process. Through

a series of consultations, this cooperative, consultative approach has served to sharpen the focus and, we hope, enhanced the utility and relevance of these reports.

We must express particular appreciation to the members of the SitAn Steering Committee and the many stakeholders throughout the country who gave of their time and expertise in contributing to and reviewing the early drafts of these reports. It is to be hoped that, through the on-going success of such partnerships, these efforts can find meaningful expression in achieving tangible results in enriching the well-being and guaranteeing the human rights of the children and women of Pakistan.



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## ACRONYMS & ABBREVIATIONS

ADB	Asian Development Bank
AJK	Azad Jammu and Kashmir
ANC	Antenatal (health) care
ARI	Acute respiratory infection
ARV	Antiretroviral therapy
ASER	Annual Status of Education Report
BHU	Basic health unit
BISP	Benazir Income Support Programme
BRSP	Balochistan Rural Support Programme
CBO(s)	Community-based organization(s)
CCA	Common Country Analysis
CCC(s)	Core Commitments for Children in Humanitarian Action
CDWI	Clean drinking water initiative
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women (UN)
CFS	Child-friendly school(s)
CMW(s)	Community Medical Worker(s)
CNG	Compressed natural gas
CNIC	Computerized National Identity Card
CPI	Consumer Price Index
CPWB	Child Protection and Welfare Bureau
CRC	Convention on the Rights of the Child (UN)
CSO(s)	Civil Society Organization(s)
CWI	Child Well-being Index
DGHS	Directorate-General of Health Services
DHQ	District Headquarters (hospitals)
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short course (TB surveillance)
DRR	Disaster Risk Reduction
EFA	Education for All
EMIS	Education Management Information System
EmONC	Emergency obstetric and neonatal care
EPI	Expanded Programme for Immunization
FAO	Food and Agriculture Organization (UN)
FATA	Federally Administered Tribal Areas
FBS	Federal Bureau of Statistics
FCR	Frontier Crimes Regulation (1901)
FIA	Federal Investigation Agency
FIR(s)	First information report(s)
FP	Family planning
GAR	Gross attendance ratio (Education)
GBV	Gender-based violence
GDP	Gross domestic product
GER	Gross enrolment ratio (Education)
GPI	Gender parity index (Education)
GRAP	Gender Reform Action Plan
HDI	Human Development Index (UNDP)
HIV	Human Immunodeficiency virus
HRBA	Human rights based approach

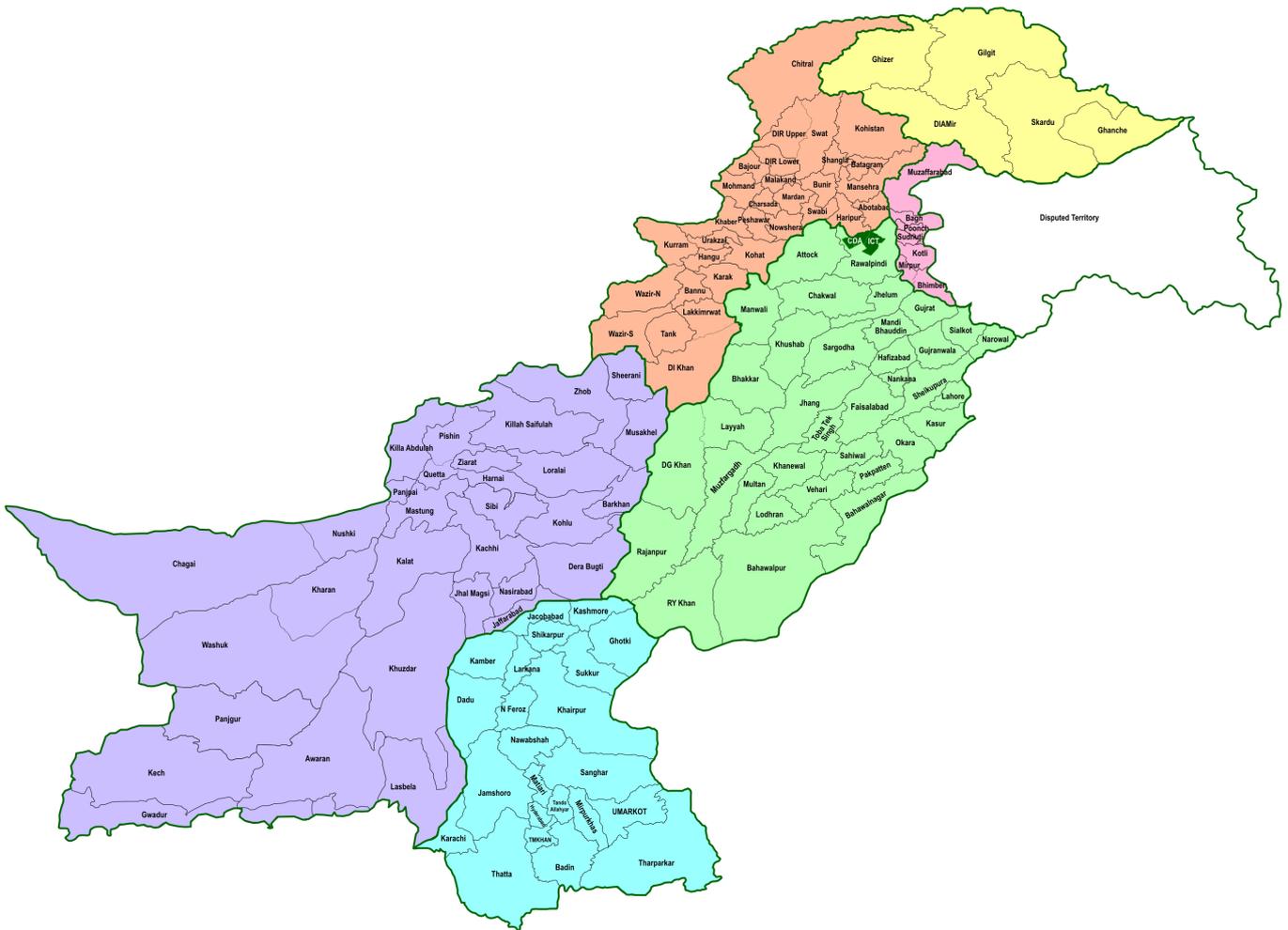
HRCP	Human Rights Commission of Pakistan
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDMC(s)	International Displacement Monitoring Centre(s)
IDP(s)	Internally displaced person(s)
IDU(s)	Injecting drug user(s)
ILO	International Labour Organization
IMF	International Monetary Fund
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMR	Infant mortality rate
IPD	Inverse population density
IVAP	IDP Vulnerability Assessment Profiling
JJSO	Juvenile Justice System Ordinance
KP	Khyber Pakhtunkhwa province (sometimes KPK)
LEAPS	Learning and Educational Achievements in Punjab Schools
LFO	Legal Framework Ordinance
LGO	Local Government Ordinance
LHV	Lady Health Visitor
LHW(s)	Lady Health Worker(s)
MCH	Mother and child health
MDG(s)	Millennium Development Goal(s)
MICS	Multiple Indicator Cluster Survey
MMR	Maternal mortality ratio
MNCH	Maternal neonatal and child health
Moi	Ministry of the Interior
MSM	Men having sex with men
MTBF	Medium Term Budgetary Framework
MTDF	Medium Term Development Framework
NACP	National AIDS Control Programme
NADRA	National Database and Registration Authority
NCHD	National Commission for Human Development
NCRCB	National Commission on the Rights of Children Bill
NDMA	National Disaster Management Authority
NEAS	National Education Assessment System
NER	Net enrolment ratio (Education)
NFC	National Finance Commission
NGO(s)	Non-governmental organization(s)
NIC	National Identity Card
NIDs	National Immunization Days
NNS	National Nutrition Survey
NRSP	National Rural Support Programme
NIC	National identity card
NWFP	North West Frontier Province (former entity; now KP)
OCHA	Office of the Coordinator for Humanitarian Affairs (UN)
OHCHR	Office of the High Commissioner for Human Rights (United Nations)
ORS	Oral rehydration salts
ORT	Oral rehydration therapy
PATS	Pakistan Approach to Total Sanitation
PBM	Pakistan Bait-ul-Mal
PDMA	Preliminary Damage and Needs Assessment
PHED(s)	Public Health Engineering Department(s)

PIDE	Pakistan Institute of Development Economics
PILER	Pakistan Institute of Labour Education and Research
PIPS	Pakistan Institute of Peace Studies
PMDGR	Pakistan (or Provincial) Millennium Development Goals Report
PPA	Participatory Poverty Assessment
PPTCT	Prevention of parent-to-child transmission (HIV)
PRSP	Poverty Reduction Strategy Paper
PRSP II	Poverty Reduction Strategy Paper 2
PSDP	Public Sector Development Programme
PSLM	Pakistan Social and Living Standards Measurement Survey
RHC(s)	Regional health centre(s)
Rs.	Pakistan rupees
SBA(s)	Skilled birth attendant(s)
SME(s)	Small and medium (sized) enterprise(s)
SOP(s)	Standard operating procedure(s)
SPARC	Society for the Protection of the Rights of the Child (Pakistan)
TB	Tuberculosis
TBA(s)	Traditional birth attendant(s)
TFR	Total Fertility rate
TMA(s)	Tehsil Management Administration(s)
TT	Tetanus toxoid
TTP	Tehrik-e-Taliban Pakistan
TVE	Technical and Vocational Education
TVET	Technical and Vocational Education Training
UC	Union Council (local government body at community level)
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Committee on the Rights of Children
UNCT	United Nations Country Team (Pakistan)
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAW	Violence against women
WB	World Bank
WFP	World Food Program (UN)
WHO	World Health Organization

## GLOSSARY

Dai(s)	Traditional village midwife/midwives (untrained)
Hadd (pl. hudood)	Islamic punishment
Jirga	Traditional gathering of elders to settle disputes, etc.
Karo kari	Traditional custom of killing accused “honour” crime offenders
Katchi abadi	Informal settlement of houses
Madrassa	Islamic or mosque-related school; not necessarily “Islamist”
Panchayat	Traditional gathering of elders
Swara	Tradition of “giving” a girl in marriage to settle a tribal dispute
Tehsil	Unit of local government, between a district and a union council (UC)
Ushr	Islamic land tax
Vani	Tradition involving the handing over of women in tribal disputes
Watta satta	Arranged marriage of two sets of men and women between families
Zina	Adultery

# MAP OF PAKISTAN



## EXECUTIVE SUMMARY

“Children in Pakistan remain among the most vulnerable part of the population.” So reads the first line of the National Plan of Action for Children that the Government of Pakistan adopted in 2006 as a blueprint for integrating the goals that emerged from the 2000 World Summit for Children into national policy for children in Pakistan.

Five years after that plan was put into effect, and more than 21 years after the World Summit, the children of Pakistan and the women who bear, nurture and sustain them, remain the most vulnerable members of Pakistani society.

The National Plan of Action concedes that “most indicators confirm that (children) face serious disadvantages in the realm of economic and social development”. Those indicators appear with startling clarity and in alarming abundance in this SitAn, creating an evidence base to document the dire situation of children and women in Pakistan.

Children and women are those most affected by the household poverty that holds nearly a third of the country’s population in its grip. Children and women from the poorest households are routinely denied or otherwise discouraged from attaining access to health and education services that are already either inadequate or underutilized. They are also the members of society who are most affected by customs, social norms and traditional practices which can expose them to neglect, exploitation and abuse.

In these ways, through denial of access and exposure to maltreatment, too many children and women in Pakistan are deprived of the most basic human rights: the right to survival, the right to health care and education, the right to protection against violence, exploitation and abuse, the right to participate in the making of decisions about their lives – rights that are guaranteed by the international conventions to which Pakistan is a State party. Gaps in the implementation of those conventions (foremost among them the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)), are highlighted in this report.

The indicators and trends assessed and discussed in this SitAn tell the story in stark factual detail. Some of the facts in the trove of evidence in this report include:

- One out of ten Pakistani children die before their fifth birthday, over half of them die before completing the first month of life.
- More than a third of deaths of children under age five are caused by treatable illness, and 60 per cent are the result of water and sanitation-related diseases.
- Malnutrition contributes to 35 per cent of under-five deaths and more than 40 per cent of children are either moderately or severely stunted; malnutrition rates in two provinces are above emergency levels.
- Although Pakistan’s maternal mortality rate has declined significantly in recent years, it is still relatively high (276 per 100,000 live births) and immense resources and efforts will be required to achieve the MDGs target of 140 maternal deaths per 100,000 live births.
- Less than half of Pakistan’s children are fully immunized; immunization rates have actually fallen in every province except Punjab, and at the end of 2011 Pakistan was one of four countries in the world where new polio cases were still emerging, despite a massive nationwide immunization programme.

- Nearly half of primary school-age children are not enrolled in school, and among eligible girls the out-of-school proportion is closer to three-quarters; in absolute numbers, out-of-school girls outnumber their male counterparts.
- Completion rates to the fifth year of schooling have actually declined in the past five years.
- Fifty-five per cent of all Pakistani adults are illiterate; among women the rate is closer to 75 per cent.
- Pakistan is not on track to achieve any of its major targets among the MDGs by 2015.

This SitAn shows that females in Pakistan face discrimination, exploitation and abuse at many levels, starting with girls who are prevented from exercising their basic right to education, either because of traditional family practices, economic necessity or as a consequence of the destruction of schools by militants. Girls and young women continue to suffer from what the United Nations Committee on the Rights of the Child (CRC) calls “inhumane customs and rituals”, including forced marriage and so-called “honour” killings. Women are also subjected to local customs and cultural practices which all too frequently restrict their mobility, bar them from working, and see them victimized by violence and abuse.

The past two years have confronted millions of children and their families with exceptional circumstances of displacement and deprivation, due to the 2010 flood disaster that affected every province and region of the country (repeated on an only slightly lesser scale a year later in Sindh and Balochistan), as well as the continuing conflict along the country’s western border. The impact of the 2010 floods is analyzed province by province in these reports; the impact of conflict on children and women is analyzed in the reports for Balochistan, Khyber Pakhtunkhwa (KP) and the tribal areas. The enduring impact of the 2005 earthquake is examined in the report on Azad Jammu and Kashmir (AJK).

The year 2011 saw the implementation of the 18<sup>th</sup> Amendment to Pakistan’s Constitution, which devolves political authority and responsibility for essential services from the federal government to the provinces. This decentralization carries with it many unanswered questions about the effect it will have on resource allocations for public services, including education and health care, which will have a direct impact on the lives of children and women. This SitAn assesses that uncertainty with a focus on the details and the implications of the change.

The challenges of Pakistan’s decelerating population growth rate (although it is expected to remain the world’s sixth most populous nation for another generation at least), its intractable energy crisis, and their impact on the children of today and the youth and adults of tomorrow, are also analyzed.

## THE GENDER GAP

Gender inequality in Pakistan is widespread, reflecting the patriarchal nature of society in which men dominate. This mind-set permeates every domain, from the household to the community and the wider public sphere. The “gender gap” exists across most well-being indicators in terms of capacities, access to resources and opportunities; inequality exists within the family, in the workforce, in the political sphere, and in education and health care.

The SitAn illustrates the unmistakable correlation between women’s education levels and their children’s well-being. A child’s nutritional status, for example, is strongly correlated with the mother’s education: children whose mothers have higher education are the least likely to be underweight and stunted. The 2003 Pakistan Participatory Poverty Assessment (PPPA) found that in general, women of all social categories “did not have the same decision-making influence as men.”

Even when they do have access to money, female family members spend far less on themselves and save more for future expenses (such as children's marriages, education and home improvements or renovations). Very few women who work manage to save and keep what they earn for themselves. Women have few or no assets, and even when they do, they have no control over their use. Very few women have their own accounts or direct access to banks. Further, women have limited freedom of mobility, which inhibits access to other resources and rights such as seeking health care, voting, going to school, or working.

The gender gap has narrowed over the years. School enrolment rate for girls has increased, more women are now part of the labour force and in elected bodies. Nevertheless, even where the condition of women has improved, their social position has remained largely unchanged. Women's participation in the labour force in Pakistan is low (21.8 per cent), and is concentrated in the informal labour market and home-based worker sector where they face challenges, particularly in relation to social protection. Despite the great promise of demographic change and women's empowerment, children, youth and women still bear the brunt of social marginalization, inequities in access to public services, and social economic discrimination.

## MDG PROGRESS

In spite of the litany of natural and man-made crises that has affected the country, Pakistan has recorded key improvements in health and education over the past six years. There were improvements in the rates of infant, child and maternal mortality, but they still fell short of the 2015 MDG targets. With poverty rates declining in the mid-2000s, there was some optimism about meeting the MDG1 target of halving the poverty rate, from 26.1 per cent in 1990-91 to 13 per cent in 2015. But unforeseen events since 2007 reversed the declining trend in headcount poverty. Pakistan is lagging or making slow progress in 23 of the 32 MDG targets reported on, including all targets in education and maternal health.

## MATERNAL AND CHILD HEALTH

The first thematic chapter in each report in the SitAn deals with health-related issues. Pakistan is not on track to achieve the main health-related MDGs by 2015. The under-five mortality rate (U5MR) has held almost steady at around 94 per 1,000 live births since 2001 and is still 42 deaths per 1,000 above the MDG target for 2015. Newborn deaths constitute over half of all under-five deaths in Pakistan; as of 2009 Pakistan ranked third from the bottom among 193 countries in the number of newborn deaths. Newborn mortality is high across all provinces and across all quintiles with the highest mortality rate being in the poorest quintile. Although, deaths of children in the first 28 days of life have been declining in number they have actually increased as a proportion of live births over the past decade, from 49 per 1,000 live births in 2000-01 to 53 per 1,000 in 2007-08.

Pakistan's maternal mortality ratio (MMR) has declined, from 400 per 100,000 in 2004-05 to 276 per 100,000 in 2006-07, but meeting the MDG target ratio of 140 per 100,000 will still require immense resources and efforts. MMR in Balochistan is shockingly high, at 758 per 100,000 live births. To improve child survival and reduce pregnancy-related deaths among women will require increased immunization, better nutrition, and assured preventive health care, as well as emergency obstetric and neonatal care in rural areas, which is presently very scarce. Across Pakistan, 75 per cent of rural childbirths take place in the home, while almost half of all childbirths in urban areas take place in private hospitals/clinics. More than half (54 per cent) of deliveries in rural areas are assisted by unskilled traditional birth attendants; the rate for urban areas is a third (30 per cent).

### Nutrition:

The 2010 floods provided the occasion to bring nutrition to the fore, including the fact that underweight children under five are still at 1990 nutritional levels. The National Nutrition Survey (NNS) 2011 shows a national rate of gross acute malnutrition (moderate plus severe wasting) of 15.1 per cent of under-five

children, with notable variations between rural and urban areas and among provinces. More than 40 per cent of children under five, on aggregate, are either moderately or severely stunted.

The nutrition survey reveals that 58 per cent of households nationally are food insecure, with 29.6 per cent living in a state of moderate or severe hunger. Sindh appears as the poorest and most food-deprived province, with 72 per cent of families being food insecure. It is followed by Balochistan, where 63.5 per cent of families are food insecure. KP has the highest proportion (68.5 per cent) of the population having access to affordable food in all seasons. The nutritional status of the population appears to have stagnated and perhaps even deteriorated with notable variations between rural and urban areas and among provinces and with women receiving less nutrition than men in the same household. Malnutrition contributes to almost 35 per cent of all under-five deaths in the country.

With its growing urban population, Pakistan is seeing an epidemiological shift towards non-communicable diseases. Among the underserved rural and low-income populations, communicable diseases still present the greatest challenge. Coverage of households by Lady Health Workers is a relative success story, increasing two-fold to 83 per cent by 2009, and on track to ensure full-coverage by 2015. The private sector remains a key player, despite the risks of unregulated practices; the public sector simply cannot meet the needs.

The average number of children fully immunized between the ages of 12 and 23 months increased by only 1 per cent between 2005 and 2009. Immunization coverage has actually fallen in all the provinces except Punjab, with the sharpest decline seen in Balochistan (19 per cent). Urban-rural disparities for all immunizations are about 20 per cent. Urban coverage is at 60 per cent, and rural areas have 45 per cent coverage. A major problem is record keeping and recall upon which immunization coverage is based. There is a high degree of variance in the presence of report cards among the three major surveys on immunization coverage. There is also a problem with data availability and reliability in three administrative units affected by conflict: Balochistan, KP and FATA. Continuing conflict and a deteriorating security environment have had disastrous effects on child health, education and protection and on environmental factors in these areas.

### Polio:

The persistent transmission of polio in Pakistan showed no sign of abating in 2011, despite a National Emergency Action Plan put into effect at the start of the year and the scaled-up efforts of the federal and provincial governments, with UNICEF, WHO and other partners, to contain the spread of the virus to new districts and regions of the country. By the end of the year, the number of reported cases neared 200, and the disease was found in more than 60 districts in all but two of the eight provinces/areas (there were no cases reported in AJK or Islamabad); the year had seen the emergence of a strain of the polio virus that was on the verge of elimination in Asia.

### HIV/AIDS:

Latest UNAIDS figures estimate the number of cases in Pakistan as bordering on 96,000. The national prevalence rate is believed to be around 0.1 per cent. In recent years, new HIV outbreaks have been reported from all major cities, including Lahore, Karachi and Hyderabad. "Concentrated epidemics" had been observed among several high-risk groups, including injecting drug users (IDUs) and men who have sex with men, with an increasing risk of transmission to spouses and children.

### *Key health findings in the SitAn, province-by-province:*

- **PUNJAB:** Even in Pakistan's most populous province, only 75 per cent of the population have access to a health facility within a half-hour's distance. The province is putting emphasis on scaled-up mobile health units (MHUs) and Lady Health Workers (LHWs) to reach children and women of child-bearing age.

- **SINDH:** Health indicators in Sindh suffered a huge setback as a result of the floods of July 2010 (and were challenged again by renewed floods in 2011). Pregnancy and childbirth remain serious life-threatening events for many women, and high rates of female illiteracy prevent women from independently making health decisions, seeking assistance, and stepping out of the household.
- **BALUCHISTAN:** The largely rural population has little or no recourse to medical professionals for reproductive health care. Women are not typically free to travel without a male and they prefer to be seen only by the few female doctors available.
- **KP:** The provincial government spends nearly twice as much on security and law enforcement as on health and education combined. The lack of female staff in primary health care facilities reduces women's access to health care.
- **FATA:** In 2010, 450 community health centres were reported closed by the Government due to the unwillingness of personnel (especially women) to work in the region, and the number of female patients seeking health care fell from 70,000 in 2006 to 9,234 in 2010.
- **AJK:** The rough terrain, the harsh climate, and various cultural factors discourage women from reaching medical facilities for safe deliveries at health institutions.
- **GB:** Forty-five per cent of babies were delivered in health centres in areas where health facilities are mostly concentrated, while limited health facilities in other districts have led to lower percentages of deliveries assisted by health professionals.

## EDUCATION

The net primary enrolment ratio, one of the key MDG education indicators, increased from 52 per cent in 2004-05 to 57 per cent in 2008-09. This is still low, even by South Asian standards, and it means that nearly half of eligible children are being denied their right to basic education – now indeed enshrined as a human right in the 18<sup>th</sup> Amendment.

Education performance across the country remains marked by deep disparities based on multiple factors, including gender, wealth, location, religion and ethnicity. Official surveys confirm that people with the lowest levels of education are largely found in the poorest segment of the population and children growing up in households whose members have low education levels are themselves among the most excluded from education. Disparities in access and gender continue to be significant across the districts, incomes and the urban/rural divide.

Moreover, there are deep concerns about the quality of the education that is provided. There are large deficits in basic infrastructure and teaching materials, and fundamental weaknesses in the systems for training, engaging and managing teachers. Available assessments indicate very poor levels of learning attainment.

Poor access to education is due to poverty among families and communities, the conservatism and illiteracy of parents, low budgetary allocations to the education sector, and an acute shortage of public schools, particularly in mountainous and tribal regions. The high dropout rate is mainly due to poor quality of instruction, corporal punishment, teacher absenteeism, inaccessible locations and poorly maintained facilities. Insufficient recruitment of female teachers and cultural barriers to girls' education has resulted in low enrolments and retention of girls. Parents' education remains a strong determinant of school enrolment, as are measures of income and wealth both of the families and communities.

While net primary enrolment rates (NER) have increased across the board and gender disparities have marginally reduced, there has been a significant decline in completion/survival to grade 5 during the past

five years. Almost 7 million children of primary age are out-of-school with a disproportionate share being girls. The dropout rate is 63 per cent among boys and 77 per cent among girls.

### **Key education findings in the SitAn, province-by-province:**

- **PUNJAB:** Over a third of children of primary school age remain out of school. Net attendance rates are considerably lower than the gross attendance rates, due to the high number of “overage” children in school, as a result of late enrolment and high repetition rates; 44 per cent of children enrolled in primary are “overage” in Punjab.
- **SINDH:** Eighteen of the province’s 22 districts fall below 0.5 on the SitAn Education Index which means that considerable work needs to be done in order to improve the educational status of these vulnerable districts.
- **BALUCHISTAN:** In the province with Pakistan’s worst social indicators, education has the lowest access rates, lowest efficiency of schooling (due to late enrolment and repetition), and highest dependency on public schooling. Gender inequalities in Balochistan are the most pronounced in Pakistan: average GPI at primary level was 0.58 (cf. a national average of 0.83). The floods have made things worse, putting family survival needs above sending children to school.
- **KP:** Good progress in terms of access to education and increased enrolment in schools contrasts with deep disparities in education performance based on gender and wealth. Access to education is characterized by significant gaps between rural and urban areas, boys and girls, and rich and poor households. A 2010 survey found 51.4 per cent of children were not enrolled in school; almost 47 per cent were girls.
- **FATA:** In conflict-ridden areas, girls have been affected adversely across the board but particularly through the destruction of over 300 schools by militants. NGOs which had been working in these tough areas have ceased operation due to direct threats and the actions of the militants targeting women.
- **AJK:** AJK fares better than other provinces in education, despite the huge damage caused by the 2005 earthquake, but more than half of the women aged 15-49 in AJK have not received any education.
- **GB:** The differences in enrolment rates between the rich and poor range from 15 percentage points at the secondary level to 25 percentage points at the primary level. The NER among girls is ahead of all other provinces except Punjab.

## **PROTECTION OF CHILDREN’S AND WOMEN’S RIGHTS**

Pakistan has made slow progress in implementing laws on child protection. The 2009 observations of the CRC on Pakistan’s third and fourth periodic reports called for harmonization of laws with the CRC, improved monitoring of child rights and implementation of measures on violence against children, child abuse (including pervasive child sexual abuse and exploitation), child labour, child marriage and sub-standard norms of juvenile justice.

Although child marriage is technically against the law in Pakistan, 70 per cent of girls are married by the age of 18, and 20 per cent by the age of 13; predictably, the figures are especially high in rural areas. Some 264,000 children are found in domestic labour in Pakistan. Most of these children enter into domestic labour due to poverty and come from rural backgrounds.

Children and women are bought, sold, “rented”, or kidnapped to work in organized illegal begging rings, domestic servitude, prostitution, and in bonded labour. Illegal labour agents charge high fees to parents

with false promises of decent work for their children, who are later exploited and subjected to forced labour in domestic servitude, unskilled jobs, small shops and other sectors. The greatest problem is bonded labour, concentrated in Punjab in agriculture and brick making, which employ school-age children in arduous work under gruelling conditions.

The most common act of violence against women – domestic violence – mostly goes unreported. In 2009 only 608 registered cases of domestic violence were reported across the country. According to a 2008 Human Rights Commission of Pakistan (HRCP) report, 80 per cent of wives in rural Punjab feared violence from their husbands, and nearly 50 per cent of wives in developed urban areas admitted that their husbands beat them.

Pakistan lacks a universal system of birth registration and its overall birth registration rate is believed to be very low, around 30 per cent even by the Government's own reckoning. According to UNICEF, only 27 per cent of children were registered at birth, as of 2009. The rate is highest in Punjab, at 77 per cent; it is practically nil in Balochistan (0.8 per cent) and FATA (1 per cent).

### ***Key protection findings in the SitAn, province-by-province:***

- **PUNJAB:** The 2010 floods destroyed schools and caused many poverty-stricken families to send even their youngest children into different lines of work. The trafficking of children also increased. In the wake of the highly-publicized case of a 12-year-old domestic worker who was beaten to death by her employer, a high-profile lawyer in Lahore, more than ten similar cases of domestic abuse of minors leading to murder were found to have occurred in 2010.
- **SINDH:** Of the total of 1,652 incidents reported nationally, 266 cases of women killed to preserve "family honour" were in Sindh's rural areas. A further 308 cases of murder of women were reported from the province in 2010, constituting the highest number of any crime of violence against women reported in Sindh that year.
- **BALUCHISTAN:** The Multiple Indicator Cluster Survey (MICS) 2010 reported that 17 per cent of children aged 5-11 and 14 per cent of children aged 12-14 were involved in child labour. Boys are bonded for work in the province's coal mines, usually around the age of 13 and work in the mines until they are about thirty years old.
- **KP:** Most districts showed a negative trend in birth registration for children aged 0-59 months between 2001 and 2008. Specific conflict-induced violence sharply increased but there are little data to document this. "Talibanization" has resulted in restrictions on women's freedoms, including their sexuality and mobility. Children have been directly impacted through forced recruitment and attacks on schools. Displacement and poverty push poor and displaced children into the arms of militant and insurgent groups.
- **FATA:** Children have been directly impacted by the conflict, as victims of violence and through forced recruitment, and particularly because of attacks on their schools.
- **AJK:** Poor infrastructure has prevented child-related studies from being carried out, so accurate measures of child abuse are unavailable. Birth registration levels are very low (25 per cent).
- **GB:** The incidence of child disabilities is much higher in Baltistan than other regions, probably attributable to the harsh climate and terrain and the absence of hospitals in more than 90 per cent of villages in the region.

## **WATER AND SANITATION**

Only 35 per cent of Pakistan's population has access to tap water. There are huge disparities, among the

provinces and between urban and rural areas, in the availability of drinking water resources. Where 62 per cent of the urban population has access to piped water, only 21 per cent of the rural population is supplied with tap water. Most rural residents use hand pumps.

Nearly a quarter of the population lacks toilet facilities, mostly in the rural areas. A third of people residing in rural settlements have no access to toilet facilities. This creates hardships for women and children, who must practise open defecation, exposing them to potential danger and sexual harassment.

Children and women suffer most from these lags in water and sanitation infrastructure development. Some 2.5 million children in Pakistan do not have access to improved water sources, and 75 per cent of the hand pumps and 28 per cent of latrines installed in schools are non-functional. Women and girls in most poor rural areas spend much of their time fetching water from distant locations. This often results in a high dropout rate of young girls from school. Girls also drop out if no separate toilets are available in school compounds.

### ***Key water and sanitation findings in the SitAn, province-by-province:***

- **PUNJAB:** Disparities between most and least deprived districts are sharply reflected in data for access to improved water sources: four of the five most deprived districts have less than 10 per cent access to tap water while the top-ranked district, Lahore, has over 90 per cent access to tap water.
- **SINDH:** MICS data shows 55 per cent of the population of Sindh having access to sanitation facilities in 2007-08, a negligible change from 49 per cent in 2001-02. Only 6 per cent of the urban population was without access to sanitation facilities, compared with 85 per cent of the rural population in 2007-08.
- **BALUCHISTAN:** Occupying almost 44 per cent of the land area of Pakistan, but with only 5 per cent of the country's population, Balochistan has the lowest water and sanitation indicators in Pakistan. The urban poor spend much of their income buying water from vendors, while in rural areas fetching water from long distances is the responsibility of women and children.
- **KP:** has the best coverage in terms of tap water compared to the rest of Pakistan: 51.8 per cent of the urban population has access to piped water. However, most of the population is deprived of adequate sanitation facilities: 78 per cent of the urban and 42 per cent of the rural population has access to open drains only. About 49 per cent of the population has no access to any form of sanitation.
- **FATA:** Surveys show that only 25 per cent of households have taps for safe drinking water. Overall, 68 per cent of households do not have access to drains for waste water, 43 per cent of households do not have a latrine, and more than 70 per cent of the houses share latrines among households.
- **AJK:** Major urban/rural disparities exist in the region as a large proportion of the population residing in rural areas is reliant on unimproved sources of water. As a result, the prevalence of water-borne diseases is high and this is one of the key causes of high infant and under-five mortality rates.
- **GB:** An estimated 62 per cent of households in GB have access to tap water inside or within a reasonable distance from their homes; the rest of the population relies on open reservoirs and streams for drinking water, the safety of which for drinking purposes is questionable.

**Environmental sustainability:** Pakistan is rated among the ten countries in the world that are most vulnerable to the impact of climate change. Investment of an estimated \$10 billion a year is needed in natural resource management and planning, implementation of incentive-based regulatory policy regimes and support for voluntary environmental protection initiatives by industries, according to the UN. Estimates suggest that environmental degradation costs the country at least 3 per cent of GDP, or about US\$4.3 billion a year, and these costs fall disproportionately upon the poor and women who suffer due to illnesses

and premature mortality caused by air pollution, diseases caused by inadequate and unsatisfactory water supplies, and lost livelihoods due, among other things, to reduced agricultural productivity and direct contact with chemicals.

**Energy crisis:** Environmental challenges are likely to mount with any increase in economic growth. At present, Pakistan is short of up to 5,000 megawatts of electricity; 30 per cent of the population have no access to electricity at all and 80 per cent have no access to piped gas. Reliance on energy imports threatens the overall economy. The resulting load management practices cost an estimated \$5.8 billion to the economy, with the loss of 400,000 jobs. Shortages in energy supply are a key constraint (with managed “load shedding” i.e. scheduled power outages, a daily reality in all parts of the country), together with the consequences of inefficient energy use, have made a number of productive activities uncompetitive in the domestic and international market.

### Impact of the 2010 floods

According to the donors’ and Government’s Preliminary Damage and Needs Assessment (PDMA), Sindh is the province worst affected by the 2010 floods and the educational infrastructure of the province has suffered severe damage. Early estimates indicate a staggering 5,655 schools in the province have suffered partial or complete physical destruction. Almost all of these (5,417 or roughly 96 per cent) were primary schools, and 811 schools were girls schools. The most damaged district in the province is Jacobabad (1,247 schools), followed by Thatta (966), Dadu (764), and Kashmore (571), which are generally all among the poorer performing districts on education indicators. The aftermath of the floods will certainly further slow down progress in this sector.

In Sindh, district governments have launched a unified and concerted effort to revive the health, food, livelihood, shelter, education and WASH sectors. In the latter area, the Pakistan Approach to Total Sanitation (PATS) is to be expanded to more districts, while temporary learning centres have enabled Sindh students to reach schools for the first time.

#### **Findings from almost all provinces:**

- The extremely high instance of non-functional schools points to the Government’s lack of success in maintaining the physical infrastructure of the education sector.
- The inability to restructure resources to provide a more even coverage and distribution of accessible education to a large population points to a serious equity challenge.
- The inability to draw local communities into the schooling process, and to convince them of the utility and cost-effectiveness of basic education requires intensified outreach.
- Girls’ schools need to remain viable even when they are under-utilized in order for the trend in female exclusion to be stopped and reversed.
- Every day, around millions of women and girls either wait for nightfall to defecate in the open, or do so in unsanitary non-flush toilets. This exposes them to the risk of sexual harassment (or attack) and impinges on their sense of dignity. Improved water and sanitation services can reduce such risks and help boost the positive contribution of women and children in society.
- Some 88 per cent of deaths from diarrhoea, the main child-killing disease, are related to a lack of water and sanitation. A sharp decline in under-five deaths is achievable with improved hygiene, sanitation and safe water.

Overall, the well-being of children and women in Pakistan is viewed in this SitAn from a human rights perspective, with the aim of identifying the segments of the 80-million-strong child population of Pakistan who are the most vulnerable, who face the most prospect of deprivation, whose basic rights are denied

on the basis of where they live, their age or sex, their ethnicity, or other factors. All too often, despite the periodic gathering of data through household surveys, the poorest and most marginalized communities are not systematically assessed and are often forgotten when national development plans are laid and resources allocated. These communities are also the least likely to have a voice in global and national decision-making forums. Disaggregating national data to identify these groups and assess the factors that exclude them is fundamental to designing equitable solutions.<sup>1</sup>

This SitAn breaks new ground in devising an index, crafted according to the realities and priorities facing Pakistan, to identify and locate the most deprived children. Child well-being is quantified by deploying a measurement of deprivations in five domains; child survival, child education, water and sanitation, child protection, and shelter and information. These are weighed and combined into a single indicative number, a Child Well-being Index (CWI), for each district. These district rankings are then mapped for each province (or area).

The results indicate that fully 57 per cent of the 132 districts, agencies, and frontier regions in the sample return poor results for child well-being, according to the different sets of indicators devised for each province in determining the provincial CWI. While each province (or region) is very different in character and context, and the indicators varied according to the availability of data, no province or region had fewer than half of its constituent parts registering as being deprived in terms of child well-being.

The well-being of children in those districts – evidence of which recurs throughout the thematic and provincial narratives of the analysis – can and should now be the focus of attention and resources in order to reverse the deleterious indicators and brighten the gloomy picture portrayed, with evidential substantiation, so vividly in these reports. It is hoped that this SitAn may be used as a tool, to enable planners to design and target interventions for the children and women of Pakistan in a way that sees resources directed towards the specific areas and populations with the greatest need for them.

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### A note about data quality and data gaps:

Due to the regional focus of these Situation Analysis reports, district-representative data assumed key significance for the analysis. However the available data in various published reports very much varies in quality and coverage. Indeed, the quality, consistency, and compatibility of data are daunting challenges in preparing a Situation Analysis in Pakistan, where there has not been a national census since 1998.

The most widely used data in this report come from the Multiple Indicator Cluster Survey (MICS) reports on the various provinces and regions. Because they generally involve the cooperation of the Government together with operational agencies such as UNICEF, MISCS reports are the preferred source of socioeconomic and demographic data for trend analysis in Pakistan, as they are throughout the world.

It was necessary to supplement or forgo MICS data in a number of instances in the analysis of data and trends for these reports. The Pakistan Social and Living Standards Measurement Survey (PSLM) is a very useful source of district-representative data collected every few years from the four provinces, but its major limitation is that it does not report data on FATA and AJK regions. Below, we examine some of the highlights of the MICS reports in terms of quality and coverage of the reported data.

Punjab province offers the highest quality data through two rounds of Punjab MICS, 2003-04 and 2007-08. The third round of MICS (2011) was under way as these reports were being prepared, and its results

<sup>1</sup> UNICEF, *Narrowing the Gaps to Meet the Goals*, New York, 7 September 2010.

should soon be available to supplement and update the findings covered in this Situation Analysis.

Due to a large sample size of more than 70,000 households, Punjab MICS 2007-08 and 2011 are the only two *tehsil*-representative data sources in the country. While this data covers the attributes of health, education, water and sanitation and child labour, among others, it does not cover some critical social aspects.

MICS questionnaires could usefully include more detailed information on issues such as child labour, bonded labour, shelter and access to information, as key non-income indicators of well-being. Better quality information on income/expenditure attributes of households would add further value to this useful data resource. Identification of Lahore district town-level data on the pattern of the Sindh MICS 2003-04 would also be helpful.

Another issue that arises in using MICS data is inconsistency of data reported across survey rounds due to changes in definition. For example, information on fully immunized children is reported in MICS 2003-04 but not in MICS 2007-08.

Data limitation is more acute in the case of Sindh province, where only one round of district-based MICS (2003-04) was conducted. More recent rounds of PSLM surveys were obvious alternatives, but for consistency in reporting and for more meaningful comparisons across provinces and regions this report opted to rely mainly on MICS 2003-04 data. In response to comments made in regional consultations on early drafts of the Situation Analysis, PSLM 2010-11 data were added to the health and water and sanitation chapters of the Sindh report to enhance data comparison and analysis. Greater coverage of child labour, bonded labour, shelter, access to information, more detailed information on income/expenditure and consistency across survey rounds would add considerable value to new rounds of Sindh MICS – including the one that was under way in 2011 as this Situation Analysis was being put together.

For KP province, MICS 2001 and MICS 2008-09 provided most of the information needed for analysis. Some obvious shortcomings of MICS 2008-09 were non-reporting of underweight prevalence, households fully immunized and access to information, which was supplemented from MICS 2001. A major concern about MICS 2008-09 remains its non-reporting of data (due to law and order constraints) from four districts: Hangu, Malakand, Swat and Tank. Replacement of these data from PSLM 2008-09 is problematic due to major reporting errors noticed in PSLM data for these districts.

Balochistan province data are represented by two rounds of MICS conducted in 2004 and 2010. The two survey rounds cover most of the information, but there are some gaps. Underweight prevalence in the area of child nutrition and access to information data are reported in MICS 2004 but not in MICS 2010. Likewise, child labour and birth registration data are only reported at the division level in MICS 2010. MICS 2004 also does not report information on child labour.

MICS reports for FATA and AJK regions are the most valuable data resources because they are the only published sources of data at the district level. While FATA MICS 2007 does not cover North Waziristan agency due to its law and order problems, the reported information provides a good beginning for analysing an otherwise neglected area. Similarly, AJK MICS 2007-08 also provides very valuable data for researchers. The data gaps in MICS reports for the two regions are immense, and they need to be filled in future surveys.

Finally, the newly established province of Gilgit-Baltistan warrants immediate attention due to large gaps in published data, especially at the district level. Although there is one published report of GB; DHS (2008), it also does not include any information at the district level. For the purposes of this Situation Analysis, recent reports on Gilgit-Baltistan from the World Bank (2010) and the Aga Khan Rural Support Programme, which is active in the area, were used as proxy sources of household and other data.

## CHAPTER ONE: INTRODUCTION AND CONCEPTUAL FRAMEWORK



## 1. INTRODUCTION AND CONCEPTUAL FRAMEWORK

### 1.1 Background

Since the preparation of the last UNICEF Country Programme Document (2004-2008, extended to 2009-2010 and subsequently to 2011-2012), Pakistan has faced serious challenges stemming from the global economic crisis, political instability, increased militancy, the devastating earthquake of 2005 and the unprecedented floods of late 2010. Additionally, the period has also seen the preparation and initial implementation of a process of administrative decentralization, under the 18<sup>th</sup> Amendment to the Pakistani Constitution, which devolves political authority and responsibility for service provision from the centre to the provinces.

The effect of these developments, including the uncertain transition to decentralization, has been to make large segments of Pakistan's population even more vulnerable than they already were and to present new challenges for those who provide services and assistance to children and women in all parts of the country. In this changing context UNICEF and its national partners saw the need to assemble and assess the most recent information available on the situation of children and women in Pakistan, and on prospects for realizing global and national targets laid out in the Millennium Development Goals (MDGs), the Medium-Term Development Framework (2005-2010), the National Action Plan for Children, and other blueprints. Making full use of existing data sources, the SitAn aims to help to validate the strategic assumptions of the new country programme (2013-2017), which itself will be positioned in alignment with the Pakistan Country Team's One Programme ("Delivering as One") for the same period, 2013-2017.

### 1.2 Objectives of the Situation Analysis

The specific objectives of the "SitAn" are:

- To identify patterns of inequality and disparities in access to basic services among the most vulnerable parts of the population, with a focus on children and women.
- To determine the extent to which the basic rights of children and women are being denied – how and why?
- To identify the most excluded groups (disaggregated by sex, ethnicity, geographical location, income levels, etc.).
- To determine the causes of exclusion (immediate, underlying and root causes).

The SitAn seeks to assess and analyze the legal and policy frameworks, institutional and system capacities and external/environmental factors which influence the fulfilment of the rights of children and women in Pakistan, to identify gaps in those capacities, and to analyze the targeting and efficacy of social budgeting and expenditures for children and women. The degree of poverty identified (with a special focus on child poverty) and the disparities revealed are intended to provide strategic information to assist in the targeting of interventions, which also can be used in advocating for increased commitments and investments for children and women in Pakistan.

The SitAn comprises an overall report for Pakistan and separate sub-reports on the four provinces to which power has been devolved effective 1 July 2011 (Punjab, Sindh, Balochistan and Khyber Pakhtunkhwa) as well as the three territories remaining under central control: the Federally Administered Tribal Areas, Azad Jammu & Kashmir and Gilgit Baltistan, which has limited self-rule but special status within Pakistan and which is treated in the Analysis as a "special case".

### 1.2.1 Methodology

In line with the equity-oriented policies adopted by UNICEF and other United Nations human development agencies, this SitAn adopts an equity-based approach that seeks to describe and assess the context in which inequities occur. An equity-based approach seeks to understand and address the root causes of inequity, and, by identifying these causes, to assist planners in designing and targeting interventions aimed at ensuring that all children, particularly girls, have access to education, health care, sanitation, clean water, protection, and other services necessary for their survival, growth, and development.

### 1.2.2 Equity focus

An equity-focused SitAn seeks to understand the patterns of inequities and their causes. An investigation of the causes and consequences of inequities can be a very useful input to the national policy dialogue and programme planning process, with the overall objective of reducing disparities in child rights and well-being. Applying an equity lens to the SitAn involves mapping divergent trends and outcomes among different population groups and disaggregating the information to the extent possible, including by geographic area. Key questions to be considered within the SitAn include:

- How do trends and outcomes differ across population groups and regions?
- How large and persistent are the gaps in access to services and in outcomes?
- What are the underlying and structural causes of the disparities and have these 'drivers' of inequity changed over time?
- To what extent does the policy environment proactively address disparities through, for example, the allocation of public resources by region? What policies and measures have been implemented to reduce disparities? What was the impact?
- What are the key policy issues and programme interventions that should be considered in the future relative to specific axes of inequity?

Inequity is rooted in a complex range of political, social and economic factors that include but are by no means limited to:

- Gender discrimination;
- Ethnic, linguistic, minority, and religious discrimination;
- Discrimination due to disability status;
- Structural poverty;
- Natural or manmade disasters;
- Geographic isolation;
- Cultural and social norms;
- Weak governance.<sup>2</sup>

As shall be seen in this SitAn, all of the above apply to Pakistan.

### 1.2.3 Organization of the report

The SitAn comprises eight discrete but complementary reports. The national report and six provincial/area reports are organized around four key thematic areas, in which children's and women's rights may be analyzed: the living environment (the right to child and maternal survival and basic health care); the nurturing environment (the right to education); the protective environment (the right to protection for children and women from violence, exploitation and abuse); and the physical environment (the right to a safe living en-

<sup>2</sup> UNICEF, Refocusing on Equity: Questions and Answers, UNICEF HQ, New York, November 2010.

vironment, including access to improved water and environmental sanitation facilities). The reports open with a summary of the overall findings of the SitAn from a national perspective, followed by a chapter on household formation, family livelihoods and gender roles. The reports conclude with an equity analysis, using a Child Well-being Index (CWI) developed specially for this SitAn, a national index and provincial indices of child well-being based on indicators derived from available survey data. (Development of an Index for GB was not possible because of the absence of data from which to derive the indicators.)

#### 1.2.4 Analytical team

The SitAn has been prepared by a team composed of an international consultant, as team leader, and analysts from LUMS (Lahore University of Management Sciences), who prepared the provincial and national reports and analysis, with UNICEF-Islamabad providing resource and logistical support. The analytical process began with a desk review of existing sources of data such as surveys, studies, research papers, government publications (federal and provincial) – with an emphasis on official data and established surveys such as MICS and DHS. The effects of decentralization were at the forefront of the analysis.

Validation of data findings took the form of interviews and focus group discussions with stakeholders i.e. rights holders (women and children) as well as duty bearers (parents, teachers, community leaders, district, provincial and federal officials) to involve them in the analytical process and to derive a qualitative assessment of the indicators, trends, and patterns that emerge in the data analysis.

#### 1.2.5 Steering Committee

A Steering Committee was constituted to guide the SitAn process. It was co-chaired by the deputy representative of UNICEF Pakistan and a representative of the Planning Commission, Government of Pakistan. Members of the committee included representatives of the federal and provincial governments and of national research institutes and child-centred NGOs.

#### 1.2.6 Child Well-being Index

The main output of this SitAn is the creation and application of a new approach for quantifying deprivation or “child well-being”, based on a set of indicators selected specifically for this Analysis. These indicators have been applied and mapped on a provincial/regional level to produce an Index that pinpoints the populations (by district or agency) who are most deprived in terms of the denial of their rights to basic services. The indicators, indices and analysis are found in Chapter 9 of the component reports making up this SitAn. The rationale for the creation of a CWI specifically for this Analysis stems not only from the uniqueness of the Pakistani context, but from the realization that traditional income/consumption based measures of poverty (including those used widely in child-rights analyzes) are too narrow in scope, thus masking the severity of child deprivation.

International human rights instruments, chief among them the CRC, promote a rights-based approach that shifts the emphasis from “personal failure” to the “failure of State policies”. In a multidimensional approach, child-specific indicators can be used (if child-level micro data are available) to capture the inter-related nature of child poverty.

For this analysis, indicators have been drawn from five “domains”: child survival; education; water and sanitation; child protection, and shelter and information. These have been combined into a single indicative number for each district (or agency) of Pakistan to form an overall CWI. The indicators were chosen in part to reflect the availability of data, and in part to provide a realistic “snapshot” of child deprivation in the Pakistani context.

The SitAn provides an inventory of available literature and statistical evidence to:

- Underpin equity findings in identifying causes and locales of deprivations and rights violations;
- Strengthen development of next UNICEF country programme; and

- Reinforce the main thrust of UN “Delivering as One” planning.

### 1.3 Complementarity with UN “One Programme”

The SitAn complements the 2011 Country Assessment of Pakistan carried out by the UN Country Team in enriching development of the second generation One UN Programme (OPII) package of assistance and interventions in Pakistan. It draws upon the “meta-analysis” carried out as part of the Country Assessment process, to set the human development context of this analysis of children’s and women’s rights.

### 1.4 Development context of the Situation Analysis<sup>3</sup>

The annual UNDP Human Development Index (HDI) ranks Pakistan as a “medium developing country”. After improving from 143rd place in 2005 to 125th position in 2010, out of 187 countries and territories ranked by UNDP, Pakistan’s HDI ranking slipped badly, to 145<sup>th</sup> position in 2011.<sup>4</sup> The 2011 UNDP Human Development Report for Pakistan put 49.4 per cent of the population in multidimensional poverty, with another 11 per cent at risk of multidimensional poverty and a total of 27.4 per cent living in severe poverty. In all, the report said 53.4 per cent of Pakistanis were witnessing “intense deprivation”. The 2011 Human Development Report put Pakistan among 46 countries in the “low human development” category, a drop from the “medium human development” category in which it had been included in the 2010 report.<sup>5</sup>

While positive strides have been taken by Pakistan in recent years to address core development issues and to strive to meet key MDG targets, the stresses of a weak economy, pervasive poverty, gender inequality, geographical and socio-economic inequities and the demands of sustainable development have been exacerbated by both manmade and natural disasters. The impact has been particularly severe on the poor, women, children, the elderly, minorities, and persons with disabilities, as well as on refugees and internally displaced persons (IDPs). Damage to habitat, loss of livelihoods, the trauma of displacement and disillusionment with weak governance and economic insecurity has added to these pressures.

Despite the loss of development gains due to multiple crises and a worsening security situation exacerbated by the spill-over effects of the “Global War on Terror”, the foundation to move forward on the path of sustainable and equitable development still exists. Pakistan’s priority development imperatives include the need for inclusive growth, meeting the challenge of rapid (and often unplanned) urbanization, nurturing a sustainable environment and energy regime, minimizing the adverse effects of manmade and natural crises, ensuring human development and human security, and the nurturing of an effective and accountable State. Special attention needs to be paid to excluded and vulnerable groups who are the worst affected by national setbacks and who have benefited least from macroeconomic growth. Pakistan is also home to the largest refugee population in the world with over 1.7 million Afghan refugees (plus an additional estimated one million unregistered refugees) currently living in the country.

The highest priority is to ensure that Pakistan is able to meet its MDG targets. The 80 million children and young persons under the age of 18 need investment for their education, health and security. Women need to be engaged with issues of their local communities and to be empowered to participate in decision-making processes at all levels. As a prerequisite for engagement, women also need to have equal access to, and benefit equitably from, quality social services. Men need to be engaged in an attitudinal change of social cultural practices at family, community, provincial and national level. Institutional capacity building and ownership at the provincial and district level will be needed in order to make “devolution” a success.

<sup>3</sup> Narrative elements of this development context and the country context chapter below are drawn from Pakistan One UN Programme 2013-2017 (Pakistan One Programme II, also known as OPII), with analysis derived from a 2011 study for UNDP by Farrukh Moriani, and from the Meta Analysis prepared under the aegis of the UN Country Team, Pakistan, as part of the Common Country Assessment, Pakistan 2011 (September 2011).

<sup>4</sup> “Pakistan slips further in human development index”, The News (Pakistan), 30 November 2011, <http://www.thenews.com.pk/TodaysPrintDetail.aspx?ID=10648&Cat=13>.

<sup>5</sup> Ibid.

## 1.5 Key points from the Meta-Analysis affecting women and children:

- Inflation (CPI) is in double digits for the last four years.
- Food insecurity increased from 38 per cent in 2003 to 48.7 per cent in 2009: 50 million are now malnourished and more than 100 million are not getting the same level of nutrition as two years ago.
- Inflation and food insecurity are driving individuals and groups into poverty.
- There is feminization of poverty due to differential opportunities, cultural patterns and intra household inequalities.

Pakistan has attained remarkable achievements in political and policy domains in last few years, including participatory decision making in the form of landmark constitutional developments, chief among them the adoption of the 18th Amendment to the Constitution in 2010 and the 7<sup>th</sup> National Finance Commission Award, unanimously approved by Parliament in 2009. These developments established a new framework of devolution of powers from the federal level to the provinces and carried with them the prospect of better service delivery and greater scope for public participation.

What were still needed were concrete measures to improve the security situation through the effective implementation of the rule of law, not only to help save lives and safeguard property, but also to help provide a better economic and social environment, not least for the least secure members of society, the women and children. This would include measures to address capacity issues relating to the investigation and prosecution of offences, and improve and depoliticize police performance and accountability. Corresponding reforms of the civil service and strengthening of law enforcement capacities are required to translate the constitutional guarantees into measurable positive forces in the life of the people of Pakistan.

Pakistan has already suffered badly from the war in Afghanistan and terrorism. In addition, inclusive growth is hampered by human-made crises and natural disasters. The external supply shocks have been particularly harsh on the poor, women, children, old people, minorities, refugees and IDPs. The damage to habitat, loss of livelihoods, trauma of displacement and disillusionment are adding to the stresses. The access of the poor to education and health in crises-affected areas has been affected, and food vulnerability has increased. Trust in the State's effectiveness needs to be reinforced, basic services, employment and livelihood opportunities need to be provided equitably, and radicalization needs to be countered.

The 80 million children and young persons under the age of 18 need investment for their education, security and health. Women need to be engaged with issues of their local communities and to be empowered to participate in the political process at all levels. To meet this end, a uniform vision, institutional capacity building and ownership at the provincial level will be needed.

Natural disasters affect and are affected by environmental conditions and climate change. Gaps in Disaster Risk Management (DRM) have increased the risk of damage from natural disasters. The built environment also interferes with the natural pathways of the rivers and causes damage during floods. However, the biggest single determinant of risk to vulnerable groups is their socio-economic status, necessitating a rights-based approach to recovery and reconstruction.

It is important to enable everyone to participate in providing solutions and setting the country on track to attain MDG targets. Without a research base and quality data, evidence-based policy-making will not be possible.

While it is clear that the State apparatus remains duty bound to fulfil its obligations to the citizenry as rights holders, the analysis of this mutual relationship needs also to account for resourcing and capacities on the duty bearers' side and responsibilities and attitudes on the side of rights holders. Rights holders have a role and responsibility to ensure that the State is doing its utmost and also to support this endeavour through their own practices. Therefore, rights holders need to mobilize themselves to hold government authorities accountable, and in turn they too must respect the rule of law and due process. However, rights holders do not constitute a uniform or homogeneous group, and sub-group self-interest often dominates.

- From the UN Pakistan Common Country Analysis, September 2011

## CHAPTER TWO: THE PAKISTAN COUNTRY CONTEXT



## 2. THE PAKISTAN COUNTRY CONTEXT

### 2.1 Governance: Changes and challenges

For much of its 65-year history, Pakistan has been under military rule, with intermittent periods of civilian control. With the return to democracy in 2008, Pakistan embarked on a major transformation of the State and its institutions. The key element of this was the devolution process initiated through the 18<sup>th</sup> Amendment to the Constitution that came into full effect in July 2011 (see *Special Focus, below*).

The new framework of power-sharing between the federal and provincial levels carries with it major implications for service delivery (principally health and education) as well as the potential for a more inclusive development process with equal participation of men and women; it also carries with it the potential for capacity and resource gaps during the transition, opening up a high priority role for development partners.<sup>6</sup> Corresponding reforms in civil services and law enforcement capacities are necessary to translate constitutional guarantees into measurable impact on the lives of women and men. Accountability, democracy and participatory mechanisms are important to ensure that those decisions are implemented effectively. Obstacles to delivery of services and the creation of an enabling environment include political instability, personal insecurity, weak rule of law, and corruption.

Despite the loss of development gains due to multiple crises (particularly the floods of July-August 2010, which affected all provinces) and a worsening security situation exacerbated by the “Global War on Terror”, the foundation to move forward on the path of sustainable and equitable development still exists. Pakistan’s priority development imperatives include the need for inclusive growth, meeting the challenge of rapid (and often unplanned) urbanization, nurturing a sustainable environment and energy regime, minimizing the adverse effects of manmade and natural crises, ensuring human development and human security, and the nurturing of an effective and accountable State, in an enabling environment in which people can take charge of their own lives. Special attention needs to be paid to minorities and other excluded and vulnerable groups who are the worst affected by national setbacks and who have benefited least from macroeconomic growth.<sup>7</sup>

The tendency to seek preference through influential contacts is both a cause and effect of weakening the State’s governance role, and lies at the heart of differential access to services. It severely exacerbates problems of access for excluded and vulnerable groups at the national, provincial, district, tehsil, union council and village levels. The State and its organs have the obligation to ensure broad-based participation and enhancing the capacity of poor and excluded groups to claim and exercise their rights. To protect these rights, Pakistan has actively acceded to international treaties and conventions but additional attention will be needed over procedural rights, such as the right to information, fight for free expression of opinions, the right to participation and the right to judicial redress.

While it is clear that the State apparatus remains duty bound to fulfil its obligations to citizens as rights holders, the analysis of this mutual relationship needs also to account for resourcing and capacities on the duty bearers’ side and responsibilities and attitudes on the side of rights holders. Rights holders have a role and responsibility to ensure that the State is doing its utmost and also to support this endeavour through their own practices. Therefore, rights holders need to mobilize themselves to hold government authorities accountable, and in turn they too must respect the rule of law and due process. Equally, it is incumbent on the State to provide the space and security to enable rights holders, especially the most vulnerable, (i.e. women and children) to do so, as well as provide the information to empower them.

<sup>6</sup>United Nations, Pakistan One UN Programme 2013-2017, first draft, Islamabad, November 2011.

<sup>7</sup>Ibid..

## 2.2 The legal and policy framework

Pakistan's legal system is derived from English common law and is based on the 1973 Constitution, incorporating elements of Islamic sharia law. The Supreme Court, provincial high courts, and other courts have jurisdiction over criminal and civil issues. The Supreme Court has original, appellate and advisory jurisdiction, while high courts have original and appellate jurisdiction. The Federal Shariat Court (and the Shariat bench of the Supreme Court) determines whether laws are consistent with Islamic injunctions, and serve as appellate courts for criminal convictions under the "Hudood Ordinances".<sup>8</sup> Special courts and tribunals hear particular cases, including terrorism cases. Pakistan's penal code has limited jurisdiction in tribal areas, where law is largely derived from tribal customs and norms.

Pakistan's Penal Code of 1860 and the Code of Criminal Procedures 1898 are still the main laws in force regarding crime matters. The Penal Code contains sections that refer specifically to children. Punjab and Sindh provinces have also adopted specific laws that govern child offenders and children's rights.

The Charter of Child Rights Bill 2009 was submitted as a private member bill in the National Assembly and has been supported by the Government. Once passed by the Parliament, it will have a significant impact on the rights of children because for the first time a domestic law will enunciate the entire range of children's right espoused by the teachings of Islam and guaranteed under the CRC and the Constitution of Pakistan. The bill provides for the establishment of National Commission on the Rights of Children. The implementation and monitoring of the Charter of Child Rights Act will be in the functions of the Commission. The bill is currently being reviewed by a select committee of the National Assembly.

The Prohibition of Corporal Punishment Bill, 2010 was submitted in the National Assembly as a private member bill. The bill has been supported by the Government. This proposed law aims to ban corporal punishment in educational institutions and other care institutions. The definition of corporal punishment has been adopted from General Comment 8 and other international instruments dealing with torture, inhuman and degrading treatment, etc. It provides for the redress of complaints of corporal punishment at departmental level and penalties to punish the perpetrators.

In November 2011, the Pakistani National Assembly passed a landmark law aimed at strengthening the protection of women against discrimination and harmful traditional practices. The Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011 prohibits and prescribes punishment for practices such as depriving women of inheritance, forcing them into marriage to settle personal or family disputes, bartering them, or forcing them to "marry the Qur'an".<sup>9</sup> The bill does not propose a mechanism to ensure that such cases are reported and reach a court of law, which is a necessity as such crimes often go unreported.<sup>10</sup> The law, which had languished in parliament for three years, was also approved on 12 December 2011 by the Upper House, the Senate, which at the same time also approved the Acid Control and Acid Crimes Prevention Bill, which provides for imprisonment of not less than 14 years and a minimum fine of Rs. 1 million for those who disable, disfigure or deface any person by throwing a corrosive substance at them.<sup>11</sup>

In February 2012, the Senate also passed a bill making violence against women and children an offence carrying prison terms and fines. The "Domestic Violence (Prevention and Protection) Act 2012" received support from all the political parties represented in the upper house; it had been unanimously approved by the National Assembly in August 2009. The bill, which would become law when signed by the president,

<sup>8</sup> An entire body of law has been enacted - largely during the regime of General Muhammad Zia-ul-Haq - that seeks to establish what is perceived by the supporters of these laws as an "Islamic" system of justice in the country. These laws have come under increasing scrutiny and debate both within Pakistan and internationally especially with regard to their impact on civil liberties, human rights and equal treatment of citizens. Source: Government of Pakistan, <http://www.pakistani.org/pakistan/legislation/hudood.html>.

<sup>9</sup> TrustLaw news service, [www.trust.org/trustlaw](http://www.trust.org/trustlaw), 16 November 2011.

<sup>10</sup> "National Assembly passes landmark women's rights bill", The Express Tribune, [tribune.com.pk](http://tribune.com.pk), 15 November 2011.

<sup>11</sup> "Senate passes two women bills", Dawn newspaper, 13 December 2011.

defines domestic violence as “all acts of gender-based or physical or psychological abuse committed by an accused against women, children or other vulnerable persons with whom the respondent is or has been in a domestic relationship”. An accompanying “statement of objects and reasons” noted that the bill brought domestic violence into the public domain and responded to a national policy for development and empowerment of women, in line with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Hopes were expressed that it could serve as a guideline for the adoption of similar measures in the provincial assemblies.<sup>12</sup>

The development of the Rule of Law in Pakistan has suffered from decades of military rule, and there remain tensions and friction between the inherited system of common law and Islamic sharia law. This is evident most noticeably in the provinces and tribal regions, where traditional forms of “justice” and judgement still prevail. The legal system also suffers from relatively low levels of efficiency, inferior legal training, and charges of corruption.<sup>13</sup>

However, since the restoration of democracy five years ago, Pakistan has achieved admirable stability in a volatile political environment (at the end of 2011, the government of Prime Minister Yusuf Raza Gilani passed the milestone of 45 months in office, becoming the longest-serving government since independence). The past few years have seen landmark constitutional developments, chief among them the adoption of the 18<sup>th</sup> Amendment to the Constitution in 2010 and the 7<sup>th</sup> National Finance Commission Award, unanimously approved by Parliament in 2009 (see below). These developments established a new framework of devolution of powers from the federal level to the provinces and carried with them the prospect of better service delivery and greater scope for public participation.

What are still needed are concrete measures to improve the security situation through the effective implementation of the rule of law, not only to help save lives and safeguard property, but also to help provide a better economic and social environment, especially for the least secure members of society; the women and children. This would include measures to address capacity issues relating to the investigation and prosecution of offences, and improve and depoliticize police performance and accountability. Corresponding reforms of the civil service and strengthening of law enforcement capacities are required to translate the constitutional guarantees into measurable positive forces in the life of the people of Pakistan.

### 2.3 The significance of 18<sup>th</sup> Amendment to service delivery for children and women

Adoption of the 18<sup>th</sup> Amendment to Pakistan’s Constitution by broad-based consensus among all political parties in April 2010 was a landmark event in the political history of Pakistan.

Its aim was to restore the balance of power between President and Parliament and strengthen the federation by enhancing the degree of provincial autonomy. But its implementation would be neither easy nor smooth. And the changes in mandated responsibilities of the federated units and the supporting system of fiscal transfers, have to be watched in terms of their consequences for social outcomes that have been worsened by on-going conflict, the floods in 2010 and the aftermath of the earthquake in 2005. The changes would be watched especially to see if they would help to overcome growing regional inequality and disparities in social and economic outcomes.

Prior to adoption of the 18<sup>th</sup> Amendment, provinces and other federated units had been represented in the central legislature, with significant policy and economic development responsibilities already devolved to the sub-national level. There was a third tier of local governments (comprising district, *tehsil* and union administrations) that had been introduced under the devolution plan in 2001. Under this setup, in which

<sup>12</sup> “Senate unanimously passes Domestic Violence Bill”, The Express Tribune, 21 February 2012, and “Domestic violence no more a private affair”, Dawn, 21 February 2012.

<sup>13</sup> Pakistan Legal System, Global Security, [www.globalsecurity.org/military/world/pakistan/legal-system.html](http://www.globalsecurity.org/military/world/pakistan/legal-system.html).

provinces, tribal areas and other federating units were empowered to conduct their own fiscal affairs, while maintaining a united federal republic had remained a challenge, and the state's capacity to raise revenue remained low despite several attempts at reform.

As it is, the four provincial governments account for 28 per cent of all government expenditures but only 8 per cent of the tax collected.<sup>14</sup> The excessive dependence of the provincial governments on federal transfers and centralization of revenue collection had resulted in a "vertical" fiscal imbalance across governments, necessitating a system of intergovernmental transfers. Pakistan thus developed an elaborate fiscal arrangement, in the form of the National Finance Commission (NFC) "award", which prescribed a formula-based distribution of resources and sharing of the tax bases between the centre and the lower, provincial and municipal levels of government. To exercise these functions, the different tiers of government were allocated funds to carry out responsibilities as per the federal and concurrent lists that assign expenditure at each tier of governance.

Horizontal distribution is based primarily on population, limiting the financial capacity of the provincial governments to meet their assigned roles and responsibilities equitably – indeed, in practice, disparities measured by inverse population density (IPD), backwardness or fiscal effort have been ignored. While population should get a greater weightage in Punjab, the poverty/backwardness index is an important indicator for KP, the IPD and poverty/backwardness index for Balochistan and revenue generation/collection for Sindh. With the largest population, Punjab has remained the major beneficiary of all NFC awards, while Balochistan has suffered the most for being the least populous province. Table 2.1 represents indicators illustrating some of the regional disparities that have arisen as a result of the lack of a meaningful and equitable federal system.<sup>15</sup>

**Table 2.1: Population below the poverty line (%)**

Province	Overall	Provincial capital	Large cities	Small cities	Rural areas
<b>Punjab</b>	26	19	21	42	24
<b>Sindh</b>	31	11	29	38	38
<b>KP</b>	29	28	0	41	28
<b>Balochistan</b>	48	16	0	41	52

Source: Ahmed, G. *Adequacy of Provincial Assignments and Transfer Design: Making the 18<sup>th</sup> Amendment and 7<sup>th</sup> NFC Award Work*, 2010

A major weakness of the NFC award has been the inability to incorporate any mechanism to motivate resource mobilization in the provinces so that the financial dependence of the provinces on fiscal transfers can be reduced. Intergovernmental transfers, now further strengthened through the 18<sup>th</sup> Amendment, also tend to create soft budget constraints, reducing incentive for the provinces to raise funds.

### 2.3.1 The right to govern

The 18<sup>th</sup> Amendment marks a defining moment by ensuring a constitutional provision for one of the basic determinants of the rights of provinces and their capacity to govern effectively. As it takes effect in 2011-12, it is likely to devolve some major functions and expenditure categories to the sub-national governments in line with the provisions of the 1973 constitution. While devolution of power has transferred *political* authority, this amendment also has implications for transferring more *economic* power to the provinces.

<sup>14</sup> Adapted from Watts, *Fiscal Decentralization: Strengthening Provincial Finances* (BNU Report), 2005, chapter 7.

<sup>15</sup> Ahmed, G., *Adequacy of Provincial Assignments and Transfer Design*, presentation at "National Conference on Making the 18<sup>th</sup> Amendment and 7<sup>th</sup> NFC Award Work", sponsored by the Forum of Federations, Islamabad, 30 October 2010.

<sup>16</sup> Institute of Public Policy (IPP), *State of the Economy: Pulling Back from the Abyss, Annual Report*, Beaconhouse National University, 2010.

The most important changes in the Constitution relate to the assigning of responsibilities to governments at different levels. In this regard, a number of steps have been taken.<sup>16</sup>

- Firstly, the concurrent list in the original document that gave joint responsibilities to the federal as well as provincial governments has been removed. Thus, 44 of the 47 items on the concurrent list automatically stand devolved to the provinces along with liabilities. Provinces will now have complete control over the social sector including education, health, population, labor, social welfare, as well as environment, tourism, print media, culture and archaeology.
- Secondly, the finances of the provinces have been significantly strengthened. The provinces will have the right to raise domestic and foreign loans with the approval of the National Economic Council (NEC). They will be able to collect entire amounts raised by excise duty on oil and natural gas. Future National Finance Commissions cannot issue awards that reduce the combined share of the provinces in the central divisible pool. In other words, the amount given to the provinces by the 7<sup>th</sup> NFC award has been “frozen in time”.

Furthermore, the 18<sup>th</sup> Amendment has expanded the scope of fundamental human rights by affirming three new rights, namely: the right to fair trial and due process, the right to information, and right to education. All of these, theoretically, have significant implications for women and children in Pakistan.

Devolution under the 18<sup>th</sup> Amendment has occurred in three phases, with the first completed in December 2010 and the last completed in June 2011. The devolution phases are shown in Table 2.2.

**Table 2.2: Devolution plan**

Phase 1	Phase 2	Phase 3
1. Ministry of Special Initiatives	6. Education 7. Social Welfare and Special Education 8. Livestock and Dairy Development 9. Culture 10. Tourism	11. Food and Agriculture 12. Health 13. Labour and Manpower 14. Women Development 15. Sports 16. Statistics Division 17. Environment 18. Minorities Affairs
2. Zakat and Ushr <sup>17</sup>		
3. Youth Affairs		
4. Population Welfare		
5. Local Government and Rural Development		

*Source: IPP, State of the Economy: Pulling Back from the Abyss: Annual Report, Beaconhouse National University, Institute of Public Policy, 2010*

While these changes are viewed as positive steps towards correcting the highly skewed distribution of resources between the federal and provincial governments and amongst the provinces themselves, they also indicate the transfer of greater expenditure responsibilities onto provinces, bringing into question the capacity of the sub-national governments to plan and deliver according to the mandate of the 18<sup>th</sup> Amendment.

<sup>17</sup> The Zakat and Ushr taxes are used to provide social welfare funds, which go to provincial, division, and district committees for distribution among organizations engaged in social welfare activities or directly to needy persons.

## 2.3.2 Seventh NFC Award

The Seventh NFC Award was successfully concluded after a lapse of almost 19 years and introduced some fundamental shifts in the basis for determining the “vertical” (i.e., from federal to provincial level), as well as “horizontal” (i.e., intra-provincial) distribution of resources. Some key points to remember:

- Firstly, it is seen as a measure for strengthening fiscal decentralization or addressing the problem of equity in the federal fiscal system in a more substantial manner than in the past. Effective from 1 July 2010, the seventh NFC Award more than doubled the amount of annual resource transfer to the provinces. The share of the provinces increased from 47.5 per cent to 56 per cent for first year and to 57.5 per cent for the remaining years. According to one estimate, total transfers from the federal government to the provinces would increase to Rs. 1,033 billion from Rs. 655 billion.<sup>18</sup> The federal government has also reduced collection charges from 5 per cent to 1 per cent, increasing the pool for distribution by an additional 4 per cent. In addition, sales tax on services taxed under federal excise duties has also been devolved to provinces.
- Secondly, the seventh NFC award has taken major steps to reduce horizontal imbalances, thus encouraging fiscal equalization within provinces. It marks a watershed by offering an agreed set of multiple criteria, beyond population, for determining the horizontal distribution of resources. In this award, population gets a weight of 82 per cent, “poverty/backwardness” 10.3 per cent, revenue collection and generation 5 per cent and IPD 2.7 per cent (Table 2.3, below).

**Table 2.3: NFC Award 2009 distribution criteria**

Indicators	Weight (%)	Punjab	Sindh	KP	Balochistan
Population share (1998 Census)	82.0	57.36	23.71	13.82	5.11
Poverty/backwardness	10.3	23.16	23.41	27.82	25.61
Revenue generation/ collection	5.0	44.0	50.0	5.0	1.0
IPD (area/population ratio)	2.7	4.34	7.21	6.54	81.92
Total share	100	51.74	24.55	14.62	9.09

Source: <http://www.pide.org.pk/pdf/seminar/seminar148.pdf>

- In addition to the changes in the distribution formula, steps have been taken to compensate provinces for their unique circumstances, the combined impact of which is shown in Table 2.4. With the adoption of the new formula, the share of Balochistan in the divisible pool has increased from 7.17 per cent to 9.09 per cent with underwrite revenue transfers of Rs. 83 billion. Grants-in-aid have been assigned to Sindh while 1 per cent of the net proceeds of divisible pool taxes is to be assigned to the government of KP to meet the expenses of the on-going security operations. Several pending issues have also been resolved. Each province is to be paid every financial year a share from the net proceeds of the total royalties on crude oil in the same proportion as the production of oil in that province.<sup>19</sup> KP is set to receive approximately Rs. 110 billion from the hydroelectricity profit within the next five years and Balochistan Rs. 120 billion as a Gas Development Surcharge (GDS) for 1954 to 1991 in instalments over 12 years.

<sup>18</sup> “The NFC Award: Punjab biggest gainer”, Muhammad Sabir, Fiscal Review 2010, *Business Recorder*, 30 July 2010.

<sup>19</sup> Ministry of Information and Broadcasting, 2008-2010 Report - Promise, Policy, Performance, section on 7<sup>th</sup> NFC award.

**Table 2.4: Provincial shares of the 7<sup>th</sup> NFC Award (%)**

Province	% share in divisible pool	% reduction in share	Additional budget
Punjab	51.74	1.27	48
Sindh	24.55	0.39	61
KP	14.62	0.26	79
Balochistan	9.09	(+) 1.82	175

Source: <http://www.pide.org.pk/pdf/seminar/seminar148.pdf>

The increase of fiscal transfers to the provinces reflects a realization on the part of government that the provinces need more funds to provide quality public services such as health, education, clean drinking water, improved sanitation, etc. for the masses. Yet it raises two major issues: the capacity of the provinces and local governments to deliver, and the incentives for own-source revenue generation by the provinces.

### 2.3.3 Key challenges going forward

The seventh NFC award and the passage of the 18<sup>th</sup> Amendment have furthered provincial autonomy and the process of devolution to an unprecedented degree. However, in meeting the spirit of the 1973 Constitution, these two seismic developments have added a layer of complexity and challenge to both the governance and the fiscal framework of the federation.

Devolution is a complex task. A number of decisions need to be taken to ensure that the quality of service delivery is not compromised going forward.<sup>20</sup> How will the process be managed? How will it be financed? Does the enabling legislation exist? What are the changes involved in the procedures? What will the human resource requirements be for providing uninterrupted service at provincial level? How will the assets and liabilities of the devolved ministries/divisions be shared? In addition, it would seem that the provincial governments will have to form their own committees to work out the absorption strategy of the devolved areas.

The financing of the new responsibilities also raises several questions. What will the additional recurrent expenditure requirements of the provincial governments be to perform the devolved functions? How will the provinces finance these additional recurrent expenditures? What are the additional development expenditure liabilities in the case of schemes/projects already under way in the devolved areas? Do the provinces have the resource surpluses to finance these development expenditures? If not, what options exist to ensure completion of the development schemes/projects? Indeed, should all development schemes initiated by the federal government be taken on by the provincial governments in the first place?

The 18<sup>th</sup> Amendment and NFC award bring with them significant financial and administrative implications requiring serious adjustments in development and non-development expenditures, work force arrangements, and legal issues. The volume and nature of provincial expenditure has substantially changed, due to the abolition of the concurrent list and the fact that the federal government is now not able to allocate its development budget to the provinces. The share of provincial governments in public expenditures is also expected to rise from 30 per cent to almost 36 per cent. While this is still lower than India (45 per cent) and China (54 per cent), it is much higher than observed in Indonesia (10 per cent), Malaysia (19 per cent), and the Philippines (9 per cent).

Furthermore, for the first time, the provinces are to assume 53 per cent (Rs. 373 billion out of Rs. 633 bil-

<sup>20</sup> IPP, *State of the Economy: Pulling Back from the Abyss*, op. cit., 2010.

<sup>21</sup> Pasha, Dr. Hafiz A., "Revelations by the IMF", column, *The Express Tribune*, 1 October 2010, <http://tribune.com.pk/story/57334/revelations-by-the-imf/>.

<sup>22</sup> International Monetary Fund, *Pakistan: Use of Fund Resources-Request for Emergency Assistance-Staff Report; Press Release on the Executive Board Discussion; and Statement by the Executive Director for Pakistan*, IMF Country Report No.10/295, September 2010, <http://www.imf.org/external/pubs/ft/scr/2010/cr10295.pdf>.

lion) of the Public Sector Development Programme (PSDP) 2010-11, an amount larger than that assumed by the federal government (Rs. 280 billion).<sup>21</sup> The removal of the concurrent list is also likely to burden the provinces with a surplus of permanent, contract government employees, and consequent resource requirements. (For example, approximately 110,000 LHWs alone are working under a programme of the Federal Ministry of Health, and 40,000 people at core federal ministries and 1.5 million from autonomous bodies will now have to be accommodated by the provincial governments.) This is bound to have severe implications on the provincial capacity to deliver. Moreover, there appears to be more space in the provincial budgets for diversion to flood relief, rehabilitation, and reconstruction than in the federal budget, which actually envisages a drop in development spending, according to one report by the IMF.<sup>22</sup>

The provincial budgets for 2010-11 reveal that larger transfers have not introduced any visible profligacy in current expenditure by the provincial governments and there is already ample evidence of a potential lack of planning and waste in allocation of resources. The provinces appear to be more ambitious on the development side, having allocated Rs. 443 billion for 2010-11, which is 50 per cent more than what was envisaged by the National Economic Council. This implies no significant build-up of cash balances and consequently, the consolidated fiscal deficit is likely to be substantially higher than the target 4 per cent of GDP.<sup>23</sup>

If there is any evidence of a lack of proper fiscal management, it is in the proposed PSDPs of the provinces. The Sindh government proposed a six-fold jump in the development allocations from Rs. 10 million to Rs. 60 million to each Member of the Provincial Assembly (MPA). The Balochistan government has allocated a lump sum amount equivalent to over 50 per cent of the PSDP for unidentified new projects. The Punjab government has enhanced the allocation for special programmes/packages, including exotic urban development projects in metropolitan areas. The KP government proposed big increases in allocations for regional development, without a statement of specific plans.

Moreover, there are reports that Balochistan is neglecting its own development, despite being the most underdeveloped province. It reduced its development budget for 2011-12 by 10 per cent to Rs 31.2 billion and will be spending the smallest proportion of its budget on development projects compared to any other province in the country.<sup>24</sup> By contrast, Punjab plans to spend 33 per cent on development, KP 34 per cent, and Sindh a little over 35 per cent.

Of equally great concern, however, is the potential impact on service delivery. With provinces unwilling to finance key devolved functions such as education and health services, for example, and the federal budget unable to do so with its current constraints, the whole purpose of devolution could be defeated by the potential for near-collapse of service delivery to the common citizen.

A policy research working paper published by the World Bank in April 2008 maintained that local government sector priorities were already heavily tilted toward investment in physical infrastructure – roads, water and sanitation and rural electrification – at the expense of education and health. Under this arrangement, which reflects local government responsiveness to citizen demands for infrastructure and other “neighbourhood-specific issues”, the “political space” for initiatives in health and education is left to the provincial governments.<sup>25</sup>

The budgetary announcements by the federal and provincial governments following the seventh NFC award are reflective of the uncertainties in the fiscal situation. It is still not clear as to how the recent policy changes will affect fiscal deficits, as various estimates continue to be put forth at different levels while none of these tend to corroborate the estimates by international organizations such as the IMF.

<sup>23</sup> As stipulated in agreement with the IMF: IMF, Use of Fund Resources – Request for Emergency Assistance, Press Release, op. cit., 2010.

<sup>24</sup> “Provincial budget 2012: Balochistan neglects its own development”, The Express Tribune, 22 June 2011, <http://www.zemnews.com/2011/06/22/provincial-budget-2012-balochistan-neglects-its-own-development/>.

<sup>25</sup> Hasnain, Zahid, Devolution, accountability, and service delivery: Some insights from Pakistan, World Bank Policy Research Working Paper WPS4610, Washington, D.C., 1 April 2008.

**Table 2.5: Estimates of fiscal deficit (% of GDP)**

	Announced in the National Budget	Announced by the provinces	Developed afresh
<b>National</b>	- 4.0	-5.2	-4.0
<b>Federal</b>	-5.0	-5.0	-4.4
<b>Provincial</b>	1.0	0.2	4.0

Source: Presentation at National Conference on "Making the 18<sup>th</sup> Amendment and NFC Award Work," Forum of Federations, Islamabad, 30-31 October 2010

### 2.3.4 Conclusion

The 18<sup>th</sup> Amendment and the seventh NFC award that supports it, carry immense potential for addressing Pakistan's crises of regional inequity, poor social outcomes and stagnant and low revenue generation blamed on an over centralized federal structure.

Whether or not the new, far-reaching arrangement of decentralized decision making will be effective in meeting these challenges depends crucially on how it is implemented. Key in this will be the ability of sub-national entities in prudent fiscal management that includes setting the right expenditure priorities and ensuring cost-effective delivery of public goods and services.

### SPECIAL FOCUS:

#### The impact of the 18<sup>th</sup> Amendment on the well-being of children and women:

##### Some concerns

With the abolition of the concurrent legislative list, there is confusion with the relevant ministries, departments as well as among stakeholders over the legislative competency of the federal legislature and existence of coordination mechanism at the national level on the subject of children.

The subjects of marriage and divorce, infants and minors, adoption, population planning and social welfare and welfare of labour now fall exclusively within the legislative domains of the provincial assemblies. There are growing concerns that provincial legislatures may undertake legislation regarding child welfare matters without considering the minimum rights guaranteed under the CRC and with the diminished role of the centre, rights provided to children may vary across provinces. One way of safeguarding against the resulting inequities among provinces could be to have a federally mandated set of minimum rights.

Furthermore, the implications of the 18<sup>th</sup> Amendment for service delivery and fiscal space for children and women are worrisome, and the future of various bills and policies concerning children has become uncertain. For example, progress on the proposed National Child Protection Policy, the Criminal Laws Amendment Bill 2009 and a few other bills came to a halt following the passage of the 18<sup>th</sup> Amendment in early 2011. In May 2010 the NCRCB 2009 was sent back to the Ministry of Social Welfare and Special Education by the law and justice division on the sole ground that parliament cannot legislate on the subject of children after the adoption of the 18<sup>th</sup> Amendment. And, the 1958 West Pakistan Maternity Benefit Ordinance (WPMBO), which served to protect the rights of working women, was repealed as a federal law and was to be re-enacted as a provincial law. Yet, pending incorporation of the law in provincial legislation, it effectively is no longer in effect in Pakistan.

As far as the devolution of the Ministry of Women Development (MOWD) is concerned, there was a general view that this would bring positive change. The Constitution of Pakistan already provides the basic framework within which all provinces can work for the rights of women. Although the MOWD has made several efforts to address women's concerns, its contribution to promoting women's rights should not be overstated. Many of the activities that MOWD had been executing in the provinces, such as the establishment of Women's Crisis Centres across the country, can be handed over to the provincial departments to avoid duplication.

Badly needed legislation has also been delayed by the devolution process. For example, a Domestic Violence Bill was first passed unanimously by the National Assembly on 4 August 2009, but it lapsed after the Senate failed to pass it within three months' time period required under the country's constitution. The bill then went to a mediation committee. During this time, the 18<sup>th</sup> Amendment was adopted and women issues became the domain of provinces, so that the passage of a "Domestic Violence Bill" will now have to be passed by the provincial assemblies.

In turn, these objectives will be met only if sub-national entities are truly representative of the citizens and thus deliver better than the more centralized federal structure did. If, on the other hand, the substantially increased provincial resources are captured by sub-national elites at the apex of local social classes and/or through tribal custom, the new arrangement may well worsen regional inequity, service delivery and revenue generation. Whether this happens will depend crucially on the ability to build up the capacity at the sub-national level to deliver on these three outcomes and on an effective Council of Common Interest that monitors performance of the sub-national entities – including the mandate to take corrective action.

Seen from this angle, the 18<sup>th</sup> Amendment and the seventh NFC award are only the first, albeit important, steps towards improved governance in Pakistan.

### 2.3.5 Future of vertical health programmes

Prior to the implementation of the 18<sup>th</sup> Amendment the Federal Ministry of Health was responsible for policy development, standard setting, regulatory frameworks for drugs and services, development of national plans, inter-provincial coordination, monitoring, evaluation, research, resource mobilization, and provision of services through vertical programmes such as LHWs, EPI, etc. The mandates of provincial Departments of Health covered policy, intra-provincial coordination, monitoring, and evaluation, medical and nursing education and tertiary care service delivery. District administrations were responsible for implementation, monitoring and supervision, management of healthcare delivery at and below the District Headquarter Hospitals (DHQs) and implementation of federal vertical programmes at the district level.

Once vertical programmes are devolved, the provincial governments will assume the role once played by the federal government. In the immediate future the policies and programme cycles already in place will most likely continue; however the provinces may find difficulties in allocating budgets for these programmes in the long-run. Provincial governments have already raised concerns over their ability to provide budget allocations for the next year. It remains to be seen how the federal government will respond to the provinces' demands for finances.

### 2.3.6 A case study

Family planning programmes provide one example of the challenges involved. Funds for family planning formerly came out of the federal budget. With the dissolution of the Ministry of Health, funds will now need to come from the NFC award allocations. In the coming year, the cash-strapped provinces will have to reallocate funds from other departments to finance family planning services, and this will be met with resistance from the heads of other departments.

There was already awareness that Pakistan was giving insufficient priority to family planning, and that meeting the high levels of unmet need for family planning services was a primary responsibility of the state. Resources for the social sectors generally are under pressure, due to the huge amounts being spent by Pakistan on the war on terror and other priorities at the moment. Some corrective actions are under way: the most recent development is renewed realization about family planning and a renewed commitment to provide family planning services through the LHWs and the departments of health, which is bound to make a significant difference to service delivery in the next few years.

The capacities of NGOs involved in family planning are not sufficient to take up the slack, and while they provide best practices for the government to replicate and scale up, they cannot work at the scale of government. They provide best practices for the government to replicate and scale up. The Family Planning Association of Pakistan is the biggest NGO in that area, and even its reach is only 10 per cent.<sup>26</sup>

<sup>26</sup> Sathar, Zeba and Zaidi, Batool, paper presented at UNFPA-ICOMP, Regional Consultation on Family Planning in Asia and the Pacific: Addressing the Challenges, Bangkok, 8-10 December 2010.

### 2.3.7 Future of 'fiscal space'

It's possible that the 18<sup>th</sup> Amendment could improve efficiency and access. There is a view that the 18<sup>th</sup> Amendment and the NFC Award have created larger fiscal space for the health sector that could impact women's health at the provincial and district level. It could also further strengthen the efficacy of the LHW programme to build stronger service delivery units at the district level. On the other hand, some health workers and activists argue that devolution could lead to women's health issues being sidelined in the provinces and districts, where patriarchies and feudalism are particularly entrenched, as in conflict ridden KP and underdeveloped Balochistan, where access to health care is particularly unequal.<sup>27</sup>

### 2.3.8 Education concerns in the wake of the 18<sup>th</sup> Amendment

The future prospects of several programmes remain bleak, as neither the provincial nor the federal governments have earmarked budgets for them. The decision to abolish the National Commission for Human Development (NCHD) – taken by the Council of Common Interest, a provincial government representative body, at a meeting held on 1 June 2011 based on the 18<sup>th</sup> Amendment – is a major cause for concern, as it could greatly impact service delivery to children, particularly girls and women. At a time when Pakistan is failing to meet its EFA and MDG goals, the zero allocation of funds for NCHD in the 2011-12 budget can only raise questions about the logic of the government's intentions.

The NCHD was set up through a presidential ordinance in 2002 to support education and health care, and it was designed to work with the government and NGOs in all the districts of Pakistan. It has enrolled 11.56 million out-of-school children aged between five and seven years; established 13,068 community feeder schools to provide access and cater to the increased enrolment, provided 4,719 feeder teachers in government schools, and provided training to 146,225 government teachers on quality education. The NCHD also established 145,411 adult literacy centres, where 3.2 million learners were imparted functional literacy – 95 per cent of whom were females. The NCHD also trained 13 million women in primary health care and screened over 2 million children in primary schools for eyesight and hearing. Additionally, the only female literacy initiative in GB faces extinction with the abolition of the NCHD.<sup>28</sup>

The federal government and the provincial governments have not allocated any funds for the National Education Foundation's (NEF) Basic Education Community Schools (BECS) programme, while the provinces have also refused to adopt it. NEF was an autonomous statutory body with its extent to the tribal areas, GB, AJK, and the Islamabad Capital Territory to promote education through public-private partnership. The project has around 15,100 BECSs in the country with more than 550,000 students belonging to the poorest of the families. According to BECS, each community school has one teacher and there are:

- 6,465 schools in Punjab with a total of 262,744 students;
- 1,764 schools in KP with 72,441 students;
- 2,195 schools in Sindh with 78,522 students;
- 1,389 schools in Balochistan with 41,109 students;
- 1,576 schools in GB with 56,897 students;
- 1,166 schools in FATA with 48,572 students;
- 223 schools in AJK with 10,214 students, and
- 323 schools in Islamabad with 12,129 students.<sup>29</sup>

<sup>27</sup> Solberg, Kristin Elisabeth, "New laws could improve women's health in Pakistan", *The Lancet*, vol. 375, issue 9730, 5 June 2011, p. 1956, <http://download.thelancet.com/pdfs/journals/lancet/PIIS0140673610609117.pdf>.

<sup>28</sup> "Sole female literacy initiative in G-B facing extinction", Shabbir Mir, *The Express Tribune*, 3 July 2011, <http://tribune.com.pk/story/201381/sole-female-literacy-initiative-in-g-b-facing-extinction/>.

<sup>29</sup> *The Express Tribune*, 21 June 2011.

## 2.4 The human rights environment for children and women in Pakistan

### 2.4.1 CRC/CEDAW and other international human rights obligations

**Child rights:** Pakistan signed the UN CRC on 30 September 1990 and deposited the instrument of ratification of the Convention with the Secretary-General on 12 November 1990. The Convention entered into force for Pakistan a month after that.

At the time of ratification, Pakistan made a general reservation according to which the “provisions of the Convention shall be interpreted in the light of the principles of Islamic laws and values”.<sup>30</sup> However, on 23 July 1997, the Government of Pakistan informed the Secretary-General that it had decided to withdraw this reservation.

**Optional protocols:** Pakistan has signed (26 September 2001) but not ratified the Optional Protocol of the CRC on the involvement of children in armed conflict, and has signed (26 September 2001) and ratified (5 July 2011) the Optional Protocol of the Convention on the sale of children, child prostitution and child pornography”.

The protocol on children in armed conflict has particular significance in the Pakistani context, where, in contradiction to the stipulations of the protocol, that children, below the age of 15 cannot be recruited, even voluntarily, to participate in conflict. There are many examples of minor children being recruited by militant groups, from Karachi, Quetta to Peshawar. Sectarian religious groups are also known to recruit children from sponsored madrassas. Tragically and unacceptably, in a number of cases, children, including girls, have been recruited as suicide bombers. Ratification of the Optional Protocol on children in armed conflict would be a major step forward for Pakistan.

### 2.4.2 Periodic reports

The CRC considered the third and fourth periodic reports of Pakistan on 28 September 2009 and adopted concluding observations on the reports on 30 September and 1 December 2009. The concluding observations were a lengthy catalogue of what the Committee saw as serious shortcomings on Pakistan’s part in the implementation of previous recommendations in particular and on child rights in general. The points covered in the concluding observations included the following.<sup>31</sup>

**Recognition of difficulties:** The Committee recognized the “serious economic challenges due to soaring increases in food and oil prices and inflationary pressures, catastrophic drought conditions and natural disasters hampering the economic and threatening the right to survival and development of the child, the armed conflict and terrorist activities that are taking place in some regions and have displaced large population, and the high number of refugees hosted by (Pakistan), which all seriously impede progress towards full realization of children’s rights enshrined in the Convention”.

**Admonition on non-implementation:** However, the Committee noted Pakistan’s non-implementation (or partial implementation) of its concluding observations from the previous (second) periodic report, including those related to:

- harmonization of laws with the CRC;
- improved coordination at national and local levels;
- establishment of a monitoring mechanism (on child rights);

<sup>30</sup> Fayyazuddin, Samra, Jillani, A. and Jillani, Z., *The State of Pakistan’s Children 1997 (SPARC)*, APH Publishing Corp., New Delhi, 1998.

<sup>31</sup> Concluding observations cited throughout this section are quoted or summarized in paraphrase from: Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009.

- resource allocations for children;
- data collection;
- cooperation with NGOs;
- the definition of the child;
- violence against and abuse of children, including sexual abuse;
- the right to education;
- child labour; and
- juvenile justice.

**Legislative concerns:** The Committee expressed concern about the “apparent lack of a legislative framework” harmonized with the CRC in many areas, and about delays in the adoption of laws that are instrumental to the implementation of the Convention”. It expressed particular concern that:

- (a) The Charter of Child Rights Bill, which plans to incorporate all principles and provisions of the Convention into domestic legislation, (had) not yet been adopted;
- (b) The Child Protection (Criminal Laws Amendment) Bill, aimed at protecting children from violation of their rights and establishing institutions for the protection and rehabilitation of child victims, had not yet been adopted, after several years of consideration;
- (c) The National Commission on the Rights of Children (NRC) Bill; was still awaiting adoption;
- (d) Legislation relating to child rights was still lacking in KP, Balochistan, FATA, GB and AJK; and
- (e) The Juvenile Justice System Ordinance (JJSO) is not fully recognized and implemented (in Pakistan).

The Committee expressed particular concern about the revocation of civil laws and imposition of sharia law in KP which were inconsistent with implementation of, and/or in conflict with, the principles and provisions of the Convention. In general, it recommended that Pakistan scrutinize existing legislation and other measures at all levels (federal and provincial/territorial) to ensure that domestic law was in conformity with the Convention and that the principles and provisions of the Convention were “recognized and enjoyed by children throughout the territory at national and local levels, including the tribal areas”.

**Coordination concerns:** The Committee regretted that the National Commission on the Rights of Children, which was intended to replace the National Commission for Child Welfare and Development, had still not been established, despite a bill to that effect having been drafted in 2001. It recommended that the Government of Pakistan provide one or both of the Commissions with sufficient financial and human resources to be effective, and also that the Government strengthen coordination mechanisms between all authorities involved in human rights and children’s rights at the federal, provincial, territorial and district levels, and resume regular meetings which should include representatives of civil society and consultation with children’s representatives.

**Independent monitoring:** The Committee recommended that the State establish “an independent and effective” mechanism for monitoring the implementation of the Convention “as well as to receive and address complaints from children” as part of a broader monitoring of human rights.

**Resource allocation:** The Committee expressed concern that budget allocations for children remained “extremely low” and that the State’s own targets for raising allocations for health and education were thus being undermined. It expressed particular concern that “massive disparities of resource allocations hamper

full and equal access to services and institutions by all children”, singling out for specific mention children requiring socially affirmative actions, such as refugees and internally displaced children and children with disabilities. It urged the State to begin “budget tracking from a child-rights perspective” and to seek assistance in this from UNICEF.

**Data collection:** The Committee recommended that the Child Protection Monitoring and Data Collection System be given adequate resources to “collect quantitative and qualitative data for the entire country, disaggregated by sex, age and rural and urban area” over all the areas covered by the Convention and covering all children under the age of 18 years, with an emphasis on those requiring affirmative social actions due to disadvantages and disparities.

**Children without parental care:** The Committee regretted the lack of information about informal forms of alternative care for orphans and vulnerable children and other children left without parental care, including those affected by natural disaster, and a lack of information about the application of the Islamic practice of *kafalah* (foster parenting). It recommended State measures to ensure that children received care in a manner that fully respected the best interest of the child<sup>32</sup> and the provisions of the CRC.

**Child sexual abuse and lack of information about it:** The Committee welcomed the adoption of the 2006 National Plan of Action against Child Sexual Abuse and noted that the draft National Child Protection Policy included a definition of child sexual abuse and exploitation with prescribed penalties, but regretted that it had not yet been adopted. Moreover, the Committee expressed deep concern at reported cases of violence, abuse (including sexual abuse) and neglect of children in Pakistan, and at the lack of available studies on the prevalence of the problem and effective measures to combat it – especially when it occurs within the family.

**Discrimination against women and girls:** The Committee said it remained “extremely concerned” at evidence of serious discrimination against women and girls in Pakistan, “as attested by the acute gender differentials in IMR and school enrolment rates” and the continuing practice of early marriage, “exchanges of girls for debt settlement”, domestic violence affecting women and girls, and bonded labour and economic exploitation of girls. The Committee regretted a lack of improvement in this situation despite its previous concluding observations<sup>33</sup> and those of the Committee on the Elimination of Discrimination against Women in 2007.<sup>34</sup>

The Committee offered specific recommendations for reducing “the serious gender disparities and discrimination against women and girls prevailing throughout (Pakistan)”, including:

- Taking effective measures, including enacting or rescinding legislation where necessary, to prevent and eliminate discrimination in all fields of civil, economic, social and cultural life;
- Revising cash-transfer programmes, notable the Benazir Income Support Programme, to ensure that it clearly spells out the conditionalities for cash transfers regarding school enrolment of girls, women attending prenatal and post-natal clinics;
- Adopting affirmative actions to overcome deeply rooted traditions which prioritized boys’ education and support and to encourage families to invest in girls’ education; and
- Taking “all appropriate measures” to combat and prevent discrimination against girls.

<sup>32</sup> In paragraph 33 of its concluding observations on the third and fourth periodic reports of Pakistan, the Committee expressed concern that “there is little evidence that the best-interests principle is a primary consideration for the legislative, executive and judicial branches of Government or that the principle is well understood by all professionals”. In paragraph 39 of the concluding observations, the Committee regretted that “the views of the child are rarely sought in establishing what may be in the child’s best interests when relevant decisions are being made, including in administrative, civil and judicial proceedings”.

<sup>33</sup> Committee on the Rights of the Child, *Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan*, 34th session, UN document CRC/C/15/Add.217 (Concluding observations/Comments), 27 October 2003.

<sup>34</sup> Committee on the Elimination of Discrimination against Women, *Concluding comments of the Committee on the Elimination of Discrimination against Women: Pakistan*, 38th session, 14 May-1 June 2007, UN document CEDAW/C/PAK/CO/3, 11 June 2007.

**Discrimination against minorities:** The Committee expressed concern at the persistence of “discriminatory societal attitudes and discrimination” against children belonging to religious or other minority groups, children with disabilities, children living in poverty and children living in rural and remote areas. It recommended that the State use public education programmes and other measures, including mobilizing community leaders, to eradicate traditional discriminatory attitudes against minorities. It also called on the State to ensure the rights of children to freedom of religion, and the full respect of the rights and duties of parents to guide their children in the exercise of that right.

**Right to life, survival and development:** The Committee expressed deep concern at “violations of the right to life, survival and development as a result of the prevailing internal armed conflict, population displacements, poor health and sanitation facilities, severe malnutrition and related illnesses”, and urged the State party to make every effort to reinforce protection of those rights “through policies, programmes and services that target and guarantee implementation” of them. Referring to many of the prevailing low health indicators for children in Pakistan, the Committee urged the government to meet its commitments to increase allocations to the health sector by 16 per cent a year, and to take immediate action to reduce infant, child and maternal mortality by deploying more LHWs and community midwives.

**‘Honour’ killings:** The Committee welcomed the 2004 amendment to the Penal Code that facilitates the prosecution of perpetrators of “honour killings”, but expressed concern that such killings, affecting children directly and indirectly (through their mothers) were still widespread, and increasing, and were “routinely imposed” by *jirgas* in the tribal areas. On honour killings, the Committee urged Pakistan.

- To make every effort to reinforce protection of the right to life;
- To investigate all alleged cases of killings thoroughly, bringing perpetrators to justice;
- To undertake public awareness-raising campaigns, involving religious and community leaders, to combat discriminatory societal attitudes and harmful traditions with respect to girls;
- To provide special training and resources to law enforcement to protect girls who are in danger and prosecute cases in a more effective way; and
- To increase the number of accessible shelters and counselling services for women and girls who are victims of at risk of honour crimes.

**Respect for the views of the child:** While commending the State for initiating child participation in youth fora and involving children in policy development, the Committee found that these initiatives did not reach children across all districts of the country. Referring to article 12 of the CRC, the Committee recommended that the State party:

- (a) Take all necessary measures to strengthen the implementation of measures aimed at ensuring children’s right to be heard, in accordance with the child’s age and maturity, at any proceeding which may impact on their rights, particularly in the case of marriage, divorce and custody when actions are taken by social welfare institutions, courts of law and administrative authorities, including at the local level; and
- (b) Seek to develop a systematic approach and policy, with the involvement of professionals working with and for children, in particular teachers and social workers, and civil society, including community and religious leaders, NGOs and the media, to increase public awareness of the participatory rights of children and encourage respect for the views of the child within the family, schools and in society generally.

**Mistreatment of children in detention:** The Committees said it was deeply concerned about reports of “torture and ill-treatment of children by police officers in detention facilities and other State institutions”. It referred to the “high percentage of women and girls in jails awaiting trials for adultery-related Hudood offences (*see CEDAW section, below*), and at the imposition, by parallel judicial systems, of sentences like whipping, amputation, and stoning”, which it said amounted to “torture or cruel, inhuman or degrading”

treatment. It called on the State to define and crack down on acts of torture and cruel, inhuman or degrading treatment and to protect children from such acts, as well as to provide care, recovery and reintegration services to children who were subjected to such treatment.

**Corporal punishment:** The CRC noted that corporal punishment was still legal under the Pakistani Legal Code, and was “extensively used as a disciplinary measure in homes, schools, and alternative care settings despite its prohibition under JJSO. It urged the repeal of the Penal Code section and monitoring of teachers and other professionals working with children to ensure that abuse of power did not occur.

With reference to the United Nations Secretary-General’s “study on violence against children”,<sup>35</sup> the CRC recommended that Pakistan pay particular attention to the following recommendations of the Regional Consultation for South Asia on violence against children, held in Pakistan in May 2005:

- To prohibit all violence against children;
- To promote non-violent values and awareness raising;
- To ensure accountability and end impunity;
- To address the gender dimension of violence against children; and
- To develop and implement systematic national data collection and research

Specifically, the Committee urged Pakistan to “(u)se the recommendations of the study as a tool for action in partnership with civil society and, in particular, with the involvement of children to ensure that all children are protected from all forms of physical, sexual and psychological violence”.<sup>36</sup> It urged Pakistan to adopt, “as a matter of urgency”. The draft National Child Protection Policy, and amend outdated legislation to prohibit all forms of physical and mental violence, including sexual abuse of children in the family and in institutions.<sup>37</sup>

**Harmful traditional practices:** The Committee also expressed concern “at the persistence of inhumane customs and rituals” threatening the lives of girl children, causing them “extreme insecurity, health hazards and cruelty”. One practice it singled out for mention was “the prevalence of early and forced marriages”. It called on the State to strengthen implementation of the Child Marriages Restraint Act (1929), and also to “address the poverty-related parental pressure placed on girls to marry at an early age”.

### 2.4.3 National Plan of Action for Children

A National Plan of Action for Children, drawn up after nationwide consultations that started in 2004 under the aegis of the National Commission for Child Welfare and Development (NCCWD), was approved by the Cabinet on 24 May 2006.<sup>38</sup> The Plan lays out ambitious goals for, inter alia, reducing infant, child and maternal mortality rates; reducing malnutrition; improving household access to improved water and sanitation; providing for adolescent reproductive health services; reducing HIV prevalence; expanding early childhood education; reducing the number of out-of-school children; eliminating gender disparities in school and improving the quality of and access to education, as well as adult literacy, and protecting children from conflict, violence, exploitation, crimes and abuse.

The Plan also includes a “National Child Policy” setting forth the rights of children to:

- survival
- health

<sup>35</sup> UN General Assembly, Rights of the child, Note by the Secretary-General attaching the Report of the independent expert for the United Nations study on violence against children, 61st session, UN document A/61/299, 29 August 2006.

<sup>36</sup> Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009, pp. 10-11.

<sup>37</sup> Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009, p. 13.

<sup>38</sup> Government of Pakistan, Ministry of Social Welfare and Special Education, National Commission for Child Welfare and Development (NCCWD), National Plan of Action for Children, Islamabad (undated), available at <http://www.nccwd.gov.pk/npa/npa.pdf>.

- nutrition
- play and leisure
- early childhood care
- education
- protection from economic exploitation
- protection against neglect, maltreatment, injury, trafficking, sexual and physical abuse, corporal punishment, torture, exploitation, violence and degrading treatment
- protection of the girl child
- adolescent education and skills development
- equality
- life and liberty, name and nationality
- freedom of expression
- freedom to seek and receive information
- freedom of association and peaceful assembly
- family

The policy also includes provisions for the responsibilities of parents; the rights of refugee children, children with disabilities, children from marginalized and disadvantaged communities; the rights of child victims, and the right to child-friendly procedures. The Plan, the second one adopted by Pakistan, was developed with technical assistance from UNICEF and with the participation of children in the planning process.<sup>39</sup>

**CRC committee regrets inaction:** In its concluding observations on Pakistan's third and fourth periodic reports, the CRC welcomed the comprehensive National Plan of Action for Children, but regretted that the National Commission for Child Welfare and Development (NCCWD) had not been provided with sufficient resources to ensure its implementation. It also expressed concern that the National Child Protection Policy had not yet been adopted.<sup>40</sup>

**Women's rights:** Pakistan acceded to the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1996, with reservations, and submitted its combined initial, second and third periodic reports to the Committee on the Elimination of Discrimination against Women (the CEDAW Committee) in 2007.

In its concluding comments on those reports in June 2007,<sup>41</sup> the CEDAW Committee welcomed Pakistan's adoption of the following:

- The 2002 amendments to the Constitution under the Legal Framework Order (LFO) to increase women's political participation in Parliament;
- The 2000 amendment to the Pakistani Citizenship Act 1951, providing for nationality to the children of foreign spouses;
- The adoption in 2002 of the Prevention and Control of Human Trafficking Ordinance;
- The adoption, in 2004, of the Criminal Law Amendment Act to facilitate prosecution of "honour killing"; and
- The adoption, in 2006, of the Protection of Women (Criminal Laws Amendment) Act, amending some of the Hudood Ordinances.

It also welcomed the National Plan of Action, the National Policy for Advancement and Empowerment of Women, and the launch in 2005 of the Gender Reform Action Plan, as well as the creation in 2000 of the National Commission on the Status of Women, among other measures.

<sup>39</sup> Asian Human Rights Commission, ACR (Asia Child Rights) Weekly Newsletter, vol. 2, no. 13, 26 March 2003.

<sup>40</sup> Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009.

<sup>41</sup> Committee on the Elimination of Discrimination against Women, 38th session, 14 May-1 June 2007, Concluding comments of the Committee on the Elimination of Discrimination against Women: Pakistan, UN document CEDAW/C/PAK/CO/3, 11 June 2007.

The CEDAW committee, however, expressed a number of concerns, including, *inter alia*:

- The Pakistan Constitution did not contain a description of discrimination, nor provisions on the equality of women with men;
- That de jure discrimination against women still persisted in a number of laws, including the Citizenship Act, the Law of Evidence, and the Hudood Ordinances, particularly as related to “Offences of Zina”;<sup>42</sup>
- Insufficient action had been taken to ensure the implementation of the new laws, particularly the familiarization of judges, magistrates and law enforcement personnel with the new legislation;
- The “national machinery for the advancement of women” lacked sufficient authority and resources’;
- Violence against women persists in Pakistan, including domestic violence, rape and “honour” crimes;
- Informal councils such as jirgas continued to function and take decisions that called for the perpetration of violence against women;
- Pakistan remained a country of origin, transit and destination for trafficked women and girls;
- Almost 50 per cent of women did not hold National Identity Cards and thus may be denied their rights as well as access to government assistance schemes;
- Rates of illiteracy among women were high and enrolment of girls in school low; and
- Women were discriminated against in formal employment and faced obstacles in gaining access to health care, education, clean water and sanitation services, especially in rural areas.<sup>43</sup>

One of the committee’s comments summed up the status of women in Pakistani society thusly:

- “The Committee is strongly concerned about pervasive patriarchal attitudes and deep-rooted traditional and cultural stereotypes regarding the roles and responsibilities of women and men in the family, in the workplace and in society, which constitute serious obstacles to women’s enjoyment of their human rights and impede the full implementation of the Convention. The Committee is also concerned that prevailing trends of fundamentalism, intimidation and violence incited by non-State actors, including through illegal media, are seriously undermining women’s enjoyment of their human rights in the name of religion.”<sup>44</sup>

Similar concerns were expressed by a coalition of Pakistani women’s rights and human rights NGOs in a “second shadow report” entitled “Talibanization and Poor Governance: Undermining CEDAW in Pakistan”, published by Shirkat Gah in April 2007. It said:

- “Since Pakistan acceded to CEDAW in 1996, what is now being termed Talibanization has grown unchecked to the point that it now challenges the very writ of the State. The government’s response that ‘hindrances and difficulties [are] experienced mostly due to local customs and other cultural practices’, is unacceptable. The government cannot sidestep critical albeit difficult issues by referring to ‘customs, practices and misinterpretation of religion’. Obligations under CEDAW bind States parties to actively challenge and change such ‘cultural practices’; the concept of ‘due diligence’ Article 4 (c) obligates the State to undertake measures to promote and protect the rights, safety and well-being of its citizens, including from violation by other citizens.”<sup>45</sup>

<sup>42</sup> A man and a woman are said to commit Zina if they wilfully have sexual intercourse without being married to each other. Source: Government of Pakistan: [http://www.pakistani.org/pakistan/legislation/zia\\_po\\_1979/ord7\\_1979.html](http://www.pakistani.org/pakistan/legislation/zia_po_1979/ord7_1979.html).

<sup>43</sup> Committee on the Elimination of Discrimination against Women, 38th session, 14 May-1 June 2007, Concluding comments of the Committee on the Elimination of Discrimination against Women: Pakistan, UN document CEDAW/C/PAK/CO/3, 11 June 2007, paras.11-42.

<sup>44</sup> Committee on the Elimination of Discrimination against Women, 38th session, 14 May-1 June 2007, Concluding comments of the Committee on the Elimination of Discrimination against Women: Pakistan, UN document CEDAW/C/PAK/CO/3, 11 June 2007, para. 28.

<sup>45</sup> Shirkat Gah – Women’s Resource Centre (with 30 other organizations), Talibanisation & Poor Governance: Undermining CEDAW in Pakistan, Second Shadow Report, 15 April 2007.

#### 2.4.4 Other relevant human rights instruments

Pakistan is also a party to the Declaration and Agenda for Action adopted at the issue of the World Congress against Commercial Sexual Exploitation of Children, signed in 1996, and reaffirmed by the Yokohama Global Commitment in 2001, and the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour Convention (C182), ratified in 2001. It has also signed ILO Convention 182 on the Worst Forms of Child Labour, in 2001, and ILO Convention 138 on the Minimum Age for Employment in 2006. The Ministry of Labour undertook to bring all labour laws into line with this and other international commitments.<sup>46</sup>

In April 2008, Pakistan ratified the International Covenant on Economic, Social and Cultural Rights (ICESCR), which in its Article 12 recognizes the universal right to enjoyment of the highest standard of physical and mental health, and in its Article 13 recognizes the universal right to education, including free and compulsory primary education.

Pakistan has also signed both the International Covenant on Civil and Political Rights (ICCPR) and the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT). The latter two were signed with a number of reservations relating to such issues as Islamic law and self-determination.<sup>47</sup> After the Pakistani cabinet ratified the ICCPR and UNCAT, President Asif Ali Zardari signed both instruments on 3 June 2010.

On 22 June 2011, after extensive cabinet discussions, the prime minister, Syed Yusuf Raza Gilani, decided that Pakistan would withdraw most of its reservations to the ICCPR and UNCAT. The reservation on Article 3 of the ICCPR was narrowed to concerns about “personal law and law of evidence”, and the reservation on Article 25 was restricted to the election of the president of Pakistan. Reservations were however retained on three articles of UNCAT.<sup>48</sup> While the ratification of these international treaty obligations marks an important first steps, implementation on the ground remains hampered by capacity gaps, a lack of awareness of people’s rights, and negative social attitudes. There is still a need to repeal discriminatory legislation and promote non-discrimination in institutions such as the police and civil service.

## 2.5 Economic growth patterns and challenges

### 2.5.1 Macroeconomic overview

Over the past three years, Pakistan has sought to revive its once-strong economic growth rates (in the decades of the 1960s, ’70s and ’80s, the average annual real GDP grew by 6.8, 4.8 and 6.5 per cent, respectively, before falling to below 2 per cent by 2000). Positive strides were made in recent years in alleviating core development issues; the Economy Survey 2010-11 recorded “a reduction in absolute poverty over a four-year period (2002-2006) as headcount poverty decreased from 34.5 per cent in 2000-2001 to 22.3 per cent in 2005-2006.” But the economy was badly destabilized by the global financial crisis of 2007-2008, and the adverse security situation, domestic political instability and, above all, the impact of the devastating floods of 2010 and the concurrent increases in international oil and food prices put the economy into reverse gear.<sup>49</sup>

This only exacerbated the impact of poverty, gender inequality, widespread socio-economic inequities and the demands of sustainable development. The impact has been particularly severe on the poor, women, children, the elderly, minorities, and persons with disabilities, refugees and IDPs. Damage to habitat, loss of livelihoods, and the traumas of displacement and disillusionment have only added to these pressures.

<sup>46</sup> Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Third and fourth periodic reports of States parties due in 2007: Pakistan (unedited), 52nd session, UN document CRC/C/PAK/3-4, 19 March 2009, pp. 26-7.

<sup>47</sup> Amnesty International, press release, Geneva, 18 April 2008.

<sup>48</sup> The Nation newspaper, 23 June 2011.

<sup>49</sup> World Bank, Pakistan Economic Update, June 2011.

The cost of damage caused by the floods of 2010 was estimated at US\$10 billion, with real GDP growth, which had been projected to be 4.5 per cent before the floods, slowing to between 2.5 and 3 per cent. While increases in export earnings and expatriate workers' remittances eased pressure on the current account deficit in the 2010-11 fiscal year, the large fiscal deficit remained a major concern. The deficit widened in the first half of the fiscal year to 2.9 per cent of GDP, more than 70 per cent of the full-year target.<sup>50</sup>

Inflation, as measured by the CPI, has been in double digits for the past four years. In March 2008, the rate of inflation as per the CPI stood at 14 per cent. By December of the same year, the officially calculated rate had hit a 30-year high of 25 per cent. According to the Federal Bureau of Statistics, the CPI for May 2011 was 13.23 per cent. High inflation combined with real economic growth running at less than 3 per cent a year produces the classic conditions for stagflation, which will be particularly difficult to cure, since governmental intervention to lower inflation rates will adversely impact the rate of economic growth. The result will be lower business and investor confidence. In December 2011, the State Bank of Pakistan announced that foreign investment had dropped by a huge 59 per cent, to just US\$305.4 million, in the first five months of the 2011-2012 fiscal year.<sup>51</sup>

In December 2011, the World Bank Group announced that it would provide \$3.7 billion in new loans to the Government and would continue to support Pakistan's poverty reduction and development agenda with assistance of up to \$5.5 billion in fiscal years 2012-2014. In a mid-term progress report of its Country Partnership Strategy (CPS) with Pakistan, the Bank said that its support would remain centred on economic governance, human development and social protection, infrastructure, and security and conflict risk reduction. It said its programmes would concentrate on critical social services such as education and health, and safety nets for vulnerable populations in a period of weak economic growth. However, it would not be able to provide budget support to the Government, "given weak conditions for macroeconomic reform". The progress report wanted that macroeconomic, political and implementation risks in Pakistan had all increased.<sup>52</sup>

In its annual report for 2011, the State Bank of Pakistan said that acute energy shortages, urban violence and lawlessness, poor physical infrastructure and institutional fragility were the key factors in inhibiting economic growth and driving investors away. It said that institutional weakness at all levels of government, fiscal haemorrhaging (including low tax revenues and excessive subsidies) and sharp reductions in development spending were the main reasons for the weak economy.<sup>53</sup>

Over the past three years, double-digit inflation has caused a decline in real income and has increased the vulnerability of lower, middle and fixed income segments of the population. The main components of the inflation rate are food and energy costs. Inflation affects poverty mainly through its impact on real wages because nominal wages fail to increase as fast as prices in episodes of rising inflation rates. Inflation wipes out the savings of the middle class and thus increases the number of the poor.

The Economy Survey (2011-2012) claims that the poverty headcount in Pakistan decreased from 34.5 per cent in 2000-2001 to 22.3 per cent in 2005-2006. Cumulative food inflation since then is estimated at 84.9 per cent. It is estimated that about a third of the increase in global food prices in this region are transmitted to domestic food prices, so that the estimated increase in the number of poor due to a 10 per cent increase in domestic food prices may have already occurred in the region.

If poor families are hit hardest by inflation, it is the women in poor families who are in turn the most severely affected – what is known as the "feminization" of poverty. Factors involved in the feminization

<sup>50</sup> World Bank, Pakistan Economic Update, June 2011.

<sup>51</sup> "Foreign investment falls 59% in five months", The Express Tribune, 24 December 2011.

<sup>52</sup> "World Bank Group to provide up to \$5.5 billion to Pakistan for next three years", World Bank press release 2012/229/SAR, Washington, D.C., 22 December 2011.

<sup>53</sup> "State Bank annual report: Institutional weakness behind poor economy", Dawn, dawn.com, 20 December 2011.

of poverty in Pakistan include: (i) the “perception of the greater investment value of the survival of boys in comparison with girls”; (ii) The opportunity “for getting outside work and paid employment”; (iii) the “perception of “who is contributing how much to the joint prosperity of the family”; (iv) intra-household “inequalities and son preference”; (v) that “boys can be counted on for old-age security of parents”, and (vi) women are “perceived to either contribute less in terms of their labour and income-generating capacity, or to be a drain on the household budget because of the costly requirements of marriage.”

As a consequence, there is an “unequal allocation of resources within households resulting in differential allotments of nutrition and health care.” The above factors are “cultural patterns” that may “themselves be the product of poverty, but they also perpetuate household and community poverty.”<sup>54</sup>

**Energy crisis:** Persistent energy shortages affect virtually every household in Pakistan and have proved to be a major drag on both the fiscal budget and investment in the economy. At present, Pakistan is short of up to 5,000 Megawatts of electricity and the government subsidizes the power sector to the tune of some Rs. 190 billion a year. Still, 30 per cent of the population has no access to electricity and 80 per cent has no access to piped gas.

Government subsidies and reliance on energy imports place a burden on the overall economy, with costs to various sectors of the economy estimated at \$5.8 billion – exacerbated by the loss of 400,000 jobs. Energy shortages, and inefficient uses of energy, are a key constraint on the economy, and have made a number of productive activities uncompetitive in domestic and international markets alike.

**Environmental degradation:** Estimates suggest that environmental degradation costs the country at least 6 per cent of GDP, or about Rs. 365 billion a year, and these costs fall disproportionately upon the poor and women who suffer due to illnesses and premature mortality caused by air pollution, inadequate and unsatisfactory water supply, and lost livelihoods due to reduced agricultural productivity and direct contact with fertilizers and pesticides. These burdens are compounded by problems such as hazardous solid waste, the loss of forest cover and desertification, soil erosion and loss in soil fertility.

Water conservation management techniques in agriculture with the support of community participation, separation of municipal wastewater from industrial effluent, a regular monitoring programme to assess the surface and ground water quality, the treatment of sewage and industrial effluent, clear guidelines for groundwater abstraction, and resources, commensurate with policy goals are required to address the root causes of water pollution and scarcity.

Environmental challenges will only accelerate with any increase in the economic growth rate. The key challenge is to ensure that inclusive growth and human development are future-oriented: the needs of future generations can only be safeguarded through sustained utilization of environmental and energy resources. The strain on both economy and growth caused by climate change and the energy crisis has become visible. Pakistan is among the top 10 countries in the world in terms of vulnerability to the effects of climate change.

**Human rights and the environment:** For more effective and sustainable environment and energy, individuals as genuine stakeholders and as rights holders have to be transformed into responsible duty bearers. The State has a responsibility to ensure that energy-related policies have broad-based participation, and to enhance the capacity of poor and excluded groups to claim and exercise their rights to energy security and environmental safety. To protect these rights, Pakistan has actively acceded to international treaties and conventions but attention will be needed over procedural rights, such as the right to information, the right to participation and the right to judicial redress.<sup>55</sup>

<sup>54</sup> United Nations, Common Country Assessment Pakistan, 2011, Islamabad, September 2011.

<sup>55</sup> United Nations, Pakistan One UN Programme 2013-2017, first draft, Islamabad, November 2011.

### 2.5.2 Demographics and population pressure

**Explosive population growth:** In the absence of a census (the most recent was in 1998), estimates of Pakistan's population vary widely. The Pakistan Government and the United Nations Population Division put it at around 175 million, while the *CIA Factbook* estimated it at 187 million as of July 2011. These figures represent a five-fold increase in the population since independence in 1947.

The fertility rate is about 3.2 per cent (3.3 urban and 4.5 rural) and the population is growing at a rate estimated by some 1.57 per cent a year<sup>56</sup> and by others at 2.05 per cent.<sup>57</sup> The UN Population Division's latest estimates are that the population will increase to nearly 190 million by 2015, to over 220 million by 2020 and to almost 275 million by 2050, with Pakistan retaining its position as the sixth most populous country in the world.<sup>58</sup>

Pakistan's population is not only large and growing; it is also very young, with a median age of 21. At present, two-thirds of Pakistanis are under 30 years of age; only one other country, Yemen, has more citizens under the age of 24.<sup>59</sup> One in three Pakistanis is 14 years old or younger, which means that the country's population will remain youthful for decades to come: numbers of young people in the 15-24 age bracket will swell by 20 per cent by 2020 and under-24-year-olds will be in the majority by 2030. As late as 2050, the median age is still expected to be only 33.<sup>60</sup>

Pakistan is the fastest-urbanizing country in South Asia: by the decade of the 2020s, at least half of Pakistan's population will live in cities;<sup>61</sup> by 2030, the urban population of the country, currently 35 per cent of the total, is expected to have increased by 140 per cent and to exceed the rural population.<sup>62</sup> Karachi is on its way to becoming a megacity. According to one report, by 2030, it could become the fifth largest city in the world, with a population of more than 28 million (cf. 11.6 million in 2011).<sup>63</sup>

**Youth dependency patterns:** Due to demographic transition, Pakistan has moved from a high-fertility and high-mortality phase to one of low fertility and low mortality. This has brought about major changes in the age distribution of the population in the country. Table 2.6 shows that during the first phase, when fertility rates in the country were high, the younger-age population continued to increase, thereby creating a "youth bulge". At the same time, the proportion of the prime-age population continued to decline, from 51 per cent in 1961 to 48.5 per cent in 1981.

After 1981, Pakistan entered the second phase of demographic transition when fertility rates witnessed a decline from 6 per cent to 3.8 per cent in 2006, accompanied by a surge in the working-age (prime) population, especially the youth. Because of the declining child dependency rate over the next two to three decades, the burden on the working age population will continue to decline.<sup>64</sup> This is a window of opportunity that must be seized before the ageing process of the population sets in.

<sup>56</sup> CIA Factbook.

<sup>57</sup> Khattak, Saba Gul, "The challenges of population policy and planning in Pakistan", *Reaping the Dividend: Overcoming Pakistan's Demographic Challenges*, Michael Kugelman and Robert M. Hathaway, eds., Woodrow Wilson International Center for Scholars, Washington, D.C., 2011, p. 145.

<sup>58</sup> United Nations, Department of Economic and Social Affairs, Population Division: *World Population Prospects, the 2010 Revision*. New York, 2010. See: [www.unpopulation.org](http://www.unpopulation.org).

<sup>59</sup> Kugelman, Michael, *Pakistan's Demographics: Possibilities, Perils and Prescriptions*, essay in *Reaping the Dividend: Overcoming Pakistan's Demographic Challenges*, Michael Kugelman and Robert M. Hathaway, eds., Woodrow Wilson International Center for Scholars, Washington, D.C., 2011, p. 6.

<sup>60</sup> Leahy, Elizabeth, *The Shape of Things to Come: Why Age Structure Matters to a Safer, More Equitable World*, Population Action International, Washington, D.C., 2007, p. 9, cited in Kugelman, M., *op. cit.*

<sup>61</sup> Burki, Shahid Javed, in *Reaping the Dividend: Overcoming Pakistan's Demographic Challenges*, Michael Kugelman and Robert M. Hathaway, eds., Woodrow Wilson International Center for Scholars, Washington, D.C., 2011.

<sup>62</sup> "The urban drift", by Adnam Adil, *The News on Sunday (Pakistan)*, 28 August 2011.

<sup>63</sup> Laghari, Javaid, "The Plausible Rise of Asia: Will Pakistan feature in an Asian Century?", *Newsweek Pakistan*, 28 September 2011. See also *World Resources Institute*, Quoted in *Forbes*, 19 March 2008, [http://www.forbes.com/2008/03/19/cities-population-pollution-innovation08-cx\\_tvr\\_0319futurecities.html](http://www.forbes.com/2008/03/19/cities-population-pollution-innovation08-cx_tvr_0319futurecities.html).

<sup>64</sup> Arif, G.M. and Chaudhary, Nusrat, *Demographic Transition and Youth Employment in Pakistan*, *Pakistan Development Review*, vol. 47, no. 1, 2008, pp. 27-70.

**Table 2.6: Demographic transition in Pakistan (%)**

Census	Young (0-14)	Prime (15-59)	Old (60+)
1961	42.4	50.6	6.9
1972	43.8	49.2	7.0
1981	44.5	48.5	7.0
1998	43.4	51.1	5.5
2006	36.8	57.2	6.0

*Source: Government of Pakistan, Pakistan Economic Survey 2006-07, Economic Adviser's Wing, Ministry of Finance, Islamabad*

The child dependency ratio is projected to decline steadily for the next 20 years with the increase in the working-age population, which is projected to increase from 58 per cent in 2003 to 68 per cent in 2028.<sup>65</sup> Similarly, the decline in the share of the child population (ages 0-9 years) has produced an increase in the share of the youth population (aged 15-24 years). Recent projections show that the youth share should have peaked in 2010 and 2011, reaching around 21 per cent of the total population.<sup>66</sup> In absolute terms, the youth population is projected to peak in 2015, after which its numbers will start declining.

To be able to benefit from this “demographic dividend”, there is an urgent need to make investments in human capital, through capacity development and productive youth absorption in the labour market. However, given the present phase of low GDP growth in the country, rising youth cohorts are already facing increasing challenges of absorption in the labour market.

Pakistan is an example of how an increase in the working-age population of a country can be a double-edged sword: If jobs can be found for most of the new entrants into the labour force, the economy and society benefit; if they do not become economically active, however, the economy will face the huge challenge of finding ways to provide gainful employment to those of working age.<sup>67</sup> And in the absence of jobs, some of the options available to unemployed, or unemployable, young people (men, particularly) may not be in the greater interest of their community, their society and their country.

<sup>65</sup> Hashmi, S.M.H, “Ageing of the Population”, in A. R. Kemal, M. Irfan, and N. Mahmood (eds.), Population of Pakistan: An Analysis of 1998 Population and Housing Census, Islamabad: PIDE/ UNFPA, 2003. Also A. Hakim (2002), “Population Dynamics and its Implications for Poverty” in Pakistan Human Condition Report, Centre for Research on Poverty Reduction and Income Distribution (CRPRID), Islamabad, 2002.

<sup>66</sup> Xenox, P., Keynote Speech, in Sharing Population and Development Research Across South and West Asia, Fifth Annual Research Conference Proceedings 14–16 December, 2004, Karachi. Mehtab S. Karim and Naushin Mahmood (eds.) Population Association of Pakistan, 2005.

<sup>67</sup> Nayab, Durre, Demographic Dividend or Demographic Threat in Pakistan?, presentation, Pakistan Institute of Development Economics, 4 December 2006.

## CHAPTER THREE: FAMILY AND SOCIETY IN PAKISTAN



## 3. FAMILY AND SOCIETY IN PAKISTAN

### 3.1 Participation of children and women: Exclusion and inequality

Gender inequality in Pakistan is widespread and reflects a very patriarchal society that views men as being superior to women.<sup>68</sup> This results in deep-seated attitudes that permeate into many domains, including the household, community and public sphere.

Irrespective of status, age, and region, there is substantial inequality between women and men in Pakistan. According to the United Nations Human Development Report 2011, Pakistan ranked 115<sup>th</sup> among 187 countries on the HDI in gender equality.<sup>69</sup> Gender gaps exist across most well-being indicators in terms of capacities, access to resources and opportunities; inequality exists within the family, in the workforce, in the political sphere, and in education and health care.

In general, women are more likely to be denied inheritance rights, more likely to receive inadequate food and nutrition, have less freedom of expression and mobility, participate less in community activities, and have less influence in decision making than men.<sup>70</sup>

Bridging the gender gap is an important element of the MDGs, on the basis that gender equality is not only essential in its own right but that ensuring gender equality also leads to the fulfilment of other development goals.<sup>71</sup> For example, numerous studies have shown the positive impact of a woman's education on the education of her children, and on other child wellbeing indicators such as health.<sup>72</sup>

Gender gaps have been narrowing over the years in Pakistan. School enrolment rates for girls have gone up, and more women are part of the labour force and in elected bodies in politics. Nevertheless, as the recent PPPA notes, even where the condition of women has improved, their social position "remains largely unchanged."<sup>73</sup>

### 3.2 Patriarchal mind-sets

Pakistan is a largely patriarchal society where women are dependent on men financially and in terms of protection. This dependency is enforced by patriarchal structures entrenched in social, cultural and religious systems that are by and large the same across Pakistan, though their degree of intensity differs between provinces. These cultural norms are more entrenched in rural areas. The ingrained mind-set by which men are considered superior to women is fundamental to understanding the prevalence of dominant-subordinate relation between genders across the country.<sup>74</sup>

One of the more harmful aspects of this mind-set is that women have internalized these discriminatory perceptions as their own inferiority. Indeed, in many sites where focus group discussions were held by Shirkat Gah – Women's Resource Centre, a leading Pakistani NGO, women perceived the reasons behind

<sup>68</sup> Government of Pakistan, Planning Commission, *Between Hope and Despair, Pakistan Participatory Poverty Assessment National Report*, 2003, p. 104. (Hereinafter PPPA 2003.)

<sup>69</sup> "Pakistan slips further in human development index", *The News (Pakistan)*, 30 November 2011, <http://www.thenews.com.pk/TodaysPrintDetail.aspx?ID=10648&Cat=13>.

<sup>70</sup> Ibid.

<sup>71</sup> Government of Pakistan, Planning Commission, Centre for Poverty Reduction and Social Policy Development, *Development amidst Crisis: Pakistan Millennium Development Goals Report 2010*, Islamabad, September 2010. (Hereinafter Pakistan MDG Report 2010.)

<sup>72</sup> Barrera, A., "The Role of Maternal Schooling and Its Interaction with Public, Health Programs in Child Health Production", *Journal of Development Economics*, vol. 32, issue 1, 1990, pp. 69-91; Behrman, J. and Wolfe, B., "How Does Mother's Schooling Affect Family Health, Nutrition, Medical Care Usage, and Household Sanitation?", *Journal of Econometrics*, vol. 36, 1987, pp. 185-204; Block, S.A., "Maternal Nutrition Knowledge Versus Schooling as Determinants of Child Micro nutrient Status", *Oxford Economic Papers*, vol. 59, no. 2, 2007, pp. 330-353; Chen, Y. and Li., H., "Mother's Education and Child Health: Is there a Nurturing Effect?", *Journal of Health Economics*, vol. 28, no. 2, 2009, pp. 413-426; Cleland, J. G., "Maternal Education and Child Survival: Further Evidence and Explanations", in Caldwell, J., Findlay, S., Caldwell, P., et al. (eds.), *What We Know About the Health Transition: The Cultural, Social and Behavioural Determinants of Health*, vol. 1, Canberra: Health Transition Centre, The Australian National University, 1990, pp. 410-419.

<sup>73</sup> PPPA 2003.

<sup>74</sup> Shaikh, Hina, *Women Empowerment and Poverty: Linking Poverty as a Dimension of Governance, with Empowerment*, Shirkat Gah, 2010, p. 30.

gender disparities to be valid and justified them as such. For example, in many households, women differentiate between their sons and daughters and believe that men and women cannot have the same level of independence.<sup>75</sup> Others accept their roles more unwillingly. According to the report, “Most women live under the constant threat of divorce from their husbands and therefore have no choice but to oblige to their demands and others. Due to the taboo and stigma associated with a divorcee, women are still not comfortable settling for a divorce even in the direst of circumstances.”<sup>76</sup>

### 3.3 Inequality in the household and the link to poverty

Within the household, resources are not equally shared and women have little say in decision-making. Men usually receive more food within the home and have better access to health and education.<sup>77</sup> Women are often the last individuals in the household to be able to seek health care.<sup>78</sup> Because of such inequalities, women in poor households are even more disadvantaged than their male counterparts.

Even within the same family, girls and women feel poverty more acutely because of unequal access to resources. For example, women receive less nutrition than men in the same household; girls are less likely to be schooled and therefore have less of a chance to earn a living (and through their independently earned income, gain some autonomy).

The 2003 PPPA found that in general, women of all social categories “did not have the same decision-making influence as men.”<sup>79</sup> Even when they do have access to money, female family members spend far less on themselves and save more for future expenses (such as children’s marriages, education and home improvements or renovations). Very few women who work manage to save and keep what they earn for themselves. Women who do not work receive expense money from their husbands while others receive nothing. Very few women have their own accounts or direct access to banks, mainly because their savings are so limited.<sup>80</sup> Women have few or no assets, and even when they do, they have no control over their use.<sup>81</sup> Further, women have limited freedom of mobility, which inhibits access to other resources and rights such as seeking health care, voting, going school, or work.

Key expenditure decisions lie in the hands of male members of the household. Women have limited say in deciding what to save and what to spend and “seem to put their own needs behind everyone else’s in the family.”<sup>82</sup> This is an important indicator of intra-household inequality that often slips away in household expenditure surveys and national poverty assessments.<sup>83</sup> A qualitative report found that division of power in household decisions is tilted towards male members especially in terms of marriage. Women are seldom consulted, and this trend is pervasive across all provinces. The male members collectively make a decision.<sup>84</sup>

### 3.4 Women and education and the consequences for children

According to the Pakistan MDG Report (2010), educating women is “the key to overcoming oppressive customs and traditions that neglect women, help them to achieve greater self-fulfilment, improve their earnings prospects and enhance productivity.” The significance of this is reflected in correlations between women’s education and their children’s well-being even before a woman becomes pregnant: the percentage of women who use any method of contraception rises from 29 per cent among those who no educa-

<sup>75</sup> Ibid., p. 31.

<sup>76</sup> Ibid.

<sup>77</sup> PPPA 2003, p. 108.

<sup>78</sup> PPPA 2003, p. 105.

<sup>79</sup> PPPA 2003, p. 106.

<sup>80</sup> Shaikh, Shirkat Gah, op. cit., pp. 29-30.

<sup>81</sup> PPPA 2003, p. 107.

<sup>82</sup> Shaikh, Shirkat Gah, p. 30.

<sup>83</sup> Ibid.

<sup>84</sup> Shaikh, Shirkat Gah, p. 31.

tion to 39 per cent among women with higher education. A child's nutritional status is also strongly correlated with the mother's education: children whose mothers have higher education are the least likely to be underweight and stunted.

A sharp negative association exists between child mortality and mother's education. With each increment in mother's education, the probability of children dying decreases. Under-five mortality rates rise from 24 per 1,000 live births for mothers with higher education to 137 per 1,000 live births for mothers without any education. Children's involvement in child labour also decreases as their mothers' education increases.<sup>85</sup>

**Table 3.1: Population aged 10 and above that has ever attended school (%)**

	Male	Female	Total
Pakistan	71	47	60
Urban	82	68	75
Rural	66	36	51

Source: PSLM 2010-11

Only 46 per cent of the female population has attended school compared to 71 per cent of the male population. The gender differential is 25 per cent. Nearly 60 per cent of the female population aged 10 and above in Pakistan have never attended school.

In urban areas, the proportion of both male and females who have attended school is higher than the national average. The difference between women living in urban and rural areas is quite stark: 35 per cent of females have been to school in rural areas compared to 68 per cent females in urban areas.

**Table 3.2: Adult literacy rate in Pakistan (% population aged 15+ who are literate)**

	Male	Female	Total
Urban	80	64	72
Rural	60	30	45
Total	67	42	55

Source: PSLM 2010-11

The total literacy rate in Pakistan is 54 per cent. Among adults (aged 15 years and above), the rate for males is 67 per cent and for females it is 40 per cent. Fewer than half of women in Pakistan are literate. There are huge disparities among the regions: 66 per cent of males and just under 45 per cent of females aged 15 and above in Punjab are literate, while the rates in FATA are 36 and almost 7 per cent respectively (see Table 3.3, below). The repercussions of this for women are dire – more education normally means higher earnings, more mobility, and better health for children.

There are also huge differences in literacy between urban and rural areas. Whereas 64 per cent of women in urban areas are literate (compared to 80 per cent of men), in rural areas only 28 per cent are literate (60 per cent). The gender differential is greatest in rural areas (32 percentage points, compared to a differential of 16 per cent in urban areas). Male and female literacy rates go down as age increases. The younger generation of girls is much more educated than the previous generation, which shows the progress that has been made in access to education. However, about 30 per cent of girls aged 15-19 are illiterate in Pakistan.

<sup>85</sup> Government of Punjab, Multiple Indicator Cluster Survey (MICS): Punjab 2007-08, Vol.1, Provincial Report, Bureau of Statistics, Planning and Development Department, Lahore, 2009.

**Table 3.3: Adult and youth literacy rates in Pakistan's provinces (%)**

	Adult literacy (15+) (%)		Youth literacy (15-24) (%)	
	Female	Male	Female	Male
Pakistan	42	67	59	79
Punjab	47	67	66.7	79.0
Sindh	43	71	46	69
KP	28	65	44.8	81.4
Balochistan	15	56	33	
FATA	6.7	35.8	12.4	48.2
AJK	47.3	73.2	76.5	87.5

Source: MICS and PSLM (2010-11) data; youth literacy rate is from the UNICEF website

### 3.5 Women and employment

There is considerable inequality when it comes to employment for women and men in Pakistan. That earning a living can give a woman some independence is arguable, but it can definitely contribute towards the family income in places where, increasingly, one income is not enough. Further, studies have shown that women are more likely to spend their income on the family, such as food, education and health care of their children as well as household repairs etc. Thus it can lessen a family's poverty. In some cases it could also give a woman some autonomy.

**Table 3.4: Refined labour force participation rates in Pakistan (%)**

	Total	Male	Female	Augmented Female
<b>Pakistan</b>	45.7	69.3	20.64	37.5
<b>Rural</b>	49.2	71.0	26.4	50.6
<b>Urban</b>	39.2	66.2	10.01	13.1

Source: Labour Force Survey, 2010-11

Pakistan's refined labour participation rate<sup>86</sup> of 21.5 per cent for females is alarmingly low, especially compared with the 68.8 per cent rate for males. The augmented labour force participation rate<sup>87</sup> for women is much higher (37.9 per cent) and the work that rural women do contributes to this to a large degree.

In rural areas, the rate for females is 27.6 per cent (augmented rate 51.2 per cent) compared to the urban rate of 10.3 per cent (13.3 per cent augmented). Female participation in the labour force is much higher in rural areas, presumably because most women in Pakistan work in agriculture. In urban Pakistan, female labour force participation, at 10.3 per cent is extremely low, especially when compared with the male rate of 66.4 per cent.

According to the Demographic and Health Survey of Pakistan (DHS, 2006-7), 76.6 per cent of women aged 15-49 were receiving money for agricultural work, and 94.9 per cent for non-agricultural work.<sup>88</sup>

Unemployment rates for the population aged 10 and above are much higher for women (9.5 per cent) than

<sup>86</sup> The refined labour force participation rate is the percentage of labour force in the total population aged 10 and above.

<sup>87</sup> The augmented rate consists in the augmentation of the refined labour force participation rate on the basis of probing questions from out-of-labour force persons regarding their engagement in the specific set of marginal economic activities, performed mostly by females.

<sup>88</sup> Demographic and Health Survey (DHS), Pakistan, 2006-07 (hereinafter DHS 2006-07).

for men (4.4 per cent), and this remains true for all age brackets. The unemployment rate for women aged 50-54 (10.1 per cent, compared to 2.9 per cent for men of the same age bracket) is especially high. The greatest disparity is for men and women aged 55-59 and over 60 years, with unemployment rates significantly higher for women.

**Table 3.5: Distribution of employed persons by key industry division (%)**

	Total	Male	Female
Total	100	100	100
Agriculture, forestry, hunting and fishing	45.0	28.1	16.9
Manufacturing	13.6	11.2	2.45
Construction	6.9	6.9	.04
Wholesale and retail trade	14.8	14.5	0.3
Transport, storage and communication	5.1	5.0	.03
Community/social and personal services	11.0	8.4	2.56
Other	3.2	3.1	0.1

Source: Labour Force Survey, 2010-11

The majority of women in Pakistan (74.9 per cent) are employed in the agriculture sector (and mostly in rural areas). Community, social and personal services comes next (11.2 per cent), followed closely by manufacturing (11.0 per cent). Female employment in other areas is negligible.

There are many reasons for gender gaps in labour force participation rates, such as limited options for work for women, social norms that constrain women from working outside the home, lower wages for women, unpaid labour, and lower levels of education. One major cause for this inequality is the widespread perception that “a woman’s place is in the home”. Many girls are not allowed to work by their parents, even when they want to.<sup>89</sup> It is still not considered socially acceptable for a woman to work.

Within the household, women are responsible for household chores such as cooking, washing and taking care of the family and the home. Outside the home their tasks include agriculture-related work and fetching water.

In discussions about poverty, women often highlight their lack of employment and educational opportunities.<sup>90</sup> Even when women work, their options are often limited to the informal sector or even non-paid labour. Stereotypes still apply in determining what work is “acceptable” for women: teaching and nursing are the most socially acceptable and therefore popular lines of work (and even there, women face discrimination), together with stitching, embroidery and other “traditional” types of “women’s work”. Many women also work as domestic servants. Thus while employment was identified as a way out of poverty, women expressed frustration at lack of opportunities in finding employment.<sup>91</sup>

### 3.5.1 Changing roles

Because of rising prices and declining household incomes, women have had to work to contribute to the family income, but rather than empowering them as equal members of the household, this has resulted in “increasing the already heavy burden on women”, as they must work for income in addition to doing household tasks.<sup>92</sup> In rural areas especially, poor women usually work because they have to contribute to

<sup>89</sup> Shaikh, Shirkat Gah, p. 29.

<sup>90</sup> As noted in Shirkat Gah focus groups.

<sup>91</sup> Shaikh, Shirkat Gah, p. 27.

the family income, as it is becoming difficult to support an entire family on the income of a single breadwinner.

Despite this, some women have reported that they had to undergo criticism from their own family members about not spending enough time inside the house.<sup>93</sup> They have to work for low wages and still have to do household chores. This results in women not only being physically exhausted but also more prone to illness.<sup>94</sup> Even when a woman earns, it is less than men, and is often spent on the family, rather than herself.

### 3.5.2 Education and employment

The correlation between the level of education and the type of employment is strong. The proportion of employed women who work in agriculture decreases with education. Fifty-one per cent of women with no education work in the agriculture sector, whereas none of the women with higher education, and only 6.5 per cent of women with secondary education, work in this sector.

Similarly, of women with higher education, 84.1 per cent work in professional/technical/managerial professions, and none in agriculture.<sup>95</sup> Agricultural workers are generally paid significantly less than professional/technical/managerial professions. Moreover, 23.6 per cent of women working in the agricultural sector do not receive money for their work, compared to only 5 per cent of non-agricultural workers.<sup>96</sup>

The rate of labour force participation for women has gone up over the years, but this hides many qualitative disparities that are not captured by the numbers and figures. The idea that a working woman is more independent and empowered to make her own decisions is not the case for many working women, especially in rural areas.<sup>97</sup> However, a small segment of women interviewed by Shirkat Gah, mostly from urban areas, did feel that women gain more respect from their families and in society by working, especially those who work as teachers.<sup>98</sup>

## 3.6 Women in the public sphere

Progress has been made in bringing women into decision-making roles in society. As the 2010 MDG Report for Pakistan noted: "The 22.2 per cent participation share of women in the National Assembly is much better than that for any other Asian democracy and even for several western democracies including the UK and the USA."<sup>99</sup> Pakistan has had a female prime minister, parliament speaker, and most recently, a female foreign minister.

National Assembly included 74 women, of whom 60 came in on reserved seats and 14 were elected on general seats.<sup>100</sup> In the parliament elected for 2008-2013, there are 76 women legislators of whom 16 were elected from general seats.<sup>101</sup> The devolution plan of 2001 has brought in a remarkable number of women at local government levels, with 33 per cent reserved seats for women at all levels in the devolved system.

Discrimination against women is still seen in the government civil service. A study by the federal government's Planning Commission, quoted in the media in August 2011, said that none of the federal ministries was setting aside 10 per cent of its positions for women, as required under the Constitution. Based on data from 16 federal ministries and the Planning Commission itself, the report said there were only 112 women working in lower grade civil-service positions, as against more than 2,500 men; at higher grades, the ratio

<sup>92</sup> PPPA 2003, p. 108.

<sup>93</sup> Shaikh, Shirkat Gah, p. 27.

<sup>94</sup> Shaikh, Shirkat Gah, p. 28.

<sup>95</sup> DHS 2006-07.

<sup>96</sup> DHS 2006-07.

<sup>97</sup> Shaikh, Shirkat Gah, p. 27.

<sup>98</sup> Shaikh, Shirkat Gah, p. 28.

<sup>99</sup> Pakistan MDG Report 2010.

<sup>100</sup> National Commission on the Status of Women, Gender Review of Political Framework for Women Political Participation, May 2010, p. 11.

<sup>101</sup> Ibid.

was three women against 66 men. Most women were found in lower grade secretarial positions.<sup>102</sup>

**Voting:** Women are under-registered as voters, even though they account for more than half the population of the country. In the general elections of 2008, women voters as a proportion of total voters declined to 30 per cent from 40 per cent in 2002.

The number of registered women voters in Pakistan in 2008 was 35,603,778 compared to 45,306,540 men.<sup>103</sup> The 2008 elections saw a drastic reduction in the number of women voters; the decline was 45 per cent in KP province alone.<sup>104</sup> Male voters also declined, but the reduction in women voters in the country was by 39 per cent as compared to 18 per cent of men.

This may be attributed to factors such as security, recession, intimidation by militant forces and disappointment with the political system. Other factors particular to women include household responsibilities and socio-cultural constraints.<sup>105</sup> It is more difficult for women to go out and vote as compared to men for several reasons including security. In some areas in Pakistan, such as KP and FATA, there were many reservations and disagreements – and outright opposition and intimidation – regarding women’s participation in the electoral process, with the result that despite government intervention, a large number of women voters could not exercise the right to vote.<sup>106</sup>

There is still a paucity of women within the decision-making bodies of nearly all political parties. For example, there is only one woman on the 53-member central executive committee of the currently ruling Pakistan People’s Party (PPP) and none on the 26-member executive committee of the Pakistan Muslim League (N).

The 2002 National Policy for Development and Empowerment of Women – a “statement of intent” of the government - called for “removing hurdles to women’s political participation” and “mandating the inclusion of women through merit in all decision-making bodies” at all levels. However, most parties do not take the views of women specifically into account while drawing up election manifestos, and the women who are consulted are those with already strong status in the parties, often on the basis of their family background.<sup>107</sup>

The data also shows low participation of women even after they are elected to local councils; according to one report, “only one-third of the elected women attended all or nearly all the meetings of the council.”<sup>108</sup> The ADB report also found that only 25 per cent of the women had any knowledge of the meeting agenda of the last two sessions and only 29 per cent had knowledge of the council budget.<sup>109</sup>

These findings stress the need to not only include more women in the political process but to ensure that those who are already involved can perform their roles more effectively.

### 3.7 Changing roles, changing status

There have been some changes in the roles of women over the past 30 years due to increased educational attainment, the introduction of new technologies and the migration of men away from the home in search of jobs.<sup>110</sup> Though these have brought about some changes in the role of women, they have not neces-

<sup>102</sup> “Study finds gender discrimination in govt. bodies”, Khaleeq Kiani, Dawn, Islamabad, 29 August 2011.

<sup>103</sup> National Commission on the Status of Women, Gender Review of Political Framework for Women Political Participation, May 2010, p. 10.

<sup>104</sup> Ibid., p. 9.

<sup>105</sup> Ibid., p. 9.

<sup>106</sup> Ibid., p. 12.

<sup>107</sup> Ibid., p. 11.

<sup>108</sup> Jabeen, Nasira and Iqbal, Muhammad Zafar, “Gender and Local Governance in Pakistan: Promoting Participation through Capacity Building”, South Asian Studies: A Research Journal of South Asian Studies, vol. 25, no. 2, 2010, p. 266.

<sup>109</sup> Ibid.

<sup>110</sup> PPPA 2003, p. 108.

sarily had effect on status, which is less mutable due to the patriarchal and cultural norms that permeate society in all regions and classes, to varying degrees. Some studies have found that women do have more autonomy in making decisions about their life than two decades ago. Women in urban areas are better off in this regard compared to their rural counterparts, to which higher levels of education may be a contributing factor.

## CHAPTER FOUR: MILLENNIUM DEVELOPMENT GOALS – Achievement Update



## 4. MILLENNIUM DEVELOPMENT GOALS – Achievement Update

Table 4.1 MDGs

Indicators	2008-09
<b>1. Eradicate Extreme Poverty and Hunger</b>	
Proportion of population below the calorie based food plus non-food poverty line. *	Lag (worsened since 2006)
Prevalence of underweight children under 5 years of age	Lag (worsened since 2006)
Proportion of population below minimum level of dietary energy consumption	
<b>2. Achieve Universal Primary Education</b>	
Net primary enrolment ratio (%)	Lag
Completion/survival rate: grade grade 1 to 5 (%)	Lag
Literacy rate (%)	Lag
<b>3. Promote Gender Equality and Empower Women</b>	
Gender parity index (GPI) for primary and secondary education	Slow
Youth Literacy GPI	Slow
Share of women in wage employment in the non-agricultural sector	
Proportion of seats held by women in national parliament	Ahead
<b>4. Reduce Child Mortality</b>	
Under-five mortality rate	Lag
Infant mortality rate	Off track
Proportion of fully immunized children 12-23 months	Lag
Proportion of under 1 year children immunized against measles	On track
Proportion of children under five who suffer from diarrhoea in the last 30 days and received ORT	Ahead
Lady Health Worker's coverage of target population	On track
<b>5. Improve Maternal Health</b>	
Maternal mortality ratio	Lag
Proportion of birth attended by skilled birth attendants	Lag
Contraceptive prevalence rate	Lag
Total fertility rate	Lag
Proportion of women 15-49 years who had given birth during last 3 years and made at least one antenatal care consultation	Lag
<b>6. Combat HIV/AIDS, Malaria and Other Diseases</b>	
HIV prevalence among pregnant women 15-24 years (%)	Ahead
HIV prevalence among vulnerable groups (e.g., active sexual workers) (%)	Ahead
Proportion of population in malaria risk area using effective malaria prevention and treatment measures	Lag
Incidence of tuberculosis (TB) per 100,000 population	Lag
Proportion of TB cases detected and cured under Direct Observed Treatment Short Course (DOTS)	Ahead
<b>7. Ensure Environmental Sustainability</b>	
Forest cover including state owned and private forest and farmlands	Lag
Land area protected for the conservation of wildlife	On track

GDP (at constant factor cost) per unit of energy used as a proxy for energy efficiency	Slow
Number of vehicles using CNG	Ahead
Sulphur content in high speed diesel (as a proxy for ambient air quality)	Lag
Proportion of population (urban and rural) with sustainable access to a safe improved water sources	Lag
Proportion of population (urban and rural) with access to sanitation	Leg
Proportion of Katchi Abadis regularized	-
<b>8. Develop a Global Partnership for Development</b>	
*Based on available data up to 2005-06	

Source: Government of Pakistan, Planning Commission, Centre for Poverty Reduction and Social Policy Development, *Pakistan Millennium Development Goals Report 2010: Development Amidst Crisis*, 2010

- Impact of the floods on MDG achievement:** While the 2010 floods have made it more unlikely that Pakistan will meet the MDGs for health, education and sanitation, in some cases the floods have highlighted underlying tensions and inequities within and between provinces and shown the great degree of diversity in the nation that remained unaccounted for. And while some development gains have been erased, others will result from post-flood development policies. In terms of nutrition, the Pakistan Integrated Nutrition Strategy (PINS) has been implemented nationally, particularly in areas like Sindh.
- Where children have normally been sidelined, recovery efforts are aiming to take their special needs into account through encouraging the fulfilment of the Core Commitments for Children in Humanitarian Action (CCCs). In Sindh, much initiative has been taken by the district governments to launch a unified and concerted effort to deal with resuscitating the health, food, livelihood, shelter, education and WASH sectors. In the latter area, it is being suggested that the Pakistan Approach to Total Sanitation (PATS) be expanded to more districts, while TSSs have helped Sindhi students reach schools for the first time.<sup>111</sup>

<sup>111</sup> UNICEF, *Children in Pakistan*, p. 7.

## CHAPTER FIVE: THE LIVING ENVIRONMENT FOR CHILDREN AND WOMEN: HEALTH



## 5. THE LIVING ENVIRONMENT FOR CHILDREN AND WOMEN

### 5.1 Health issues for women and children

Both external and internal factors may be cited as responsible for Pakistan's slow progress in improving basic child and maternal health outcomes. An abundance of social determinants of health comprise the external factors that contribute to low health outcomes: illiteracy (which, especially in mothers, is a key determinant of health-seeking behaviour); gender inequality and social exclusion; lack of access to safe water and improved sanitation; unemployment and household poverty. On the supply side, weak governance and poor management of health facilities, partially functioning logistics and supply systems, poorly motivated and under-compensated health staff, lack of proper training and empowerment, and insufficient or ill-planned deployment of health workers and facilities across the country all contribute to the under-performance of the health sector in Pakistan.<sup>112</sup>

The health sector has also suffered from reduced allocations of funding from the central government due to the fiscal crises and economic slowdown. Already low levels of public expenditures have declined and the uneven distribution of funds has only added to inequities in healthcare coverage. The result is that "coverage and access to essential basic services remains limited and unequal with poor quality of services, which are generally perceived to be less responsive to community needs", according to the 2010 MDG Report.<sup>113</sup>

The Report adds that serious institutional weakness and governance deficiencies also adversely affect child health services:

"Although coverage has improved over recent years, progress has been slow in terms of providing quality care to the vast majority of the population. Lack of capacity in district health offices in terms of human and financial resources impinge on their ability to effectively cater to the needs of the local population. Similarly, a shortage of equipment and staff at basic health units (BHUs) and rural health centres (RHCs), especially lady doctors, nurses, lady health workers, laboratory equipment and drugs, continue to pose serious constraints."<sup>114</sup>

**'Triad of determinants':** According to one study, Pakistan's poor performance in health care is rooted in the interplay of a "triad of determinants": inadequate state funding, the unregulated role of the private sector, and a lack of transparency in governance. Taken together, these factors greatly compromise the quality and equity objectives of public healthcare delivery.<sup>115</sup>

### 5.2 Child survival

More than 420,000 children under the age of five years die every year in Pakistan. The child mortality rate is accompanied by a rate of maternal mortality that sees 30,000 maternal deaths a year, placing Pakistan among the six countries in the world which account for 50 per cent of all maternal deaths (the other five, as of 2008, were India, Nigeria, Afghanistan, Ethiopia, and the Democratic Republic of the Congo).

Rates of child (under-five) mortality, infant mortality and neonatal mortality vary widely in terms of wealth quintile of the child's family.<sup>116</sup>

<sup>112</sup> Pakistan MDG Report 2010.

<sup>113</sup> Ibid.

<sup>114</sup> Ibid.

<sup>115</sup> Nishtar, Sania, "The Mixed Health Systems Syndrome", Bulletin of the World Health Organization, vol. 88, no. 1, January 2010, pp. 74-75, cited in Abbas, Hassan, Pakistan 2020: A Vision for Building a Better Future, Asia Society Pakistan 2020 Study Group Report, May 2011, p. 29.

<sup>116</sup> Hogan, M.C., Foreman, K.J., Naghavi, M., et al., "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5", The Lancet, vol. 375, issue 9726, pp. 1609-23, May 2010.

**Figure 5.1: Neonatal, infant and under-five mortality by wealth quintile**

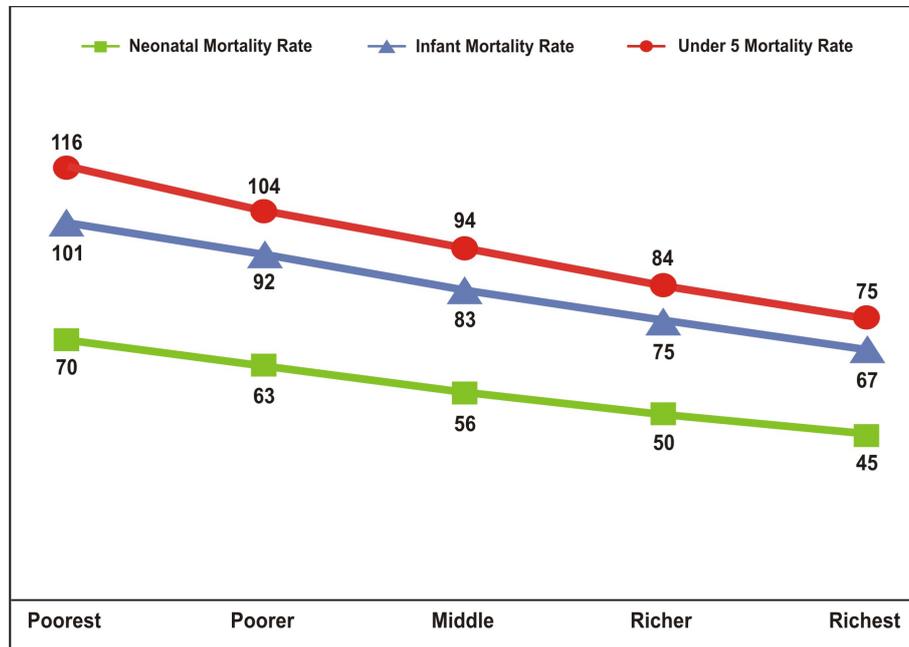


Figure-1: Adjusted\* neonatal, infant and under 5 child mortality rate per 1000 across wealth quintile. (\*Adjusted for sex of child, rural - urban residence, mother's education, father's education, mother's occupation and father's occupation.)

Source: *Journal of Pakistan Medical Association, Karachi, vol. 61, no. 1, January 2011*

### 5.2.1 Newborn mortality:

In 2009, Pakistan accounted for 6.9 per cent of global newborn deaths and ranked third from the bottom (at 191 out of 193 countries) in terms of the number of newborn deaths. The neonatal mortality rate has actually increased, from 49 per 1,000 live births in 2000-01 to 53 per 1,000 in 2007-08. With 225,450 total estimated annual newborn deaths, each day 618 Pakistani newborns die.<sup>117</sup> Newborn mortality accounts for over half of all under-five deaths in Pakistan.<sup>118</sup> Newborn mortality is high across all provinces and across all quintiles with the highest mortality rate being in the poorest quintile.

The major causes of death among under-five children are birth asphyxia (22 per cent), sepsis (14 per cent), pneumonia (13 per cent), diarrhoea (11 per cent), and premature birth (9 per cent). As is seen in the context of Sindh, due to low levels of skilled birth attendants, postnatal care and newborn care coverage, many newborns die at home without having had contact with health interventions. While some models of community based newborn care have been implemented, there is little effort in scaling-up those models.

Sick newborns who do manage to get to health facilities in Pakistan do not fare well. Neonatal mortality among hospital-admitted newborns in Pakistan has been reported in the range of 9 per cent to 39 per cent. A study investigating newborn admission and mortality between 2005 and 2008 at a referral hospital in Bahawalpur, Punjab showed that 19.7 per cent of the total children admitted were neonates, and the mortality rate among those admitted was 15.6 per cent. At that rate, out of a total of 7,400 newborn in this sample in one hospital alone, 1,156 children would have died over a period of three years. Over the three-year investigation period, overall mortality among admitted children declined, but newborn mortality did not.<sup>119</sup>

<sup>117</sup> Oestergaard, M.Z., Inoue, M., et al., "Neonatal mortality levels for 193 countries in 2009 with trends since 1990: a systematic analysis of progress, projections, and priorities, *PLoS Medicine*, vol. 8, issue 8, August 2011.

<sup>118</sup> DHS 2006-07.

<sup>119</sup> Mazhar, A., Rehman, A., et al., "Neonates- a neglected paediatric age group", *Journal of Pakistan Medical Association*, vol. 61, no. 7, July 2011, pp. 625-628

The high level of case fatality and the poor quality of newborn care services in public sector hospitals erodes public confidence and can start a downward spiral of delayed decision making and delayed referral, further endangering more newborns. Global evidence suggests that over 50 per cent reductions in neonatal mortality can be achieved through an integrated, high coverage programme of universal outreach and family-community care.<sup>120</sup>

### 5.2.2 Infant mortality

Health experts in Pakistan have recently begun to send strong signals to government to divert attention to neonatal child mortality as a separate category.<sup>121</sup> This is because many of the common causes of infant mortality are immediate, for example asphyxia. To include asphyxia in infant mortality hides the number of deaths that happen within one month of birth.

Latest estimates of infant mortality in Pakistan give a rate of 71 deaths per 1,000 live births, as of 2009.<sup>122</sup> DHS reported an IMR of 78 per 1,000 live births for Pakistan in 2007. Provincial comparisons highlight the following:

- Punjab and Sindh both have the highest IMR rates – 81 per 1,000 live births each, according to DHS. This is 3 per cent above the national average.
- Balochistan has the lowest IMR (49 per 1,000 live births) according to DHS, while the MICS report indicates an IMR of 72 per 1,000 live births. It is not clear how this difference is to be explained.

### 5.2.3 Under-5 mortality

The current U5MR in Pakistan (2009) is 87 per 1,000 live births,<sup>123</sup> compared with 94 per 1,000 in the 2007 DHS. The decline from 117 per 1,000 live births in 1986-90 to 94 in 2002-6 marked a 20 per cent decrease in 16 years.<sup>124</sup>

U5MR has strong correlations with mothers' education levels and wealth quintiles. The rate drops from 102 per 1,000 for mothers with no education to 59 per 1,000 for mothers with higher education. Similarly, the lowest wealth quintile has a U5MR of 121 per 1,000, dropping to 60 per 1,000 for the highest wealth quintile.

#### ***Some provincial variations:***

- According to DHS 2007, Sindh has the highest U5MR (101 per 1,000), as well as the highest IMR (81 per 1,000).
- According to the DHS 2007, Punjab has the second highest U5MR of 97 per 1,000, which is not very far below the Sindh rate.
- Surprisingly, DHS reports the lowest U5MR in Balochistan (59 per 1,000). MICS indicates a U5MR of 89 per 1,000, which seems more likely.

### 5.2.4 Causes of child death

The most common causes of infant and child death are diarrhoea, pneumonia, respiratory infections and under-nutrition, as well as birth asphyxia.

<sup>120</sup> Darmstadt, Gary L., Bhutta, Dr. Z.A., et al., "Evidence-based, cost-effective interventions; how many newborn babies can we save?", The Lancet, vol. 365, issue 9463, 2005, pp. 977-988.

<sup>121</sup> Neonatal mortality is defined as the probability of dying within the first month of life, whereas infant mortality is the probability of dying in the first year of life.

<sup>122</sup> UNICEF, The State of the World's Children 2011, UNICEF New York, February 2011.

<sup>123</sup> Ibid.

<sup>124</sup> DHS 2006-07, p. 90.

Balochistan has birth asphyxia as its leading cause of death, associated with 16 per cent of reported deaths.<sup>125</sup> This is well below the national average of 22.1 per cent of all reported deaths being due to birth asphyxia.

- Birth asphyxia requires a key focus in reduction of IMR, neo-natal mortality, and U5MRs. It is preventable through:
  - Birth attendance by a skilled medical practitioner;
  - Access to medical instruments, and medication for EmONC and medical procedures.

Causes of infant death such as birth asphyxia can be drastically reduced through delivery at a health institution, under the care of medical professionals. Awareness campaigns to affect behaviour change are required, as is the provision of staff and equipment at BHUs and RHCs for safe deliveries.

Pneumonia is the second leading cause of under-five deaths in Balochistan at 13.8 per cent, and accounts for 13.3 per cent of all under-five deaths. Pneumonia awareness among mothers is very low in all provinces – the provincial reports contain details of the percentage of women who know the two danger signs of pneumonia, as do all the published MICS reports. Balochistan MICS reports an overall knowledge of 13.5 per cent. This seems to have no statistical correlation with levels of education, and is more likely associated with awareness within the community, and the efforts of local health staff.

Low birthweight (LBW) is a major contributor to newborn and child mortality. Babies whose birthweight is less than 2.5 kilos have a 68 per cent greater risk of dying before their first birthday than those whose birth size is average or larger. An estimated 25.6 per cent of newborns in Pakistan have LBW and are thus at risk of dying. LBW is also a contributor to the intergenerational propagation of malnutrition. LBW reduction appeared as a desired outcome in the National Health Policies of 1990 and 2001, but there are no specific large scale interventions in place to address LBW.

### 5.3 Maternal mortality

The overall Maternal Mortality Ratio (MMR) for Pakistan is 280 deaths per 100,000 live births, according to UNICEF,<sup>126</sup> or 276 per 100,000 according to the 2006-07 DHS. In rural areas the ratio is 319 per 100,000, more than 80 per cent higher than the ratio of 175 per hundred thousand found in urban areas, where a continuum of antenatal care and assisted delivery is more likely to be available. In addition to the rural/urban divide, differences in terms of wealth quintile are quite striking: adjusted probabilities of deliveries by skilled provider are 25 per cent for the poorest quintile and 63 per cent for richest quintile.<sup>127</sup> An estimated 23 per cent of deaths of rural women of reproductive age are due to pregnancy-related and childbirth-related complications, as compared to 14 per cent among urban women.<sup>128</sup> Overall, one in every 89 Pakistani women will die due to causes related to childbirth.<sup>129</sup> This compared to 1 in 8,000 in the developed world.<sup>130</sup>

According to DHS, postpartum haemorrhage is the leading direct cause of maternal deaths in Pakistan, followed by puerperal sepsis and eclampsia. Obstetric bleeding (postpartum and antepartum haemorrhage) is responsible for one-third of all maternal deaths in Pakistan.

The maternal mortality picture is particularly bleak in Balochistan, where the ratio is 758 deaths per 100,000 live births. Nationwide, vast urban/rural disparities prevail, and childbirth remains life-threatening

<sup>125</sup> DHS 2006-07, Causes of U5MRs.

<sup>126</sup> UNICEF, The State of the World's Children 2011.

<sup>127</sup> Alam, A.Y., Nishtar, S., Amjad, S. and Bile, K.M., "Impact of wealth status on health outcomes in Pakistan", Eastern Mediterranean Health Journal, vol. 16, Supplement 2010.

<sup>128</sup> Pakistan MDG Report 2010.

<sup>129</sup> DHS 2006-2007.

<sup>130</sup> UNICEF, The State of the World's Children 2009, UNICEF, New York, 2009.

for most Pakistani women. The problem also has an indirect impact on children who survive maternal childbirth deaths. UNICEF reports that in developing countries, the risk of death for a child under five can increase by as much as 50 per cent if the mother dies.<sup>131</sup> The same report also shows a marked increase in MMR from 1995 to 2000, explained by the incapacity of the health infrastructure to keep pace with the rising population.

### 5.3.1 Maternal and newborn child health (MNCH)

A national MNCH programme has been developed to fill gaps in maternal and child health care by training and deploying 12,000 community midwives, particularly in rural areas, to increase the skilled birth attendance rate. This programme is training health care providers across the country in Integrated Management of Neonatal and Childhood Illness (IMNCI), Emergency Obstetric and Neonatal Care (EmONC), Essential Newborn Care (ENC), Integrated Management of Pregnancy and Childbirth (IMPAC), family planning counselling and family planning surgical methods. In addition it is upgrading 112 District Headquarters (DHQ) and 122 Tehsil Headquarters (THQ) hospitals in the country to provide full emergency obstetric and neonatal care services, and another 15 DHQ and 48 THQ hospitals and 599 rural health centres (RHCs) and civil hospitals to provide basic EmONC services.<sup>132</sup>

### 5.3.2 Maternal health

**Antenatal care (ANC):** Expectant mothers in Pakistan are increasingly seeking antenatal care and are going to private hospitals and clinics for prenatal consultations. The trend in reported prenatal consultations as shown from PSLM 2006-07 to PSLM 2008-09 increased from 53 per cent to 58 per cent.<sup>133</sup>

In the NNS (2011), that figure had gone up to 63.5-83.5 per cent among urban dwellers and 55.5 per cent for women in rural areas. (The proportion of those seeking antenatal care was only 28 per cent in FATA.) Almost a third (36.2 per cent) of women nationally reported no intention to seek antenatal care. The Survey found that only 0.2 per cent of pregnant women in Pakistan did not have any knowledge about ANC.<sup>134</sup>

The survey found that 62.3 per cent of pregnant women in Pakistan consult a gynaecologist for ANC, while 11.9 per cent consult nurses, 3.6 per cent consult LHV and 1.9 per cent consult LHWs.<sup>135</sup>

A UNICEF initiative based on increasing access to skilled birth attendants and ANC in six districts over six years found that the expansion of the LHW programme had significantly improved the actual use of ANC services. Where 80 per cent of pregnant women in the target districts had access to these services, the proportion of women aged 15-49 years actually receiving ANC by a skilled health person at least once during their last pregnancy rose from between 16 and 47 per cent in the baseline year of 2003-04 to between 30 and 63.5 per cent in various services through 2010. The proportion of births attended by a skilled birth attendant rose from 31 per cent (20 per cent rural and 48 per cent urban) in the baseline year of 2005 to 45 per cent (34 per cent rural and 67 per cent urban) in 2010.<sup>136</sup>

There is a large difference (26 per cent) between the reference rates of private hospitals and government hospitals for antenatal services. This highlights the under-utilization of government facilities by women as a vulnerable group. The following factors seem to emerge as reasons for this under-utilization:

- Lack of female staff in government healthcare facilities
- Poor access to medication and equipment
- Distance (especially in rural areas of Sindh, Balochistan and KP)

<sup>131</sup> UNICEF Regional Report on Maternal Mortality South Asia, p. 8.

<sup>132</sup> Draft aide memoire, Second Mini Review of the National maternal, newborn and child health (MNCH) programme, 12-14 April 2010.

<sup>133</sup> PSLM 2008-09, p. 35.

<sup>134</sup> Department of Paediatrics and Child Health, Aga Khan University, National Nutrition Survey 2011.

<sup>135</sup> Ibid.

<sup>136</sup> UNICEF, Pakistan Country Office, Consolidated Results Report, 2004-2008 Country Programme Cycle, January 2012.

The increase in reliance on private sector prenatal consultations appears to have come at the expense of the role of Traditional Birth Attendants (TBAs). Utilization of TBAs has seen a drop to as low as 10 per cent.<sup>137</sup>

**Antenatal nutrition:** According to the NNS 2011, micronutrient and vitamin supplementation during pregnancy is common practice in private healthcare facilities, whereas iron-folate supplementation is more common in public sector facilities, albeit with varied uptake. Overall, 39.7 per cent of pregnant women nationwide reported not to have received any supplementation (24 per cent urban and 46 per cent rural).<sup>138</sup>

### 5.3.3 Attendance at birth

Skilled birth attendance rates continue to show very deep rural/urban : disparities, at 77 per cent and 50 per cent respectively.<sup>139</sup> The provincial trends show the following:

- Sindh (urban and rural) has seen increased attendance rates.
- Punjab has the highest attendance rates for rural areas across Pakistan.
- Balochistan has the lowest attendance among rural areas.

The vast majority of deliveries continue to take place at home. There was little change between PSLM 2006-07 (65 per cent) and PSLM 2008-09 (68 per cent). This could simply reflect a difference in the change of populations living in rural and urban areas. PSLM 2008-09 reports a big difference between rural and urban areas in this category, with 75 per cent of deliveries in rural areas taking place at home, compared to 41 per cent in urban areas.

Only 12 per cent of mothers of the lowest wealth quintile give birth in a health facility, as compared to 74 per cent of mothers of the highest quintile. Up to 56 per cent of women in the lowest wealth quintile do not deliver in a health facility because it costs too much. Almost three out of five women reported that they did not have any postnatal check-up. Women in the two lowest wealth quintiles and mothers with no education are much less likely to have a postnatal check-up.

- In summary, uneducated and poor mothers are less likely to be prepared for complications during pregnancy and childbirth, are less likely to seek care and thus are more likely to die of complications during pregnancy and childbirth.

The above health-seeking behaviour highlights the following policy concerns:

- Women stay at home for delivery for a variety of economic, cultural and access reasons – this is unlikely to change in the short or medium term.
- The government's efforts to reach the women in the household need to be stepped up. Currently, trained dais (traditional community midwives) and TBAs are the dominant assistants at delivery. This could possibly be altered by:
  - Increasing the number of trained *dais* in rural communities;
  - Offering training and equipment to TBAs;
  - Training LHWs and LHVs in prenatal care and delivery assistance.
- The most common causes of death, haemorrhage and sepsis are closely related to poor hygiene conditions, and are thus easily preventable through improved conditions at delivery.

<sup>137</sup> PSLM 2008-09, p. 35.

<sup>138</sup> National Nutrition Survey 2011.

<sup>139</sup> PSLM 2008-09, p. 35.

However, mortality is only the extreme form of a problem. The UNICEF regional report of maternal mortality in South Asia (2004) points out that for every maternal death in Pakistan, there are 30 or 50 women who survive with a disability.<sup>140</sup>

#### 5.3.4 Postnatal care

Postnatal care rates, although improved, are still much lower than the prenatal rates; significantly, they have also remained constant since 2006. Twenty-five per cent of mothers received a postnatal check-up within six weeks of delivery during their last pregnancy in the 2008-09 survey, as compared to 24 per cent in 2006-07.<sup>141</sup>

The majority of these consultations (51 per cent) are, once again, in private hospitals/clinics. Government hospitals are once again under-utilized, with only 20 per cent of women referring to them for postnatal consultations. TBAs factor in only 14 per cent of postnatal consultations.

#### 5.3.5 Lady Health Workers

While the MDG 2015 target aims to increase LHW coverage to 100 per cent, it is not a measure of the quality and areas of healthcare access that they would be providing. All provincial reports of this SitAn indicate that the LHWs are not a strong presence in ANC, immunization, childbirth, or postnatal care.

More efforts are required to ensure that the LHWs are being utilized effectively as the main source of health access to for many of the women unable to access any other facility. LHWs can lead the way to improved MMR and child mortality ratios through simple changes:

- Effective ANC.
  - Identify problems (e.g., breech position; high blood pressure) that would require medical intervention;
  - Ensure the coverage of TT immunization for pregnant women;
  - Educate pregnant women and their families about the need for skilled birth attendant and/or institutional deliveries.
- Maintaining health records of children's immunization.
- Improving immunization in rural areas where children are born in the home.
- Improving the rate of birth registration.

LHWs can extend services through microfinance loans used to establish midwifery rooms in their houses. This is an easy, effective, and low-cost solution for improving the circumstances of childbirth in rural areas where no other health facility is available. BHUs are training hubs for LHWs. Increasing the presence of female staff at BHUs will increase the utilization of these facilities by the general population.

## 5.4 Child health and well-being

Key challenges to child health levels in Pakistan include the lack of a system of integrated management of childhood illnesses, lack of availability of and access to health facilities, affordability and a low level of awareness of health services. The focus on the provision of health services is heavily skewed to the diagnostic and treatment side; preventive programmes are mostly vertical and are not integrated at lower (district and *tehsil*) levels of health service delivery.

#### 5.4.1 Nutrition

Nutrition greatly affects infant, child and maternal mortality and morbidity indicators in Pakistan. Mal-

<sup>140</sup> UNICEF Regional Report on Maternal Mortality South Asia. p. 8.

<sup>141</sup> PSLM 2008-09, p. 36.

nutrition is, in fact, a major determinant of death and disease rates. The report of the 2011 NNS says that, directly or indirectly, “the concurrent vicious life cycle of malnutrition contributes to almost 35 per cent of all under-five deaths in the country”. It says that over the past 20 years, “there has been little change in the prevalence of malnutrition in the population”, despite greater food availability and an overall increase in caloric intake per capita.<sup>142</sup> “This may be related to the cross sectorial and complex nature of malnutrition which also include issues related to poverty and those that impact intra-household food security and contemporary socio-cultural factors determining dietary patterns in pregnancy and early childhood,” the report says.<sup>143</sup>

The Nutrition Survey says that micronutrient deficiencies such as iron-deficiency anaemia, zinc and vitamin A deficiency are widespread among pre-school-age children and women of reproductive age in Pakistan, particularly among pregnant women. The rural population shows 3.2 per cent incidence of severe anaemia and the urban population only 1.6 per cent.

On average, normal anaemic incidence has fallen sharply in Pakistan (from 60.9 per cent in 2001 to 47.9 per cent in 2011). This could be attributed in part to better ANC, and the regular practice of giving folic acid and iron supplements to expectant mothers. Other sections in the NNS indicate that 25.9 per cent of pregnant women had iron deficiency anaemia, which validates the healthcare focus on iron supplements during ANC. However, the moderate anaemia incidence has risen sharply between 2001 and 2011, from 36.9 per cent to 49.3 per cent.<sup>144</sup>

A large number of NGOs are active in nutrition programmes in Pakistan, and UNICEF supports vitamin A supplementation and iodine deficiency programmes, particularly through National Immunization Days (NIDs) and the promotion of iodized salt use in the household. The proportion of children receiving Vitamin A supplementation nationwide was put at 75.5 per cent in 2011. Not unexpectedly, coverage was higher in urban areas (77.4 per cent) than in rural areas (74.5 per cent).<sup>145</sup>

Diarrhoea is related to nutrition absorption, weight gain, and healthy eating. Repeated incidence of diarrhoea affects hydration, and hence is a common cause of death among young children. Sindh has the highest incidence of diarrhoea (reported in the last 30 days), 14-15 per cent. KP and Balochistan have a much lower incidence (7 per cent).

Punjab shows the lowest rate of oral rehydration salts (ORS) treatment for diarrhoea – 69 per cent. All other provinces are above 85 per cent. Treatment (in both rural and urban areas) is mostly sought from private practitioners. BHUs and RHCs are only serving 1 per cent of the population for this purpose<sup>146</sup> in urban areas, and 5 per cent in rural areas. Government hospitals and dispensaries account for only 14 per cent in this regard.

Children in all provinces, and regions, have fairly significant reports of being wasted or stunted. This is further exacerbated by floods, food insecurity and economic stagnation. Urban centres like Lahore, Sargodha and Faisalabad also show a rising trend of obesity, which has to be kept in mind for long-term, cross generational health and nutritional strategies.

FATA, Balochistan and Sindh have very high rates of severe stunting among young children (ages 6-59 months). Figure 5.2 shows that almost one in every three children in both provinces is severely stunted.

<sup>142</sup> National Nutrition Survey 2011.

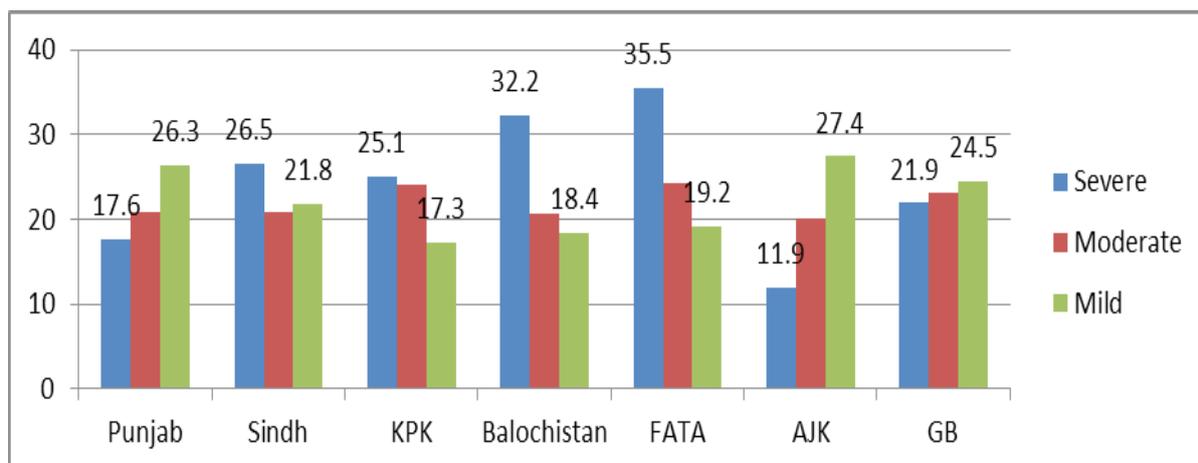
<sup>143</sup> Ibid.

<sup>144</sup> Ibid., p. 44.

<sup>145</sup> UNICEF, Consolidated Results Report, 2004-2008 Country Programme Cycle, January 2012.

<sup>146</sup> PSLM 2008-09, Table 3.9.

Figure 5.2: Inter-provincial comparison of stunting



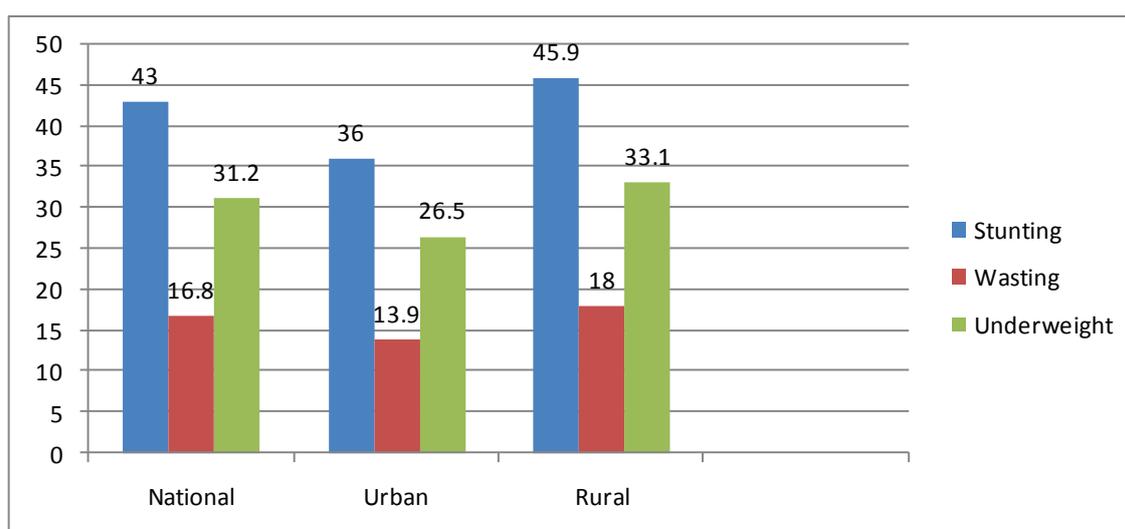
Source: National Nutrition Survey 2011

The incidence of severe wasting in Pakistan is much lower, according to the NNS. At a national level, the incidence of wasting is at 16.8 per cent.<sup>147</sup> The NNS significantly reports correlations between children’s nutrition and the mother’s literacy and employment. “Malnutrition declined with higher education status of mothers,” the report says.<sup>148</sup> The Nutrition Survey gives an overall global acute malnutrition rate for Pakistan of 15.1 per cent (moderate plus severe wasting). In the country as a whole, 43.7 per cent of children are either moderately or severely stunted (36.9 per cent urban cf. 46.3 per cent rural).

#### 5.4.2 Underweight children

The NNS 2011 reports that 29.7 per cent of children in Pakistan are underweight, with only minor differences between urban and rural populations.<sup>149</sup> The rural-urban difference analysis in NNS highlights a 2.5 per cent difference between the percentage of children severely underweight in rural (12.8 per cent) and urban (8.4 per cent) populations –perhaps signalling a need to understand the causes behind rural weight deficiencies.

Figure 5.3: Stunting, wasting and underweight



Source: National Nutrition Survey 2011

<sup>147</sup> National Nutrition Survey 2011. p. 55.

<sup>148</sup> National Nutrition Survey 2011. p. 56.

<sup>149</sup> National Nutrition Survey 2011. p. 58.

The Nutrition Survey says that robust interventions and strategies are still needed to counter the problem of malnutrition in Pakistan. The key to the success of strategies, it says, is the willingness of government and policy makers to prioritize the importance of the issue and deal with it as a major public health problem.

Pakistan's high rates of child mortality, with malnutrition and preventable diseases being key contributing factors, can be addressed by implementing a number of approaches in health, nutrition, water and sanitation. Exclusive breastfeeding for the first six months of an infant's life remains essential, and this became even more urgent in the wake of the 2010 floods, when nutritious food supplies, sanitation facilities and access to safe drinking water became elusive for millions. Breastfeeding, particularly exclusive breastfeeding, providing critical protection for infants from infection in environments lacking safe water supply and sanitation.<sup>150</sup>

Even in normal times, the lack of exclusive breastfeeding and the use of unhygienic bottles, milk formula and teats making children more susceptible to child-killing diseases such as diarrhoea, pneumonia, respiratory infections and under-nutrition. Breastfeeding is directly linked to reducing the numbers of children who die before their fifth birthday.<sup>151</sup>

According to the 2011 Nutrition Survey, the proportion of infants under six months of age who are exclusively breastfed rose from 24 per cent overall in the baseline year of 2003 to 65 per cent overall (68 per cent in rural areas and 59.5 per cent in urban areas) in 2010. Communication programmes for behavioural change are cited as contributing to that improvements.<sup>152</sup>

#### 5.4.3 Immunization and disease control

Vaccination rates for childhood diseases have remained fairly steady around 70-75 per cent since 1990 (with a steep dip in 2001 and a reported increase to 81 per cent according to the PSLM in 2011), but still fall 10 points short of the target of 90 per cent set both in the Medium Term Development Framework and the MDGs for Pakistan. According to the 2010 Pakistan MDG Report, the proportion of children 12-23 months of age who are fully immunized, according to various surveys, went from 75 per cent in 1990-91 (the baseline set by the health section of the Planning Commission) to 71 per cent in 2005-06 (PSLM) and 78 per cent in 2008-09 (PSLM) before reaching the 81 per cent mark reported in PSLM 2011.<sup>153</sup>

Because different immunization centres use different methods for recording vaccinations (and some rely not on "record" but on "recall", verbal reports based on the duty-bearer's recollection of a child's immunization history, it is difficult to determine the true vaccination coverage rate for Pakistani children as a whole. Coverage rates vary not only from district to district but also between urban and rural areas within districts.<sup>154</sup> Urban-rural disparities for all immunizations are about 20 per cent: urban coverage is estimated at 60 per cent, and rural areas have 45 per cent coverage.<sup>155</sup>

Pakistan's Expanded Programme on Immunization (EPI) involves administering BCG/OPV at birth, three doses of DPT/OPV/Hepatitis B vaccines (at 6, 10, and 14 weeks of age), and measles vaccine at 9 and 15 months; these are usually administered at primary health centres. Supplementary vaccination activities are undertaken through outreach efforts such as NIDs.<sup>156</sup> (Trends in immunization coverage by province are analyzed in the provincial reports included in this SitAn.)

<sup>150</sup> WHO and UNICEF: Twenty-two per cent of newborn deaths could be prevented by exclusive breastfeeding, Press release, UNICEF Pakistan, Media Centre, 4 August 2011.

<sup>151</sup> Ibid.

<sup>152</sup> UNICEF, Consolidated Results Report, 2004-2008 Country Programme Cycle, January 2012.

<sup>153</sup> Pakistan MDG Report 2010 (except for 2011 figure).

<sup>154</sup> Cockcroft, Anne, et al., "One size does not fit all: local determinants of measles vaccination in four districts of Pakistan", BMC International Health and Human Rights, BioMed Central Ltd., vol. 9 (Supp.), no. 54, 2009, available at [www.biomedcentral.com/1472-698X/9/S1/54](http://www.biomedcentral.com/1472-698X/9/S1/54).

<sup>155</sup> There was no real change in coverage rates, nor in urban-rural disparities, between data from the PSLM surveys of 2004-05, 2006-07 and 2008-09, respectively.

<sup>156</sup> Owais, A., Hanif, B., et al., "Does improving maternal knowledge of vaccines impact infant immunization rates? A community-based randomized-controlled trial in Karachi, Pakistan", BMC Public Health, 11:239, 2011, [www.biomedcentral.com/1471-2458/11/239](http://www.biomedcentral.com/1471-2458/11/239).

Key issues in analysing immunization programmes include the declining coverage rates, the quality of the vaccine cold chain and immunization safety. A major concern is the underperformance of the immunization network. According to one report, “political influences regarding appointments and postings of vaccinators, and absenteeism among the staff who are politically supported” are a serious concern. Other factors include the absence of adequate support to vaccinators to carry out outreach vaccinations, an inadequate incentive structure, inadequate engagement of health facility managers in immunization, and lack of control over immunization staff in the hands of district and facility managers.<sup>157</sup>

Factors affecting immunization completion rates include low parental (specifically maternal) literacy, and lack of knowledge of vaccines and immunization schedules. Factors contributing to increased immunization drop-out rates include difficulty of access to healthcare services and, on the supply side, inadequate supervision of healthcare staff at health facilities.<sup>158</sup> One recent study carried out in Sindh found that providing vaccine-related targeted education to mothers at home was an effective way of improving childhood immunization rates in low-literacy settings. Educational interventions have been successful in raising awareness and increasing demand for vaccination.<sup>159</sup>

The security situation in the country also affects immunization coverage. Conflict and unrest can hinder access to immunization services. The humanitarian response to recent natural disasters such as earthquakes and floods resulted a marked increase in immunization coverage in the affected areas. In the wake of the 2010 flood disaster, for example, a decision was taken early to immunize all children in the affected districts. The comprehensive, phased campaign was conducted in 70 flood-affected districts and reached 10.5 million children (93 per cent of those aged 6-59 months) with measles vaccination and 11.7 million (98 per cent of those aged 6-59 months) with polio vaccine. Nearly 12 million children in that age group also received vitamin A supplementation during the November 2010 NIDs.<sup>160</sup>

#### 5.4.4 Measles control

Measles immunization rates in Pakistan as a whole increased only marginally (from 78 to 79 per cent of children under one year of age) between 2004-05 and 2008-09. The rate declined in all provinces except Punjab, where it increased by only 1 per cent, from 85 to 86 per cent. Measles immunization coverage in Balochistan declined from 62 to 44 per cent of children under one between the two periods.<sup>161</sup>

In a 2009 study in four districts in the four provinces, researchers found variations in measles vaccination coverage of between 50 and 86 per cent of children aged 12-23 months. In the study sample, between 17 to 61 per cent of mothers had formal education, and it was found that children were more likely to have received measles vaccination if the mother had any formal education, if she knew at least one vaccine-preventable disease, and if she had not heard of any side effects of vaccination. Proximity (within 5 kilometres) to a vaccination facility and informational visits by LHWs were also associated with vaccination coverage.<sup>162</sup>

#### 5.4.5 Polio eradication

The resurgence of polio in Pakistan continued in 2011, despite a National Emergency Action Plan put into effect at the start of the year, and the scaled-up efforts of the federal and provincial governments, with UNICEF, the World Health Organization (WHO) and other partners, to contain the spread of the virus to new districts and regions of the country. (*For a complete report, see Special Focus on polio, below.*) As of 31 December, a total of 198 wild poliovirus cases (196 cases of type 1 and two cases of type 3) had been

<sup>157</sup> Mangrio, N.K., Alam, M.M. and Shaikh, B.T., “Is Expanded Programme on Immunization doing enough?”, *Journal of Pakistan Medical Association*, vol. 58, no. 2, February 2008, pp. 64-67.

<sup>158</sup> Owais, A., et al., *BMC Public Health*, 2011, op. cit.

<sup>159</sup> *Ibid.*

<sup>160</sup> UNICEF, *One Year After the Floods – Turning towards a Brighter Future*, report, August 2011.

<sup>161</sup> *Pakistan MDG Report 2010*.

<sup>162</sup> Cockcroft, A., et al., *BMC International Health and Human Rights*, 2009, op. cit.

reported in 2011, in 62 districts spread across all seven provinces/areas of the country.<sup>163</sup> This compared with 144 cases (120 type 1 and 24 type 3) in 2010.<sup>164</sup> Pakistan remained one of only four countries in the world where polio remained endemic and 2011 it saw the only cases in the world of wild poliovirus type 3, a strain that is on the verge of elimination in Asia. As of 28 January 2012, seven new cases of type 1 have been reported in six districts in 2012.

A Polio Eradication Initiative was launched in Pakistan in 1994, 15 years after the launch of the EPI. Since 2000, the Polio Eradication Initiative had been following the successful approach in developed countries supplementing routine polio immunization with huge country-wide campaigns several times a year to deliver drops of oral polio vaccine to every child under the age of five years, with nationwide coverage funded by the Global Polio Eradication Initiative – a global partnership of WHO, UNICEF, the Centers for Disease Control and Prevention, Rotary International and other major donors.

The initial success of the Polio Eradication Initiative in Pakistan was remarkable. The number of confirmed cases of poliomyelitis based on acute flaccid paralysis surveillance data from across the country declined from 1,155 cases in 1997 to 28 in 2005 – the lowest ever recorded in one year.<sup>165</sup>

However, as the 2011 figures suggest, since 2007 there' has been a resurgence of polio cases, both in aggregate terms and in relation to geographical spread. The Polio Eradication Initiative is seen as well-funded, while the public infrastructure through which it is delivered remains under-funded.<sup>166</sup> Institutionalized malpractice, mostly geared towards pilfering resources, remains a challenge for the government.<sup>167</sup>

One success achieved in 2011 was to win over tribal and religious leaders in KP and FATA in support of the immunization campaign – a vital element in overcoming what had been a persistent pattern of refusal by parents to have their children vaccinated. Vaccine refusals had previously been on the increase in response to a disinformation campaign by militant forces in the region, who had warned the population against vaccination, arguing that it was part of an anti-Muslim campaign.

<sup>163</sup> World Health Organization, Weekly Epidemiological Bulletin: Disease early warning system and response in Pakistan, vol. 3, issue 4, 1 February 2012.

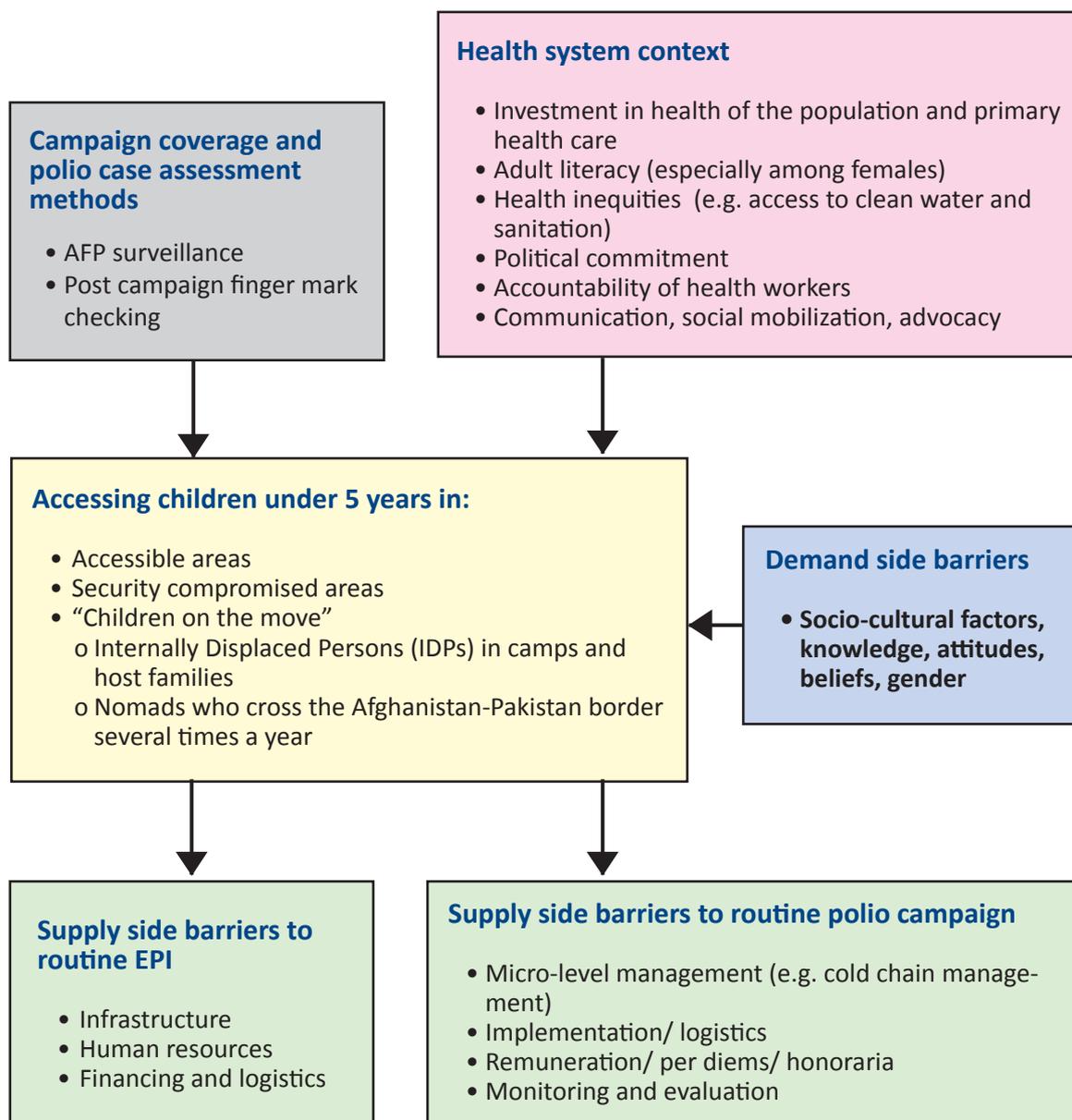
<sup>164</sup> World Health Organization, Weekly Epidemiological Bulletin: Disease early warning system and response in Pakistan, vol. 3, issue 1, 10 January 2012.

<sup>165</sup> Nishtar, Sania, "Pakistan, Politics and Polio", Bulletin of the World Health Organization, vol. 88, no. 2, February 2010, pp. 159-160.

<sup>166</sup> Ibid.

<sup>167</sup> Society for the Protection of the Rights of the Child (SPARC), The State of Pakistan's Children 2006.

**Figure 5.4: Barriers to poliovirus eradication in Pakistan<sup>168</sup>**



<sup>1</sup>With the exception of AFP surveillance which has deteriorated due to security issues.

Source: Global Polio Eradication Initiative, [www.polioeradication.org](http://www.polioeradication.org)<sup>169</sup>

<sup>168</sup> AFP (acute flaccid paralysis) surveillance is critical for documenting the absence of poliovirus circulation for polio-free certification.

<sup>169</sup> Independent Evaluation of Major Barriers to Interrupting Poliovirus Transmission in Pakistan, Final report, 20 October 2009.

## SPECIAL FOCUS: Polio's resurgence in Pakistan not yet conquered

Over the course of 2011, and even into 2012, the persistent transmission of polio in Pakistan showed no sign of abating, despite a National Emergency Action Plan (NEAP) put into effect at the start of the year, and the scaled-up efforts of the federal and provincial governments, with UNICEF, the WHO and other partners, to contain the spread of the virus to new districts and regions of the country.

According to the WHO, the number of reported cases in 2011 stood at 198 in 62 districts, compared with 144 cases in 42 districts during 2010.<sup>170</sup> Pakistan had the most cases of any of the four countries in the world where polio remained endemic (the others were Afghanistan, India and Nigeria) and in 2011 Pakistan saw two cases of wild poliovirus type 3 – a strain that was on the verge of elimination in Asia. (India's last reported case of polio was on 13 January 2011 and the country officially marked one year as "polio free" when no additional new case was reported by 12 January 2012, thus reducing the global number of endemic countries to three.)

On 24 November 2011, Pakistan's prime minister chaired the second meeting of his Task Force on Polio Eradication to review progress in implementation of NEAP. The Task Force endorsed several important revisions to the NEAP to increase focus and accountability in districts and union councils at greatest risk for continued virus circulation. The UNICEF Country Office for Pakistan assessed that NEAP had improved accountability and ownership at the provincial and district levels but had not yet fully taken hold at the critical union council level.

The draft government strategy for scaling-up NEAP, to be launched in January 2012, would admit that implementation of the plan in 2011 had been inadequate and that eradication efforts in key high-risk areas in Balochistan and Sindh had been "persistently poor".<sup>171</sup> The virus, which had circulated in five high-risk districts in Balochistan, had spread to districts previously not infected for the past five years, including Khuzdar, Nushki and Kohlu. According to figures for 2011 reported by WHO in January 2012, there were 73 reported cases in Balochistan in 2011, 59 cases (including two cases of the type 3 virus) in the FATA, 33 in Sindh, and 23 in KP. Even remote GB had one case. Punjab, with 60 per cent of Pakistan's population, reported only nine cases.<sup>172</sup> There were no cases of polio reported in either AJK or Islamabad.

The WHO reported in September 2011 that supplementary immunization activities (SIAs) in Pakistan had been "inadequate in quality in key high-risk areas", noting that more than 200,000 children had been regularly missed during SIAs conducted over the previous two years in security-compromised parts of FATA – in particular in Khyber Agency.

"In addition to challenges relating to reaching children in insecure areas of KP and FATA, significant operational challenges continue to mar the quality of SIAs in accessible areas of KP and in other key transmission areas of the country, notably in the provinces of Balochistan and Sindh," the WHO report added, warning that undetected circulation could not be ruled out due to persistent sub-national surveillance gaps.

In October 2011, an independent monitoring board convened by the worldwide polio-eradication initiative delivered a report on the global effort that described the situation in Pakistan as "dire", saying that it "risked being the last country on the earth to host polio". The board's report said that Pakistan's president and prime minister were committed to eradicating polio, "but the actions of thousands of workers beneath are not in line with this commitment." It described the problem as "one of people management".<sup>173</sup>

<sup>170</sup> World Health Organization, Weekly Epidemiological Bulletin: Disease early warning system and response in Pakistan, vol. 3, issue 4, 1 February 2012.

<sup>171</sup> Government of Pakistan, Augmenting the National Emergency Action Plan for Polio Eradication in 2012, draft, Islamabad, January 2012.

<sup>172</sup> World Health Organization, Weekly Epidemiological Bulletin: Disease early warning system and response in Pakistan, vol. 3, issue 4, 1 February 2012.

<sup>173</sup> Independent Monitoring Board of the Global Polio Eradication Initiative, Report, October 2011.

#### 5.4.6 Maternal and neonatal tetanus elimination

Neonatal tetanus is a major cause of death of both infants and mothers, and one that can be easily avoided by providing the mother with two doses of TT during pregnancy, together with clean birth practices. Not receiving TT vaccine greatly increases the risk of infections at birth, and puts both mother and child at risk, raising the MMR and IMR alike.

TT vaccination can be included as part of the EPI. At present, the rate of TT coverage of pregnant women overall in Pakistan is about 62 per cent. Balochistan has the lowest provincial rate of women receiving two TT injections (29.7 per cent), far below the second lowest (KP – 43.2 per cent).

Even the highest rate of TT injections in Balochistan (Kech district) is only 57 per cent. In Quetta, coverage is only 36 per cent, which means that two out of every three women do not receive TT injections. Seven districts report a rate lower than 10 per cent. Contributing factors to this could be vaccine non-availability, lack of storage facilities, lack of awareness or the high cost associated to vaccine procurement and storage.

Reasons for women not getting TT coverage include a lack of access to antenatal care, fear of side effects, a lack of local (and especially female) vaccinators and poor record keeping of doses by the recipients.<sup>174</sup>

#### 5.4.7 HIV/AIDS

The first case of HIV in Pakistan was reported in 1987. For more than a decade after that, most new infections occurred in Pakistani migrant workers who had been exposed to the disease while abroad. Since 1999, however, infections have increased among other high-risk groups, including IDUs, commercial sex workers and prison inmates.<sup>175</sup> The latest UNAIDS figures estimate the number of HIV/AIDS cases as bordering on 96,000, and a prevalence rate of less than 0.1 per cent.<sup>176</sup> Under-reporting and limited surveillance mean that the actual number of infected is likely to be much higher.

In recent years, new HIV outbreaks have been reported from all major cities of Pakistan, including Lahore, Karachi and Hyderabad. The patterns of HIV transmission in Pakistan are similar in many ways to those in other parts of Asia. The virus traverses the barrier from high-risk communities to the mainstream population, and once this leap has occurred, the increase in HIV incidence is swift and uncontrollable. Seeing a similar pattern, India experienced an explosive spread of HIV/AIDS in the early 1990s. Ironically, the same HIV risk communities that fuelled India's epidemic, mainly IDUs, are showing a high HIV prevalence in Pakistan as well.<sup>177</sup>

An epidemiological study published in July 2011 said that in the two decades since reports emerged of HIV epidemics among IDUs in Pakistan, "concentrated epidemics" had been observed among several other high-risk groups, including men who have sex with men (MSM). Since communities of IDUs and MSM are known to interact through overlapping risk behaviours (needle-sharing, sexual contact, etc.), infection may "spill over" from one of those groups to another, and even to their female spouses and children. The study concludes that HIV control and awareness programmes in Pakistan "must be refocused to include IDUs, MSM, as well as bisexual MSM, and their spouses and children".<sup>178</sup>

In October 2011, the chief of UNICEF's health and nutrition section in Pakistan said that HIV/AIDS had "become a family disease" in KP and FATA, where infected men were transmitting the disease to their wives,

<sup>174</sup> Siddiqi, N., Khan, A. and Nighat, N., "Assessment of EPI (Expanded program of immunization) vaccine coverage in a peri-urban area", *Journal of Pakistan Medical Association*, vol. 57, no. 8, August 2007.

<sup>175</sup> United States Agency for International Development (USAID), Pakistan, HIV/AIDS Health Profile, fact sheet, USAID/Pakistan, Islamabad, November 2010.

<sup>176</sup> Director General Health Services, 2010: [http://www.dghs-punjab.com.pk/hiv\\_aids\\_control\\_programme.html](http://www.dghs-punjab.com.pk/hiv_aids_control_programme.html).

<sup>177</sup> Rai, M.A., Rajabali, A., et al., "Educating the power: HIV/AIDS and parliamentarians of Pakistan", *Health Research Policy and Systems*, vol. 7, no. 20, September 2009.

<sup>178</sup> Khanani, M.R., Somani, M., et al., "The Spread of HIV in Pakistan: Bridging of the Epidemic between Populations", *PLoS ONE*, vol. 6, no. 7, 25 July 2011, [www.plosone.org/article/info:doi/10.1371/journal.pone.0022449](http://www.plosone.org/article/info:doi/10.1371/journal.pone.0022449).

who then produced HIV-infected children. Inaugurating a family-care centre for HIV/AIDS at the Hayatabad Medical Complex in Peshawar, Dr. Mohamed Cisse said the stigma attached to HIV/AIDS prevented men from informing their wives that they were infected. He said that 800 HIV/AIDS cases had been reported in KP/FATA, and the number could be more if all vulnerable people were tested.<sup>179</sup>

Among the serious risk factors that put Pakistan in danger of experiencing a rapid spread of the epidemic, apart from behaviour patterns among the highest-risk groups, are low levels of literacy and education (particularly among women), and vulnerability arising from social and economic disadvantages. Restrictions on women's and girls' mobility limit access to information and to preventive and support services; young people are vulnerable to influence by peers, and both men and women from impoverished households may be forced into high-risk activity, such as sex work, to generate income.<sup>180</sup>

Pakistan's Enhanced HIV and AIDS Control Programme supports 15 treatment and care centres nationwide. These centres provide comprehensive HIV care services including free antiretroviral therapy, free advanced HIV diagnostics such as CD4 and HIV viral load testing, management of HIV-related opportunistic infections and counselling services to HIV-positive people. At present, nearly 4,000 persons living with HIV are receiving care, of whom 1,725 are receiving life-saving antiretroviral therapy.<sup>181</sup> Under the guidance of the Federal Programme, the Government of Punjab runs the Punjab AIDS Control Programme (PACP). The programme focuses on providing services to the vulnerable population, categorized as high-risk groups including female sex workers, men having sex with men and/or *hijras* (transgendered persons or transsexuals), IDUs, prisoners and long-distance truck drivers.

**Table 5.1: HIV estimation factsheet**

Deaths due to HIV	98,000
Number of people living with AIDS	95,000
Adults (15-49) prevalence rate	0.1 per cent
Children (0-14) living with AIDS	Not available

Source: Factsheet UNAIDS 2009

There is no data available for children living with HIV/AIDS, and this inhibits planning strategies for this vulnerable group. In its last periodic report to the UN CRC (2009), Pakistan reported that, together with UNICEF and other partner agencies, it was pursuing life-skills knowledge and HIV and AIDS prevention strategies aimed at adolescents. It also referred to a "dialogue with religious leaders" involving seminars on child protection rights, "including prevention of HIV".<sup>182</sup>

Indeed, an "Inter-Religious Council for HIV and AIDS" (later the Inter-Religious Council for Health) was formed in 2005 under the joint sponsorship of the National AIDS Control Programme (NACP) and UNICEF, and it sponsored a ground-breaking series of workshops with religious leaders to engage them in the campaign to prevent and control the spread of HIV and AIDS in Pakistan. This resulted in an assessment of the role of Muslim clerics and community leaders in imparting information (or at least not imparting "disinformation") about HIV and AIDS, particularly with regard to young people and adolescents. It also produced a "tool kit" for "addressing the pandemic from a conservative Islamic perspective that still presents its scientific dimension."<sup>183</sup>

<sup>179</sup> "Aids a 'family disease' in KP, tribal areas", Dawn newspaper, 5 October 2011, <http://www.dawn.com/2011/10/05/aids-a-family-disease-in-kp-tribal-areas.html>.

<sup>180</sup> World Bank, HIV/AIDS in Pakistan, fact sheet, August 2006, <http://siteresources.worldbank.org/INTSAREGTOPHIVAIDS/Resources/HIV-AIDS-brief-August06-PAK.pdf>.

<sup>181</sup> Government of Pakistan, Ministry of Inter-Provincial Coordination, National AIDS Control Programme, "HIV Care and Support", [http://www.nacp.gov.pk/programme\\_components/hiv\\_prevention/hiv\\_care/](http://www.nacp.gov.pk/programme_components/hiv_prevention/hiv_care/).

<sup>182</sup> United Nations, Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Third and fourth periodic reports of States parties due in 2007: Pakistan (unedited), 52nd session, UN document CRC/C/PAK/3-4, 19 March 2009, pp. 58-9.

<sup>183</sup> National AIDS Control Programme (NACP) and UNICEF, Working with Religious Leaders on HIV & AIDS in Pakistan: Challenges and Perspectives, Dr. Farid Esack, ed., NACP/UNICEF, Islamabad, 2008. Available from UNICEF.

**Conservative culture and contraception:** Sexually transmitted diseases (STDs) are difficult to address in Pakistan's conservative context. Rural women in particular have little understanding of HIV/AIDS, and other STDs; use of contraceptives is consequently poor. There is the further cultural inhibition of contraceptive use, along with the domination of men as decision makers in such matters. The use of contraceptives is being advocated through family planning campaigns, and the need for STD prevention through contraceptives is not being highlighted.

Data from an LHW effectiveness study<sup>184</sup> suggests that the higher level of contraceptive use seen in rural areas has occurred after the introduction of the LHWs, and is consistent with the hypothesis that LHWs have played a role in increasing contraceptive use in the population that they serve.

Only 23 per cent of women know of safe sex as a preventive measure for HIV/AIDS.<sup>185</sup> The least awareness of AIDS (below 15 per cent) is found in Lodhran, Pakpattan, Kasur and Rajanpur districts.<sup>186</sup> Kasur is especially worrying because of its close proximity to districts that are known for high HIV prevalence among IDUs.

It is unlikely that even if women were aware of contraception, they would demand it. Thus it is likely that any behaviour change to protect women from STDs will have to come from men.

Given the culturally sensitive nature of the topic, AIDS prevention programmes are closely coordinated and co-designed with NGOs. Several public-private partnerships to this effect have been signed and are under implementation in Punjab. Services for high-risk groups are initially being provided in Lahore, Multan, Faisalabad, Sargodha and Sialkot, and the PACP plans to expand to other districts. The area of focused HIV prevalence in Punjab among IDUs is in Lahore and Faisalabad. There are seven centres for the Prevention of Parent to Child Transmission of HIV (PPTCT): two each in Lahore and Karachi, and one each in Islamabad, Peshawar, and Quetta. They provide diagnosis, free antiretroviral treatment (ARV), and counselling, as well as referral services for mothers with HIV.

There is a slow increase planned for blood screening for hepatitis and HIV at the tertiary care level. This is linked to government health service plans to generate a data bank of carriers and affected populations. However, sole reliance on these statistics offers a gross underestimation of actual prevalence rates because it does not take into account blood screening through private diagnostic laboratories, which are extensive in the province. The expansion of public health care would allow people from low-income households to be screened without having to pay.

#### 5.4.8 Hepatitis

Hepatitis is a brewing epidemic in Punjab, among urban and rural populations alike. The incidence of hepatitis A and B as a water-borne disease is higher among dense populations with poor sanitation and drainage systems.

Hepatitis C, the more virulent strain, is transmitted through blood. The incidence of hepatitis C is therefore very high among IDUs, and is also rampant among patients who have had blood transfusions. MICS 2007-08 has recorded an inter-district sampling of diagnosis of hepatitis. The highest reported incidence was 1.2 per cent diagnosed in the last year in Muzaffarabad and Lahore, followed by 1.0 per cent in Rahim Yar Khan.<sup>187</sup>

<sup>184</sup> Douthwaite, Megan and Ward, Patrick, "Increasing contraceptive use in rural Pakistan: an evaluation of the Lady Health Worker Programme", Health Policy and Planning, UK, vol. 20, no. 2, March 2005.

<sup>185</sup> Government of Punjab, Multiple Indicator Cluster Survey (MICS): Punjab 2007-08, Vol.1 Provincial Report, Bureau of Statistics, Planning and Development Department, Lahore, 2009 (hereinafter MICS Punjab 2007-08), p. 37.

<sup>186</sup> MICS Punjab 2007-08, p. 37.

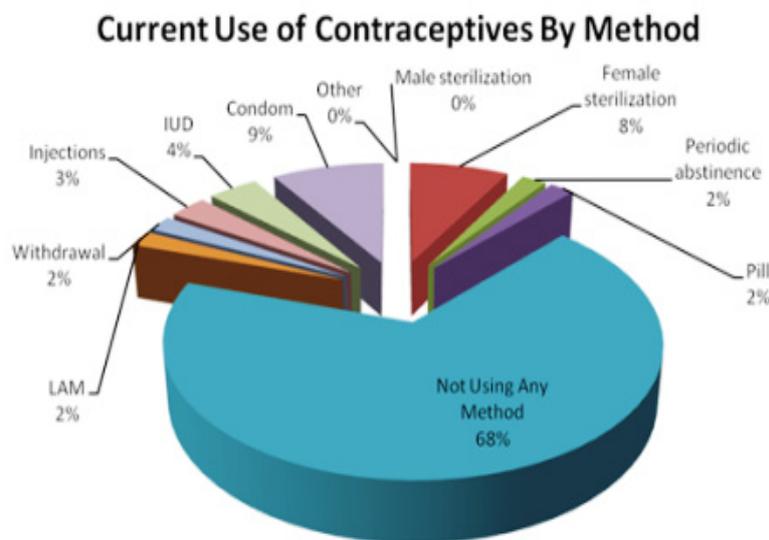
<sup>187</sup> MICS Punjab 2007-08, Table HC: 1.

Studies indicate a 4-6 per cent prevalence rate in Pakistan; one sample in Hafizabad, Punjab showed a prevalence rate of 6.5 per cent.<sup>188</sup> The Hafizabad study showed that patients who have ever received more than four injections were 9-11 times more likely to develop the hepatitis C strain. Drug injection and sexual contact produced 31.6 and 3.0 per cent greater chances of hepatitis C infection, respectively.

Most of the risk factors are related to poor hygiene and accountability in healthcare institutions. While no disaggregation is available for public and private healthcare institutions, the need to address the issue at both is apparent. Laboratories often do not have the funding, equipment, staff resources, and systems for routine checking of blood donations for hepatitis C, HIV/AIDS and other blood-transmitted diseases. Hepatitis is also being spread by poor waste management and sterilization at hospitals (public and private). The Punjab health authorities are addressing these and other causes through the institutionalization of standardized operating procedures (SOPs) for medical practitioners and the implementation of minimum service delivery standards at all public hospitals.

The Government of Punjab has allocated Rs. 2.2 billion for the period 2009-2012 for a hepatitis prevention and treatment campaign to improve blood screening; establish a patient data bank; provide medication to high-risk groups, including the newborns of hepatitis-carrier mothers, and improve hospital waste management.<sup>189</sup>

**Figure 5.5: Type of contraceptive used (%)**



Source: Punjab MICS 2007-08

## 5.5 Health service delivery gaps

Both external and internal factors have combined to slow progress in Pakistan on improving child health outcomes. External factors include elements of the social determinants of health, including widespread illiteracy, gender inequality and lack of access to health care, which greatly influences health-seeking behaviours. Other factors include lack of access to safe drinking water and sanitation, food insecurity and, overall, pervasive poverty which create challenges which even the most efficient healthcare system would find difficult to overcome. Inherent factors contributing to the inadequate performance of the health sector are deep rooted.<sup>190</sup> According to the MDG Report 2010, they include:

<sup>188</sup> Ghias, Muhammad and Pervaiz, Muhammad Khalid, "Identification of epidemiological risk factors for hepatitis C in Punjab, Pakistan", Journal of Ayub Medical College, Abbottabad, vol. 21, no. 2, 2009, pp. 156-161.

<sup>189</sup> Director General Health Services, 2010, [http://www.dghs-punjab.com.pk/hepatitis\\_program\\_future\\_plans.html](http://www.dghs-punjab.com.pk/hepatitis_program_future_plans.html)

<sup>190</sup> Pakistan MDG Report 2010.

- “weak management and governance systems, partially functional logistics and supply systems, poorly motivated and inadequately compensated staff, lack of adequate supportive supervision, lack of evidence-based planning and decision-making, low levels of public sector expenditures and their inequitable distribution”<sup>191</sup>

The distribution of resources imposes limitations from the start, by designating an estimated 85 per cent of Public Sector Development Programme allocations to preventive rather than curative programmes, and of this some 80 per cent goes to staff salaries. Health care mainly focuses on diagnosis and treatment. Preventive programmes are mostly vertical and are not integrated at lower levels of service delivery, such as the district and tehsil (municipality) levels. Poor delivery of social services generally, including safe water and sanitation, create circumstances in which most families, especially the poorest ones, are particularly susceptible to communicable diseases, poor nutrition and, most of all, child-killing illnesses.<sup>192</sup>

## 5.6 Health expenditure

Per capita expenditure on health is US\$ 64, and expenditure on health amounts to 4 per cent of total government expenditure (2007 figures).<sup>193</sup> Out-of-pocket expenditure as a percentage of total health expenditure is reported by UNICEF to be 57 per cent (2007)<sup>194</sup> and by United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) to be as high as 98 per cent (2009),<sup>195</sup> making health care virtually unaffordable to poorer families.

An unregulated private sector and a lack of restraint on public sector health providers privately practicing is a major reason : for a high out-of-pocket health expenditure burden for the poor; dysfunctional public-sector facilities; and private practices with low standards of care which can contribute to health risks such as the spread of blood-borne infections such as hepatitis B and C.

## 5.7 Energy crisis

Pakistan’s chronic energy shortages and frequent power cuts (“load shedding”) affect health care in all imaginable ways. They affect tertiary level diagnostics and treatment, but also adversely affect the cold-chain storage of medicines and vaccines in primary level BHUs and RHCs.

## 5.8 Rationalization of health facilities

The under-utilization of government health facilities as evidenced by most health statistics means that the government needs to justify the establishment of more BHUs and RHCs.

According to a recent study, 21 per cent of BHUs do not have female staff.<sup>196</sup> This in large part explains the under-utilization of these health facilities by women in rural areas, where cultural and religious considerations deter women from consulting male doctors.

Conflict zones also have a serious shortage of female staff and medical doctors. NGO workers providing basic health care have also stepped back after incidents of violence resulting in loss of life for NGOs. FATA, KP and AJK particularly suffer from the poor availability of medical personnel.

A major reason for low utilization of public sector healthcare facilities is because doctors assigned to rural facilities are sent on “detailment” to urban centres where they can do private practice, while continuing to

<sup>191</sup> Ibid.

<sup>192</sup> Ibid.

<sup>193</sup> UNICEF, Countdown to 2015: Tracking Progress in Maternal, Newborn & Child Survival: The 2008 Report, UNICEF, New York, 2008.

<sup>194</sup> Ibid.

<sup>195</sup> UN Social and Economic Commission for Asia and the Pacific (ESCAP), Statistical Yearbook for Asia and the Pacific 2009, which cites WHO Statistical Information System (WHOSIS), Core Health indicators Database.

<sup>196</sup> Nishtar, Sania, Bulletin of the World Health Organization, 2010, op. cit.

draw a salary from the allocation of funds for the under-served area. There is no, or inadequate, incentive for skilled personnel to work in rural areas and without some form of compensatory allowance, and the result is rural facilities without doctors. This is a consequence of the absence of a forward looking policy for long-term human resources development, in the health sector.

The Sindh Health Policy recognizes this as an issue and commits to: a) address rural urban gaps, b) regulate the private sector, c) develop incentive packages for healthcare providers serving in rural areas; and d) develop career structures for healthcare providers. But no significant efforts in that direction are yet visible, and this has not been implemented.

Even with the devolution, the vertical health programmes maintain their old structure and functions. The persistence of multiple vertical programmes and the lack of long-term sector-wide development planning present a challenge that needs to be confronted through serious sector reforms at province level.

Gaps in health policies, structures and practices may overlap in ways that fail to maximize the effect of maternal and child healthcare services. For example, the government has adopted IMNCI as a strategy, but it is not always practised in health facilities, including those that have staff trained in IMNCI. Sometimes this fragmentation leads to underperformance. For example, accountability for immunization services delivery can be fragmented at union council level between the vaccinators (who are part of the district EPI), LHWs (who are under the control of district LHWs) and the health facilities managers, who are under the control of the district medical officers. The net result is that no-one is accountable for coverage in that geographic area.

Similarly, in sector reform agendas (or strategies), immunization functions are seen as part of a “service package”. But the delivery strategy for the package, and how the special immunization functions such as vaccine cold-chain management will be handled, are not clear. These issues need attention as future strategies, structures, policies and budgets are developed.<sup>197</sup>

## 5.9 Health equity issues

The need to increase the utilization of public-sector health facilities and to take the private sector on board is very much understood by the Pakistan Government and healthcare providers. It is recognized that greater utilization of public and private sector health facilities alike is possible only by raising the confidence of the people through the introduction of quality of care measures (and making them more widely known and understood, particularly among the rural populations where low literacy rates prevail).

Quality of care needs to be regulated through accreditation of health facilities. This is again a policy decision and once this policy decision is made, benchmarking the quality of care in public and private health facilities and developing a sound system of monitoring quality of care through regular supervisory visits would have to be mandated. Discontinuation of health facilities with below standard services would go a long way in improving quality of health care services in the country.<sup>198</sup>

Still, there is no guarantee that the poor and marginalized would be able to make use of health services due to the all-too-familiar constraints that have long prevailed in many areas of Pakistan: lack of access to health facilities, lack of awareness about available facilities and above all lack of finances. As the greatest burden of ill-health is among the poorest quintile of the population, reductions in the disease burden among that group of people would have relatively larger impact on national disease burden scenario: such is the classic equity formulation. Policy decisions such as the provision of free maternal and child health

<sup>197</sup> Based on comments received from UNICEF Country Office Health section.

<sup>198</sup> Alam, Ali Y., “Health equity, quality of care and community based approaches are key to maternal and child survival in Pakistan”, *Journal of Pakistan Medical Association*, vol. 61, no. 1, January 2011.

care services in Pakistan, demand-side financing programmes such as voucher schemes, and other measures to support the poor and vulnerable would go a long way toward ensuring more equitable health care services.

Pakistan with a predominantly rural set-up, community empowerment would go a long way in health services utilization through village committees. Identification of deserving and the needy families, village fund generation and maintenance, establishing community transport system for emergency transport to health care facilities are the actions which the district/union council authorities should pursue without further delay. All these community actions would strengthen the actions being taken by the government in improving maternal and child health care services in the country and improving the prospects for meeting the health-related MDGs.<sup>199</sup>

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<sup>199</sup> Ibid.

## CHAPTER SIX: The Nurturing Environment for Children and Women: EDUCATION



## 6. The Nurturing Environment for Children and Women

Education is a fundamental right that is guaranteed by the constitution of Pakistan, which states that “the state shall remove illiteracy and provide free and compulsory secondary education within minimum possible period”.<sup>200</sup> The passage of the 18<sup>th</sup> Amendment not only made education a provincial subject, but also guarantees the right to free and compulsory education to all children aged 5 to 16 years in Pakistan (Article of 25-A). This free and compulsory education is to be provided by the state, which by definition includes both federal and provincial governments.

Universal access to basic education, the completion of primary education and gender parity in primary education are important targets for the MDGs (Goals 2 and 3). Education is a vital prerequisite for other development initiatives including combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment and influencing population growth. Thus it plays a key role in child survival and development. In particular, girls’ education remains highly correlated with reduced child mortality, as well as improved child health and nutrition for subsequent generations of children.

Although Pakistan has made some progress in terms of access to education and increased enrolment in schools – children are more likely to go to school today than in previous generations – education performance across the country remains marked by deep disparities based on multiple factors, including gender, wealth, location, religion, ethnicity.

Official data sources such as PSLM and MICS confirm that people with the lowest levels of education are largely found in the poorest segment of the population and children growing up in households whose members have low education levels are themselves among the most excluded from education. Disparities in access and gender continue to be significant across the districts, income and the urban/rural divide.

Such disparities are part of a pattern of inequality that is strongly correlated with wealth, linked to regional inequalities across and within provinces. Hence, a large proportion of the literate population is concentrated in the urban centres and provincial capitals. The areas with low literacy are also backward in terms of economic development.

Moreover, there are deep concerns about the quality of the education that is provided. There are large deficits in basic infrastructure and teaching materials, and fundamental weaknesses in the systems for training, engaging and managing teachers. The available assessments indicate very poor levels of learning attainment. There is also very limited attention to the educational needs of children with disabilities, and policy statements are often not matched by effective action. Gender inequalities have received the most international attention, and, despite some progress, the gender gaps remain substantial.

Pakistan today faces serious challenges to its development, which have severely and adversely impacted progress towards meeting the EFA goals and MDGs. In late 2005, a severe earthquake in the northern and north western parts of the country destroyed a large number of schools, hospitals, roads and other infrastructure. Damage assessments of the education sector indicated large-scale destruction at all levels, with 95 per cent of the schools damaged in the AJK region<sup>201</sup> and with an estimated 853 teachers and 18,095 students having lost their lives.<sup>202</sup>

This was followed by the international economic meltdown, coinciding with a period of political instability

<sup>200</sup> Constitution of Pakistan, Chapter 2, Article 37-b.

<sup>201</sup> Nusrat, Rabia and Jamil, Baela Raza, “Earthquake and Education in Emergencies: An Opportunity and a Challenge”, paper for presentation at 9th UKFIET International Conference on Education and Development, Oxford, UK, 11-13 December 2007, <http://www.pakistan.gov.pk/data/DamageAssessment.pdf>.

<sup>202</sup> Government of Pakistan, Earthquake Reconstruction and Rehabilitation Agency (ERRA), 2006.

in Pakistan in 2007/2008, which further restrained economic and social development. For the past two years, economic growth has slipped even further due to the law and order situation in several provinces, the intensification of attacks related to the “war on terror” in Pakistan’s north-western border provinces, together with acute energy shortages and high inflation.

Massive floods in the summer of 2010 rendered millions homeless and caused extensive damage to public and private assets and infrastructure. The floods had a particularly devastating effect on the education system of the country, especially in southern Punjab, Sindh and parts of KP provinces; a total of 10,407 educational institutions in around 90 districts of the country were affected of which 3,741 were fully destroyed and 6,666 were partially damaged.<sup>203</sup>

Floods, rain and internal displacement affected some 6,847 schools in Sindh alone.<sup>204</sup> Over 297 public schools in KP were completely destroyed from the flooding and 671 were partially damaged<sup>205</sup> while about 12.9 per cent of educational facilities were estimated to have been damaged in Balochistan.<sup>206</sup>

There is also clear evidence that education in Pakistan has been negatively affected by the on-going conflict<sup>207</sup> in regions hard hit by violence, such as KP and the FATA. The attacks on education (facilities, teachers and even students) by militant forces in the conflict-ridden northern areas have persisted, and in many areas schools have become dysfunctional and dropout rates have skyrocketed. In areas of Swat district in KP, which witnessed some of the most brutal attacks on education, some schooling has resumed, although it will be a long road to recovery and reconstruction. Lack of education and the resulting illiteracy and skills deprivation remain a major concern for Pakistanis, making people more susceptible to extremism.<sup>208</sup>

The declaration in the 18<sup>th</sup> Amendment of the right to free and compulsory education for children up to age 16 years was a major landmark. However, the provincial governments are bound to face challenges in the next couple of years in securing efficient planning, managing and implementation of education programmes and projects. Capacity building at provincial level will be crucial to this process. Under the new governance set-up, having education as a devolved provincial subject, the fiscal pressure on provincial governments also increases. Budgetary outlays will have to be increased not only to meet existing demands but also to address the devastation resulting from the 2010 floods. Provision of education in emergencies must become a core part of the education policy and strategy of the provincial governments.

## 6.1 Progress on international commitments

Pakistan has signed up to EFA and the MDGs, but consistently low levels of public expenditure on education – and on social services in general, suggest that the level of political commitment is, in practice, rather weak.

Successive EFA Global Monitoring Reports (GMRs) have highlighted that Pakistan is off track for achieving universal primary education by 2015, and accounts for a substantial share of the global number of children out of school. According to UNESCO, the 7.3 million children out of school in Pakistan in 2009 represented 34 per cent of the country’s primary school-age population.<sup>209</sup>

<sup>203</sup> SPARC, *The State of Pakistan’s Children 2010*, 2010.

<sup>204</sup> Sindh Education Information Management System (SEMIS), 2011.

<sup>205</sup> UNICEF. *KPK Rapid Assessment Report*, September 2010.

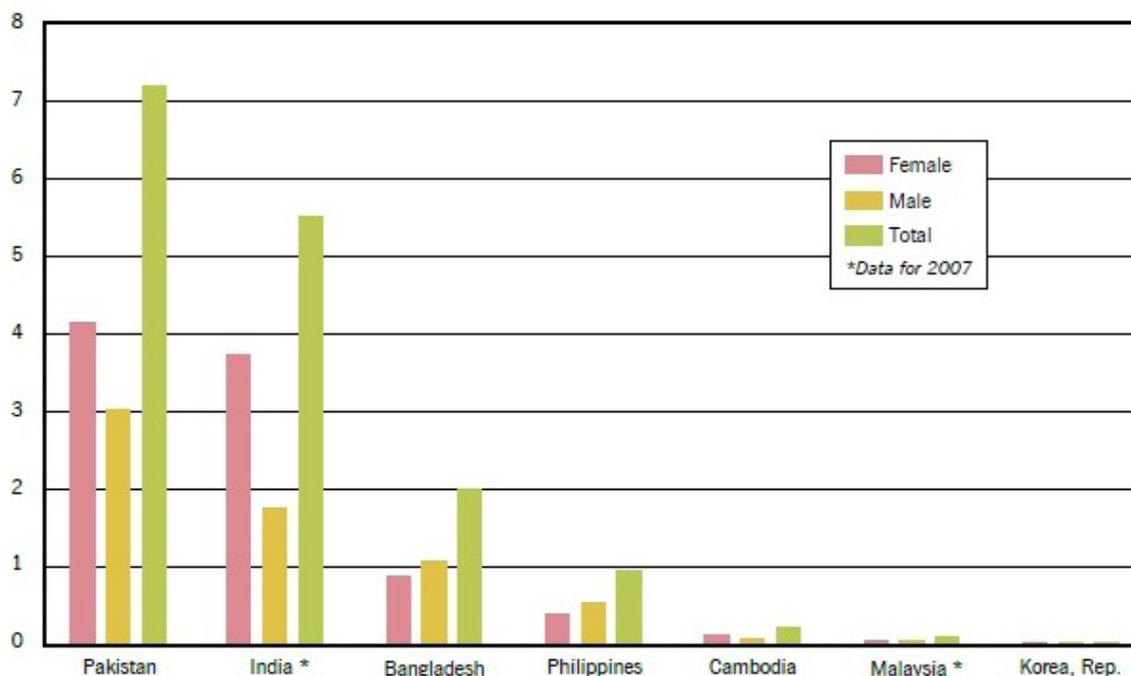
<sup>206</sup> UNDP Pakistan, *Provincial Millennium Development Goals Report*, Balochistan, first draft report, June 2011.

<sup>207</sup> UNESCO, “The effect of violent conflict on the primary education in Khyber Pakhtunkhwa, Pakistan”, Background paper prepared for the Education for All Global Monitoring Report 2011, *The hidden crisis: Armed conflict and education*, UNESCO, Education Policy and Data Center, 2010.

<sup>208</sup> Winthrop, Rebecca and Graff, Corinne, “Beyond Madrassas: Assessing the Links Between Education and Militancy in Pakistan”, Center for Universal Education, Brookings Institution, Washington, D.C., working paper 2, June 2010.

<sup>209</sup> UNESCO, *Institute for Statistics*,

Figure 6.1: Children out of primary school – Asian comparisons (millions), 2008



Source: World Bank, World Development Indicators<sup>210</sup>

Pakistan underperforms compared with its South Asian neighbours and other countries of comparable average income. Education performance is marked by deep disparities based on gender and wealth, as well as across regions of the country. Moreover, there are deep concerns about the quality of the education that is provided. There are large deficits in basic infrastructure and teaching materials, and fundamental weaknesses in the systems for training, engaging and managing teachers. The available assessments indicate very poor levels of learning attainment, while primary cohort completion rates are estimated at well under 50 per cent.

The present status of Pakistan in the EFA Development Index is not very encouraging and the country is listed among the low EDI countries.<sup>211</sup> Of the 127 countries assessed, Pakistan is ranked at 119, with only eight countries below it. In particular, it falls very low (ranked 123) in NER. Moreover, according to the UN HDI, out of 206 countries Pakistan is ranked 141 in terms of literacy rate and enrolment at primary, secondary and tertiary level.

Table 6.1: Ranking of Selected Countries on the EFA Development Index

	EDI	Net enrolment rate	Adult literacy	Gender-specific EFA index (GEI)	Survival rate till Grade 5
Bangladesh	112	100	115	95	121
India	107	61	111	108	114
<b>Pakistan</b>	<b>119</b>	<b>123</b>	<b>118</b>	<b>119</b>	<b>111</b>
Japan	1	1	28	1	19
Switzerland	7	21	1	36	19
UAE	46	27	76	25	1

Source: EFA Global Monitoring Report 2011; UNESCO

<sup>210</sup> From Asia Society, Pakistan 2020: A Vision for Building a Better Future, Asia Society Pakistan 2020 Study Group Report, May 2011, p. 26.

<sup>211</sup> The EFA Development Index (EDI) is based on indicators for universal primary education (UPE); adult literacy; gender parity and completion rates as a proxy for quality of education. It is a composite measure that captures overall progress. It currently focuses on four easily quantifiable goals attaching equal weight to each; UPE, adult literacy, gender parity and quality.

- An analysis of the nature of political commitment and the degree of progress achieved so far in meeting the international commitments to education demonstrates that, while there is a strong and clear policy commitment, implementation of policy has been very weak and thus progress has remained restrained. This is partly due to adverse external and domestic forces outside the education sector and partly due to challenges within the education sector as well.

**Recognition of challenges:** Presenting its report to the United Nations Economic and Social Council's (ECOSOC) Annual Ministerial Review in July 2011, Pakistan cited four main factors as having held the country back from making progress on EFA and MDG goals:

- Recent natural disasters, particularly the 2005 earthquake and 2010 floods;
- Regional wars and terrorism which had seen schools as the targets of attacks;
- Internal displacements which had disrupted everyday life, and for which schools often served as safe havens;
- Widespread poverty and the costs of dealing with natural disasters, wars and poverty alleviation, which had strained education budgets.<sup>212</sup>

As a result of these challenges, the Pakistani representative at the ECOSOC Annual Ministerial Review in July 2011 said, about 43 per cent of children drop out of school, 7.2 million children were out of school, 60 per cent of schools had no electricity, 34 per cent of schools had no drinking water access, and education quality was generally low.<sup>213</sup>

Given the high level of similarity between the EFA goals and education MDGs<sup>214</sup> the progress so far achieved in implementing the international commitments to education can be assessed by reviewing the changes which may have taken place in a set of common indicators. According to popular literature on the EFA and MDGs,<sup>215</sup> some of the common indicators include:

- **Net primary enrolment rates** to reflect movement towards Universal Primary Education. Progress in net primary enrolments during the first five years of the decade was almost 2 per cent per annum. It was only after the massive earthquake in 2005 and the series of political and economic crises that the NERs stagnated. At a slightly higher pace, unless massive changes take place in the education sector, the NER is not expected to exceed 70 per cent, even lower than what was targeted for 2010 by the Medium Term Development Framework (MTDF).<sup>216</sup> For the age group 6-10 years, the NER was reported to be 67 per cent in 2008-09.
- **Completion/survival rate** to Grade 5 increased remarkably during the first five years of the decade, i.e., they increased by almost 3 per cent per annum. However, like enrolment rates, these too slipped after 2005-06, from 72 per cent to 55 per cent in 2008-09.<sup>217</sup> With some improvements in poverty levels and assuming that huge investments in good quality education can take place in the very near future, this can be expected to rise, at least to 80 per cent – the MTDF target for 2010.
- **Gender parity in primary education:** At a value of 0.84, meaning roughly three girls in school for every four boys, the GPI for primary education has hardly moved over the past five years. Though fairly close to the target, this index may reach its target by 2015, irrespective of the fact the NER

<sup>212</sup> United Nations Economic and Social Council, 2011 High-level Segment, Annual Ministerial Review, Pakistan National Voluntary Presentation, Geneva, 6 July 2011, Informal summary.

<sup>213</sup> Ibid.

<sup>214</sup> In fact, EFA goals can be termed as a sub-set of MDGs (as MDGs represent a broader spectrum including poverty, employment, health, environment, etc.).

<sup>215</sup> MDG Reports typically base their analyses on net primary enrolment rates; completion/survival rates; adult literacy rates; and gender parity in primary and secondary enrolments and in youth literacy.

<sup>216</sup> Government of Pakistan, Pakistan and Commitments to Education: Implementing the Internationally Agreed Goals and Commitments to Education, prepared for Annual Ministerial Review of the Economic and Social Council, June 2010, <http://webapps01.un.org/nvp/uploads/Pakistan%202011.pdf>.

<sup>217</sup> PSLM 2009-10.

may remain fairly low – e.g. in KP, NERs of only 58 per cent for boys and 45 per cent for girls yields a GPI for primary education of about 0.8.

## 6.2 Rates, patterns and trends

Universal access to basic education and the completion of primary education are important targets for the MDGs and EFA goals. Good early childhood (or pre-primary) education is also now increasingly being recognized as an important factor in ensuring that children follow through and complete primary education. The key indicators for education, including GER, NER, GPI and pre-primary enrolment, vary by gender, area of residence, mother's education, wealth index, division and district.

- Enrolments are much higher among high-income groups than low, mostly higher for boys than girls and vastly different between the northern and southern regions of the country. UNESCO's EFA Global Monitoring Report 2011 says that, in Pakistan, "almost half the children aged 7 to 16 from the poorest households were out of school in 2007, compared with just 5 per cent from the richest households".<sup>218</sup>

The significance of early childhood education at individual, community, and societal levels has long been established through research and inquiry (see *the UNESCO Global Monitoring Report 2007*). According to the National Education Policy (2009), the government has declared *katchi* or pre-primary classes to be integrated in primary sections of all schools – making early childhood education an important first pillar or goal of EFA. The target is to provide early childhood education to at least half of the relevant age group, raising the net participation rate from the existing 25 per cent to 50 per cent by 2015.

A high ratio of children in pre-primary presents an opportunity to reach the goal of Universal Primary Education, provided children once enrolled are retained and move to the next grade. In this regard, early childhood education can be the best mechanism to ensure that children do go to primary school and complete primary education.

Total enrolment in pre-primary classes is about 7.8 million children, well above gross enrolment of 50 per cent. A total of 14 per cent of children in Punjab aged 3-4 years attend preschool, with comparable attendance for boys and girls.<sup>219</sup> The overall attendance rate in Sindh stands at 7 per cent – considerably lower than Punjab.<sup>220</sup>

However, while strong enrolment rates have been achieved there are areas of concern. There are no separate pre-primary public schools but there are pre-primary classes conducted in all government schools. According to the 2010 Annual Status of Education Report (ASER), in government schools, no specific teachers have been appointed for pre-primary as it is considered as an additional multigrade class, even though it is the one which often has the highest number of students enrolled. Also, teachers are not trained for early childhood education. There are no separate classrooms for pre-primary pupils, and learning materials are often missing. The outreach is also much greater in urban areas, an imbalance that should be rectified.

In primary school indicators, Pakistan lags considerably behind other South Asian countries. With the lowest primary NERs, especially for girls, the largest stock of out-of-school children, the highest dropout rates and the lowest percentage of children moving from primary to secondary school, Pakistan needs much more effort and resources to meet the EFA and education targets embodied in the MDGs.

<sup>218</sup> UNESCO, Education for All Global Monitoring Report 2011, p.6.

<sup>219</sup> MICS 2007-08.

<sup>220</sup> PSLM 2009-10.

**Table 6.2: Net primary enrolment ratio, year ending 2008 (%)**

	Net Primary Enrolment Rate (%) year ending 2008			No. Out-of-school children (000) (2007)	Drop out rate (2007)	Transition from primary to secondary (%) (2007)
	Total	Male	Female			
Bangladesh	85	85	86	2,024	45	97
India	90	91	88	5,564	34	85
Nepal					38	81
Pakistan	66*	72	60	7,261	43**	73
Sri Lanka	99	99	100	8	2	98

Source: EFA Global Monitoring Report 2011; UNESCO

At the moment, there are more than 210,000 schools in Pakistan, offering education up to grade 10. Of these, an overwhelming majority (76 per cent) are primary schools enrolling 70 per cent of all school students.<sup>221</sup> Although there are more privately owned middle and high schools, 89 per cent of primary schools are run by the government, accommodating 71 per cent of total primary enrolment. Besides the formal schools, primary education is also imparted through 14,000 home schools, run by the government through the National Education Foundation (NEF) under the Non-Formal Basic Education (NFBE) project. In addition, there are several NGOs offering primary education through their own schools. Over a million students also receive basic education offered by religious schools.

The gross primary attendance ratio,<sup>222</sup> sometimes referred to as the participation rate, considers the number of children of all ages who are attending primary school as a percentage of the total number of children of primary school age (5-9 years). Gross formal primary enrolment rates are high for Pakistan, at an overall rate of 91 per cent, with 99 per cent for boys and 83 per cent for girls.<sup>223</sup> However, gross enrolment rate in urban areas (106 per cent) is much above that in rural schools (85 per cent). These rates also vary across provinces. The GER for Punjab is 97 per cent.<sup>224</sup> In Sindh it stands at 84 per cent, having risen from 79 per cent in 2006-07.<sup>225</sup> In KP, the GAR is 87 per cent.<sup>226</sup> In the case of FATA, the MICS data records GER for primary school age (6-10) at around 46.3 per cent.<sup>227</sup> In AJK, GER is at 99 per cent.

Overall NERs<sup>228</sup> stand at 57 per cent and are far below the GERs, ranging between 62 per cent in Punjab and 44 per cent in Balochistan.<sup>229</sup> This is largely due to children beginning school late, failing or repeating classes. Large urban/rural gaps are also evident, with 72 per cent in Punjab's urban areas to only 40 per cent in Balochistan's rural sector.

There are also significant variations among the NER across regions and provinces. The NER for Punjab is 53 per cent<sup>230</sup> and for Sindh it is 54 per cent, having increased from 48 per cent in 2004-05. The NER for KP

<sup>221</sup> Pakistan Education Statistics 2009-10.

<sup>222</sup> The gross enrolment ratio (GER) is calculated as the ratio of all children enrolled in a given education level (without age restrictions) compared with all children in the age range formally corresponding to that education level.

<sup>223</sup> PSLM 2008-09.

<sup>224</sup> MICS 2007-08.

<sup>225</sup> PSLM 2008-09.

<sup>226</sup> MICS 2007-08.

<sup>227</sup> MICS 2007-08.

<sup>228</sup> The net enrolment ratio (NER), also known as the net attendance ratio (NAR) at primary level (it excludes pre-primary) refers to the number of students enrolled in primary schools of primary school age divided by the number of children in the age group for that level of education. In other words, for Pakistan, the official primary NAR is the number of children aged 5 to 9 years attending primary level divided by the number of children aged 5 to 9 years. School enrolment rates are generally collected by the Ministry of Education in annual school censuses and compiled in education monitoring information systems (EMIS) by province. School attendance rates are generally collected through household surveys and population censuses. In its estimates of the global number of children out of school each year, the EFA Global Monitoring Report uses information about enrolment and attendance. The UNESCO Institute of Statistics (UIS) and UNICEF do the same. As it is important to use different sources of information to improve understanding of how many children are in school and which groups of children are in or out of school, this report compares levels and trends of enrolment and attendance.

<sup>229</sup> PSLM 2008-09.

<sup>230</sup> MICS 2007-08.

stands at 49 per cent and for Balochistan at 44 per cent, much lower than the national average of 57 per cent. FATA's NER was as low as 28.3 per cent while Gilgit-Baltistan's was slightly higher at 40.7 per cent. The generally low levels of NER indicate that the provinces remain far from achieving MDG 2, ensuring all girls and boys complete a full course of primary schooling by 2015.

Gross and net enrolments are not sufficient to indicate the progress in education indicators. The critical challenge is ensuring that all children once enrolled complete the course of good quality education. Assuming a gradual and steady increase in enrolment, education simulations show that the number of children aged 5-9 years who will never enter school will cumulatively rise to approximately 27.7 million by 2030, of whom 12.2 million will be boys and 15.5 million girls (a 56:44 ratio in favour of the girls). It may take another two decades to achieve universal primary enrolment. In terms of policy actions, investments in school education need to be almost doubled in order to absorb the prospective increase in the school-age population over the next two decades.<sup>231</sup>

There has been a significant decline in the completion rate to grade 5 during the last five years. The overall survival rate for primary schools was 62 per cent in 2008-09, compared with 70 per cent in 2003-04.<sup>232</sup> The MDG target of 100 per cent survival/completion rate thus seems unlikely to be achieved by 2015.

**Table 6.3: Assumptions of net enrolment ratios (primary and secondary levels), 2005-2030**

Year	Primary Level (5-9 Year)				Secondary Level (10-14 Years)			
	Scenario 1		Scenario 2		Scenario 1		Scenario 2	
	Male	Female	Male	Female	Male	Female	Male	Female
2005	56	48	56	48	30	21	30	21
2010	76	70	66	58	40	30	35	25
2015	96	92	76	68	50	40	40	30
2020	100	100	86	80	60	50	45	35
2025	100	100	96	92	70	60	50	40
2030	100	100	100	100	80	70	55	45

Source: Naushin Mahmood, "The Demographic Dividend: Effects of Population Change on School Education in Pakistan", PIDE, Islamabad, 2011

Most recent statistics<sup>233</sup> reveal equal completion/survival rates for both boys and girls. The trend between 2001-02 and 2005-06, however, showed that completion/survival rates for girls were higher than those for boys. Drop-outs are particularly worrisome for areas like FATA where more than half of all children who enrol in primary schools drop out before completing grade 5, their departures triggered by poor quality of instruction, corporal punishment, teacher absenteeism, inaccessible locations and poorly maintained facilities, including shortages of furniture, clean drinking water and lavatories. Even though the government and donors had been spending billions of rupees on the education sector in FATA, to take one example, the dropout rate in government primary schools in that region stood at a staggering 69 per cent.<sup>234</sup> The FATA annual school census report 2009-10 revealed that the dropout rate was 63 per cent among boys and 77 per cent among girls, while 54 per cent of children quit school before reaching grade 10. Officials believe that these figures might be the highest dropout ratio in the country.<sup>235</sup>

<sup>231</sup> Mahmood, Naushin, The Demographic Dividend: Effects of Population Change on School Education in Pakistan, Pakistan Institute of Development Economics (PIDE), Islamabad, 2011.

<sup>232</sup> UNICEF consolidated results report, Pakistan 2004-2008 Country Programme Cycle, citing UNESCO data.

<sup>233</sup> PSLM 2008-09.

<sup>234</sup> Annual School Survey 2009-10.

<sup>235</sup> "Militancy, Poverty: Drop out in FATA schools reaches 69%", Dawn, 24 October 2010, <http://archives.dawn.com/archives/128932>

### 6.3 Access to schooling

There is a need to consider the reasons why children never attend school and/or drop out of school. While parents' education remains a strong determinant of enrolment, measures of income and wealth both of the families (as represented by their own consumption) as well as of the communities (as measured by overall quality of housing in villages)<sup>236</sup> also influences school enrolments. Most important however remain the variables that can be influenced by education policy. These include those that impact access to schools and those that influence quality of education being imparted.

Generally low school enrolment rates are often an outcome of poor access to education. Given the low budgetary allocations to the education sector, there is an acute shortage of public schools, in close proximity of communities and in remote areas of the country, particularly mountainous and tribal regions such as GB and FATA.

Besides poverty, teacher absenteeism and cultural barriers to girls' education have also resulted in low enrolments. In addition, there is a large dropout rate from primary classes due to the poor conditions of schools, e.g., with missing facilities such as roofs, toilets, etc., non-availability of teachers, textbooks and learning materials, and a general disinterest on the parts of the parents who are unaware of the value of education.

Over the years, this has resulted in almost 7 million of out-of-school primary-aged children.<sup>237</sup> More specifically, some of the factors that impact access to education include the following:

- **Cultural factors:** These play a major part in influencing the enrolment and retention of children in schools. Social attitudes and lack of social mobility do not encourage, or even see the need for, education, especially for girls. This is exacerbated by the conservatism and illiteracy of parents. Girls born in poor households are already at a disadvantage. Intra-household allocation of resources, primarily determined by tradition and norms set out by patriarchal mind-sets and discourage expenditure on education, especially for girls.
- **Access related factors:** The long distances that many children have to travel to get to school is frequently cited as a major reason for low enrolment or attendance in schools. The World Bank Pakistan Country Gender Assessment (2007) confirms this finding. Proximity to school has been identified as a key determinant of primary school enrolment and retention: the further a child lives from a school, the less likely they are to attend. This is particularly critical in determining girls' access to schooling. Long distances to school can be an obstacle as it makes work and school incompatible and travel to school may be considered unsafe, especially for girls. School location has a significant and large impact on girls' enrolment but not on boys' enrolment. Distance may also be a factor for late enrolment in primary school. The distance factor remains one of the crucial differences between urban and rural areas.<sup>238</sup> Regression analysis conducted by a World Bank study,<sup>239</sup> confirms that the probability of ever attending school is higher by 18 per cent for children living in the proximity of a primary school in rural areas.
- Security concerns for sending children, especially girls, has also discouraged parents from enrolling daughters in schools. Lack of road networks, effective public transport, security guards, and boundary walls at schools, etc., all heighten security risks for sending girls to schools, especially in

<sup>236</sup> World Bank, Pakistan, Punjab Economic Report: Towards a Medium-Term Development Strategy, Report No. 29373-PAK, 31 March 2005.

<sup>237</sup> UNESCO, EFA Global Monitoring Report, 2011, <http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/efareport/reports/2011-conflict/>.

<sup>238</sup> Siaens, C., Challenges for Education in Sindh, Pakistan: Key messages on access and quality, Human Development Unit: South Asia Region, World Bank, 2008.

<sup>239</sup> Ibid.

remote areas. In many of these areas, public transport is non-existent and, when options do exist, security concerns are a deterrent. These problems are particularly severe for girls, because of the smaller number of girl's schools.<sup>240</sup>

- **Economic factors:** These include aspects of poverty and opportunity costs and direct costs (fee, books, stationery, uniform, etc.). Child labour for instance, especially for informal work or in the fields, keeps children away from school. Even children who attend school may not attend regularly at harvest time. The Sindh School Survey conducted by World Bank in six districts in 2006, also found many children involved in work-related activities from a very young age onwards.<sup>241</sup> The survey found two out of three primary school age children working at home. Boys and girls typically worked 2.2 hours a day at the age of six. Such work included helping in the household, helping in the fields and taking care of younger siblings. According to the most recent Core Welfare Indicators Questionnaire (CWIQ) (2004-05),<sup>242</sup> children engaged in work outside the house were mostly out of school. This finding suggests that the opportunity costs of schooling are considerable, as parents need their children's contribution of labour to the household. The direct costs of education are cited as a major barrier to children enrolling and staying in school. Although government primary schools do not charge fees and school books are provided, parents have to purchase stationery and uniforms. Many cannot afford this or see it as an unnecessary expense.<sup>243</sup>
- **In-school factors:** Schools lack basic infrastructure such as adequate classrooms, furniture or sanitation facilities. Expanding the number of schools to fill major gaps in coverage is one element of government action and has been a strong focus of investment in recent decades. However, the emphasis on new building has led to a neglect of the maintenance of existing buildings and of the management of schools that do exist. The importance of the provision of basic facilities to school cannot be over emphasized. Each school must have basic facilities like water, toilet, electricity, boundary wall, and proper furniture etc. The non-availability of these basic facilities results in low enrolment and high dropout ratios. The low quality of education in Pakistan is often reflected in the poor physical state of school infrastructure.

Few schools in rural Pakistan currently provide a school environment conducive to learning. The construction of schools and classrooms has not kept pace with the rapid increase in enrolment and there is a chronic shortage across the provinces. Many of the existing school buildings are in a state of disrepair, without roofs, windows, desks, chairs or electricity. Temporary solutions have often been used to keep students under shelter until proper classrooms can be built. A serious concern is the lack of water and sanitation facilities in the majority of schools, which can have a detrimental impact on children's health, and prevents girls from conducting their sanitary needs in dignity and privacy.

## 6.4 Humanitarian crisis and education

In addition to long standing systemic weaknesses, Pakistan's education system has suffered through major humanitarian crisis and attacks in the past six years; the 2005 earthquake, the brutal and ongoing assaults of militants on the education infrastructure, the military operation in Swat and the resultant damage to schools, and the 2010 floods, that have devastated lives and infrastructure across major parts of the country.

<sup>240</sup> Government of Khyber Pakhtunkhwa, Comprehensive Development Strategy 2009-2015, 2009

<sup>241</sup> Siaens, Challenges for Education in Sindh, op. cit.

<sup>242</sup> The 2004/05 PSLM was jointly conducted with a district-level representative Core Welfare Indicator Questionnaire (CWIQ) with a sample size of about 20,000 households in Sindh.

<sup>243</sup> Iram, N., Hussain, Z., Anwar, S., Hussain, I., and Akram, W., "Determinants of Child School Choice in Punjab: Policy Implications", European Journal of Scientific Research, vol.23, no.2, 2008 pp.285-293.

### 6.4.1 2010 floods

A number of schools have recently been damaged by destruction caused by excessive rains, floods and/or used as shelters by the internally displaced. The post-flood damage to the institutions has been divided into three categories; partially damaged, fully damaged and IDP shelters. In Pakistan, the practice of using schools to house displaced persons deprives both host community and displaced community children of their access to education. In all the three categories, the schools are not immediately functional. Children in affected areas do not have access to schooling and in host communities, schools are occupied by the displaced population, preventing host community children from availing the basic right of education.

### 6.4.2 Violence and education

Attacks on educational institutions are, unfortunately, a prominent feature of Pakistan's landscape. Taliban militants have frequently attacked educational institutions across the length and breadth of FATA and KP. In recent years, the Taliban has systematically destroyed hundreds of schools in what has been called a "war on schoolchildren".<sup>244</sup> UNESCO<sup>245</sup> has documented hundreds of fire bombings and suicide attacks on schools, particularly in the Swat district of KP. From 2007 to March 2009, 116 schools were either damaged or completely destroyed by attacks. The targets of attacks were all schools, although girls' schools were often singled out. Public threats by leading Taliban members of attacks on all girls' schools led to the closure of 900 government and private schools, denying educational access to 120,000 female students.<sup>246</sup>

In almost every community there has been extensive damage to schools, especially girls' schools, and there is a reported lack of materials and furniture. One important observation has been the fact that the impact of violence on education is less visible at the aggregate level and becomes more conspicuous if analyzed at the lowest tier. Sub-national pupil enrolment data coverage in Swat in 2007 and 2009 has not been identifiable in education indicators at the province level even at the district level.<sup>247</sup> Effects of violence on the provision of education were only measureable at the Union Council level (there are 65 UCs in the district). If effects of violence on the provision of education are indeed highly localized, then it should not be surprising that education figures aggregated at the province or regional level do not show these effects.<sup>248</sup>

Overall, in KP, 491 government primary schools were temporarily closed at the time of the October 2009 school census. Of these, nearly 25 per cent (120 closed schools) were in Swat district.<sup>249</sup> Among these schools, reasons for closure were noted for 25 schools: 17 cited violent incidents such as the burning, bombing, or shelling of the school; the remaining eight gave explanations such as such as "departure of teacher" or "district office decision" that may or may not have been linked to violence.

In Balochistan eight districts have been affected by floods, namely Jafarabad, Sibi, Kohlu, Jhal Magsi, Barkhan, Loralai, Kech and Naseerabad. Jafarabad has the greater number of schools damaged for both girls and boys. Other districts seem to have fewer damaged schools but the situation of affected areas is as critical as in other districts.<sup>250</sup> So far, data collection can reveal the damage to schools, enrolment rates and availability of teachers and other facilities. After scrutiny and compilation of data the initial report of eight flood-affected districts (Kohlu, Barkhan, Sibi, Naseerabad, Jhal Magsi, Loralai, Kech and Jafarabad), shows 1,278 schools (899 boys and 379 girls) partially/completely damaged. The children affected by floods in these schools total 71,893 (20,981 girls and 50,912 boys). Most of the schools having been partially damaged, including the collapse of boundary walls, classroom damage, furniture, etc.<sup>251</sup>

<sup>244</sup> Allbritton, Christopher, "The Pakistani Taliban's war on schoolchildren", TIME magazine, 4 December 2009.

<sup>245</sup> O'Malley, Bernard, Education under attack 2010: A global study on targeted political and military violence against education staff, students, teachers, union and government officials, aid workers and institutions, UNESCO, Paris, 2010.

<sup>246</sup> Ibid.

<sup>247</sup> UNESCO, "The effect of violent conflict on the primary education in Khyber Pakhtunkhwa, Pakistan", 2010, op. cit.

<sup>248</sup> Ibid.

<sup>249</sup> Ibid.

<sup>250</sup> UNICEF and Government of Balochistan, School Assessment Report of Flood Affected Districts In Balochistan, 2010.

<sup>251</sup> Ibid.

Following the devastation caused by monsoon floods, which provided militants with an ideal opportunity to reorganize themselves in KP and FATA, the frequency of attacks on educational institutes has increased manifold. Initially the schools and colleges, especially in FATA and KP, came under militant attacks because most of the schools were used as base camps by security forces for their operations against the militants. Militants target girls' schools because they are opposed to girls' education, which they deem "un-Islamic." Since most of the educational institutes, except private schools, are government property, they naturally become vulnerable to militant attacks.<sup>252</sup>

In FATA, about 6 per cent (i.e., 64 out of 992) schools and other educational facilities were reported as damaged. Of these 29 were completely damaged and 35 were partially damaged, which included 10 completely and five partially damaged girls' schools.<sup>253</sup> Large-scale displacement, as in Malakand district, has left tens of thousands of children without schools. Countless boys' and girls' schools have either been destroyed or threatened by militants. In many tribal districts, female students have stopped attending classes altogether.

Considerable damage caused to economic, physical and social infrastructure has only further exacerbated the socio-economic consequences of the crisis in the affected areas of Bajaur and Mohmand agencies of FATA.<sup>254</sup> In Bajaur, by mid-2008 all girls' schools were either destroyed or closed. In North and South Waziristan, 180 girls' community schools, established with international assistance, were forced shut.<sup>255</sup> In Orakzai agency, Shia schools have been the direct target of sectarian attacks.<sup>256</sup> Schools have also been turned into bases for both the army and extremist groups. Returning families often see their children's schools occupied by soldiers.

## 6.5 Education of boys and girls

### 6.5.1 Deprivation and disparities

Pakistan is off track for achieving the MDG target of universal primary education by 2015. The country accounts for a significant share of the global out-of-school numbers (its out-of-school rate is the second highest in the world) and it is one of four countries (the others being Bangladesh, China and India) accounting for over half of the total illiterate persons in the world.<sup>257</sup> Moreover, Pakistan's failure to tackle gender disadvantages that intersect with poverty and regional differences, which is seen most starkly in the education data, is at the heart of the country's education challenge.

Reduction in gender disparity in education is a key MDG aim. MDG3 calls for achieving gender parity in primary and secondary education initially and at all levels of education by 2015. Female participation in education is measured by the GPI for different educational levels. A GPI of 1 or above indicates that female enrolment is at par with or exceeds male enrolment, while a GPI lower than 1 implies the opposite.

Deep disparities based on location and wealth are a feature of education in Pakistan. In the richest households, over 85 per cent of children go to primary school, with little difference between boys and girls.

Attendance rates for children from poor households is far lower, especially for females: only around one third of poor girls are in school. Similarly, attendance is higher and the gender gap smaller in urban areas than in rural ones, and in relatively wealthy Punjab province more than in Balochistan and Sindh.<sup>258</sup> Gender

<sup>252</sup> Abdul Basit, Attacks on Educational Institutes, Pak Institute for Peace Studies (PIPS), November 2010.

<sup>253</sup> Asian Development Bank and World Bank (for Government of Pakistan), NWFP and FATA: Preliminary Damage and Needs Assessment, Immediate Restoration and Medium Term Reconstruction in Crisis Affected Areas, Islamabad, November 2009.

<sup>254</sup> Ibid.

<sup>255</sup> Ansari, Massoud, "The ticking bomb", Herald (Dawn newspaper), August 2008.

<sup>256</sup> International Crisis Group, Pakistan: Countering Militancy in FATA, Asia Report No. 178, 21 October 2009, <http://www.crisisgroup.org/en/regions/asia/south-asia/pakistan/178-pakistan-countering-militancy-in-fata.aspx>.

<sup>257</sup> UNESCO, Education for All – Global Monitoring Report 2010, p. 95.

<sup>258</sup> UNESCO, Education for All – Global Monitoring Report 2010

parity, like other indicators, is seen to improve sharply with mothers' education and wealth index. Hence, some regions have achieved gender parity and done much better than others in enrolling more girls. The disadvantage of girls is slightly less pronounced in major cities or urban centres. There are, therefore, great disparities in gender parity across provinces.

In the conflict-ridden areas of KP, girls have been affected adversely across the board but particularly from the most vulnerable segments of the population. Overall gender parity for primary education in KP stands at 0.8, indicating that more boys are attending primary school than girls (or more precisely for every 100 boys 80 girls are attending school). The GPI for KP is lower than the national average of 0.83. Hence, the province stands out as having above average attendance for boys but well below average attendance for girls. There is growing concern that this gender gap could be widening further.

AJK MICS data shows that gender parity for primary schools is close to 1 (0.97), indicating effectively no difference in the attendance of boys and girls. The GPI for Punjab stands at 0.98 and that province does relatively better than others in maintaining gender disparity at the primary level. GPI in Balochistan stands at 0.83, in Sindh at 0.81, while in FATA it goes down to 0.45, reflecting the various restrictions and pressures that prevent girls in that area from going to school.

Education policy documents increasingly recognize that more weight has to be attached to gender equity, but it is far from clear that the current policy framework provides concrete measures for translating statements into action. Policies indicate community needs as criteria for the location of new government primary schools, for example; however, research suggests that community economic status and the extent of gender disparity have had little influence over the placement of new government schools.

Overall levels of public financing remain low, education is weakly integrated into national poverty reduction strategies, and there have been limited attempts to introduce the type of incentives for girls' education that have been successful in Bangladesh, which has moved far ahead of Pakistan in terms of enrolment and gender parity.

### 6.5.2 Causes of gender inequality

The factors behind Pakistan's deep gender disparities have been extensively researched. Barriers which contribute to gender inequality have been classified by the World Bank as falling into three categories: equity, access and quality and have been extensively researched.

In practical terms, this refers to family attitudes allowing girls to study equally with boys. Having schools close enough to homes or safe enough for girls to walk to, having schools with a reasonably decent infrastructure (boundary wall, basic toilet facilities, drinking water), access to textbooks and enough well trained female teachers, will address concerns of parents of sending their girls to what is seen as a male-dominated environment.

The demand for education by families is influenced by household income, parental education, parental attitudes, and job prospects. Compared to poor families, non-poor families benefit from a higher primary school attendance rate and a lower gender gap in enrolment. The school attendance of children whose parents attended school is also higher, and the difference between girls and boys is smaller, than of children whose parents did not attend school. Regression analysis confirms that girls' enrolment is especially responsive to parental education.<sup>259</sup>

The disadvantages that females experience in education and literacy in more conservative and rural societies such as in GB, Balochistan and FATA are symptomatic of many other aspects of their lives as well. Balochistan's female NER is not only by far the lowest of any provinces, but also lags furthest behind the

<sup>259</sup> Asian Development Bank (ADB) and World Bank, Pakistan: Balochistan Economic Report, From Periphery to Core, May 2008.

male NER. In regions where farming is the largest source of income for the vast majority of people, with both men and women working long hours in their fields, older children, particularly girls, have to take care of younger siblings as well as handle other household chores. Domestic and farming responsibilities also tend to keep girls of rural regions away from schools. Generally, older girls are not able to attend school or enjoy an uninterrupted education. This factor also contributes to the higher dropout rate amongst girls.

There are many other factors as well:

- The value attached by family and society to girls' education (particularly in the conservative districts) is less than the value attached to boys' education. Early marriages and other socio-culture practices also perpetuate gender disparities in enrolment. According to the most recent Core Welfare Indicators Questionnaire (CWIQ) (2004-05),<sup>260</sup> parental approval was crucial for girls' enrolment in both rural and urban areas. About 17 per cent of rural girls aged 12 to 17 and about 12 per cent of young urban girls aged five to 11 have parents who did not approve of schooling.
- Cost factors can also put girls at a disadvantage because households tend to spend more on boys. Low financial priority is given to girls' education, especially in poor and rural households – again a trend more visible in poorer districts. Economic shocks like crop or income loss/ emergencies/ displacement affect girls' schooling disproportionately compared to boys.
- Transportation problems are repeatedly cited as a factor contributing to low enrolment among girls. Distance to school matters far more for girls than boys, reflecting security concerns. Girls' enrolment drops off sharply with each 500-metre increase in distance from the closest school admitting girls and this "distance penalty" accounts for a significant proportion of the gender gap in enrolments. Most parents, while willing to allow their daughters an education, are not ready to have them walk many kilometres to the nearest school; as a result, girls' schools need to be much closer to home than boys'.
- For those children who do attend school, many are subsequently taken out of school by their parents over concerns for their safety. Not infrequently, girls are also discouraged from continuing their education because parents fear that educated women risk fewer marriage prospects, although public consultations show that this attitude is changing in some areas, where educated girls are increasingly viewed as better wives and mothers. Boys are taken out of school when additional hands are required to carry out agricultural labour or if the family is in need of financial support. But many also believe that educated youth risk becoming over-qualified for most jobs available locally.
- For young women, the existence of segregated schools is a significant factor in deciding whether or not they will be enrolled in education. The presence of a government school in the community has a significant positive effect on girls' enrolment. As there has been a marked trend towards sex-segregated primary education, the absence in some areas of all-girl government schools has emerged as a major constraint on girls schooling. On the ground, there is great disparity between the number of institutions offering education to boys and girls particularly in parts of KP, FATA and GB. Shortage of girls' schools and particularly lack of facilities such as boundary walls, toilets, etc., significantly discourage parents from sending their girls to school. The presence of a government school in the community has a significant positive effect on girls' enrolment. The absence in some areas of all-girl government schools has emerged as a major constraint on girls' schooling.
- Insufficient recruitment of female teachers is another constraint. Rural parents strongly prefer to have girls educated by women, but the legacy of low investment in girls' education means few lo-

<sup>260</sup> The 2004/05 PSLM was jointly conducted with a district-level representative Core Welfare Indicator Questionnaire (CWIQ) with a sample size of about 20,000 households in Sindh.

cal women have appropriate qualifications. It is also difficult to attract qualified female teachers to rural areas from other parts of the country. Absenteeism of female teachers is another important factor, keeping girls away from schools.

## 6.6 Quality and accountability in education

In several areas where access to education is not a problem, the quality of education is a serious challenge with multiple dimensions. Several studies have measured service quality of schools based on infrastructure availability, student-teacher ratios, and teachers' qualifications and experience. Access and quality are interlinked: Even where school buildings exist close to communities, the quality of the education provided inside those buildings can be a major issue. In general, learning outcomes and quality of teaching services are an important means for measuring the standard of education being imparted. In fact, parents often say they consider quality an important determining factor before sending their children to school.

A 2008 study<sup>261</sup> related to the socioeconomic factors affecting parents' decision towards a school choice for their children revealed that quality of education generated sufficient incentives for parents to invest in better education of their children. The analysis was based on the data from Household Income Expenditure Survey (HIES). As per parents' responses, higher enrolment in private school was due to better quality of education. An increase in quality of education was found to increase the probability of enrolling in private schools by 14 per cent.

With poorly qualified and untrained teachers, irrelevant curriculum, non-availability of textbooks and shortage of other learning materials, learning levels are low. Lack of regular supervision and monitoring has failed to check teacher absenteeism and misuse of resources. A majority of primary schools lack latrines and few schools have buildings in good condition. Most schools have two classrooms or less for all primary school classes, with the rest sharing or studying in the open. The standard of teaching is low and emphasizes rote learning. Teacher absenteeism is common since teachers are underpaid, unmotivated and travel long distances to school. Many teachers use corporal punishment and have a demeaning attitude towards children and parents. According to the LEAPS survey, almost 90 per cent of parents view infrastructure as unimportant and 50 per cent view free textbooks as unimportant. Good teachers were viewed as important by almost 80 per cent of parents.

## 6.7 Learning outcomes

There are very few surveys that document learning outcomes and monitor the quality of education being delivered by the public sector. The National Education Assessment System (NEAS) and Learning and Educational Achievements in Punjab Schools (LEAPS) have carried out similar exercises before and, unsurprisingly, have arrived at similar conclusions: children are not learning in school what they are expected to know.

A series of surveys conducted between 2003 and 2007 under LEAPS attempted to quantify what children are learning with a focus on inputs and outcomes, and the schooling environment in villages and private schools.<sup>262</sup> The study showed that children perform significantly below curricular standards for common subjects and concepts at their grade level. By the end of grade 3, barely 50 per cent of children had mastered the mathematics curriculum for grade 1.<sup>263</sup>

Interestingly, the most deprived province, Balochistan outperformed other provinces in terms of learning achievements. When the NEAS went out in 2005 to test students attending grade 4 in public schools

<sup>261</sup> Iram, Hussain, et al., "Determinants of Child School Choice in Punjab: Policy Implications", op. cit.

<sup>262</sup> Learning and Educational Achievement in Punjab Schools (LEAPS), Insights to Inform the Educational Policy Debate, Report Summary, April 2008.

<sup>263</sup> Andrabai, T., Das, J., Khwaja, A.I., Vishwanath, T. and Zajonc, T. and the LEAPS Team, Pakistan: Learning and Educational Achievement in Punjab Schools (LEAPS): Insights to Inform the Education Policy Debate, Islamabad: World Bank, 2008, <http://go.worldbank.org/>.

across the country, they found that Balochistan's children did better than those of the other provinces.<sup>264</sup> Balochistan's test scores exceeded the Pakistan average by 5 per cent in mathematics and 9 per cent in Urdu. Balochistan even outperformed Punjab, often viewed to be the leader in educational reform, by 3 per cent in mathematics and 5 per cent in Urdu.

## 6.8 Teaching quality

Poor teacher training, insufficient materials, and lack of pedagogical support, has meant that most teachers rely on teacher-centred didactical methods, emphasizing repetition and memorization over learner-centred approaches that encourage creative thinking and skills based learning. Teachers are poorly equipped to deal with some of the challenges that the system poses, such as the reality of mixed age teaching in large and multi-grade classes, not having teaching materials and dealing with challenges such as gender disparities.

Teacher absenteeism in Pakistan plays a large role in contributing to low retention and high dropout rates as it directly affects quality and participation in education. The student-teacher ratio in Pakistan is high. At the national level it stands at 47:1 (compared with a recommended international standard of 25:1).<sup>265</sup> Punjab has a student-teacher ratio of 42:1,<sup>266</sup> Sindh 32:1,<sup>267</sup> KP 38:1,<sup>268</sup> and FATA is 31:1 which implies naturally that all students are unable to receive proper attention in a suitable learning environment. Primary schools most often have only three teachers on average, each taking multiple classes simultaneously. Discipline and quality of teaching both suffer. And, like everything else in Pakistan, the recruitment of teachers can be highly politicized.

Teacher quality also suffers due to poor teacher training programmes and excessive political interference in postings and transfers. The unequal deployment of teachers among districts such as in Balochistan has resulted in an oversupply of teachers in some schools and an undersupply in others.<sup>269</sup> Teacher recruitment often lags behind the growth in student population due to demographic trends and modest increases in enrolment rates. There are problems with encouraging qualified teachers to accept appointments in areas seen as unattractive and in ensuring attendance in these areas.

KP has a deficit when it comes to female teachers for girls' schools. According to the government's latest statistics the number of female teachers in primary school is quite low and there is a drop in the numbers with increase in age and experience. In emergency situations this becomes a major issue, as teachers are also victims of the crisis. However, investments can be made during the early recovery and rehabilitation phase on building the capacity of these women and sensitization of men around them to ensure that once the crisis is over, there are enough women who can contribute in the education system.

## 6.9 Key challenges

The principal challenge in Pakistan is to preserve and further enhance the quality of education, while at the same time making sure that all children complete primary school. The strategy involves multiple responses, such as constructing public schools, expanding private schools, improving school infrastructure and teacher qualifications, encouraging enrolment of girls, and boosting school accountability to parents and children.

Most provincial governments have shown a lack of success in maintaining the physical infrastructure of the education sector. The Government of Pakistan has been unable to restructure resources to provide a

<sup>264</sup> ADB and World Bank, Balochistan Economic Report, 2008, op. cit.

<sup>265</sup> Government of NWFP, FATA sustainable development plan 2007-15, 2006..

<sup>266</sup> Pakistan Education Statistics 2008-09.

<sup>267</sup> Sindh EMIS 2010-11.

<sup>268</sup> Annual School Survey, 2010.

<sup>269</sup> ADB and World Bank, Balochistan Economic Report, 2008, op. cit.

more even coverage and distribution of accessible education to a large population. It has also been unable to draw local communities into the schooling process, and to convince them of the utility and cost-effectiveness of basic education.

A major difficulty in achieving universal primary education has been the lack of resources channelled towards education. While education does receive the bulk of the social development-related budget in the provinces, overall the proportion of funds allocated to the sector is still quite low (about 2 per cent of GDP). Given that – as is the case in most countries – the bulk of these funds go to teachers' salaries (education being human resource-intensive) not much is left for the expansion of infrastructure and access, or improvements in quality; this can lead to stagnation in the level and quality of education.

There is also no effective strategy to address the particular needs of women, both urban and rural. The gender gap in basic education is a persistent problem in the country and also creates a governance and management problem. Girls' schools need to remain effective even when they are under-utilized in order for the trend in female exclusion to be arrested. Missing facilities in schools can cause enrolment rates to decline further.

The aftermath of the floods will certainly affect improvements in the education sector. The damages and losses in the education sector have been huge. The devastating impacts of the floods (both in 2010 and, in Sindh and Balochistan, again in 2011) may lower Pakistan's position in the HDI to where it was 30 years before. At the same time, the floods of both years have exposed gaps in education services that were not fully appreciated previously; in the post-floods situation, displaced children who had never been to school have turned up, and they will have to be catered for in the recovery and rebuilding phases.

A full analysis is required to find focus areas for immediate action to minimize the time required to bring communities back to where they were before the disasters.<sup>270</sup> More importantly, it may put more crucial survival needs – food security and income generation for family survival for instance – on the priority of household agendas in the short and medium term, relegating education, especially for females, to the back burner for the poorest households. All development strategies for improving education will need to be realigned to meet the needs of areas and families deprived further following the floods.

While the lack of funds is a difficulty all provinces in Pakistan have faced, one of the biggest problems that KP and FATA have had to combat has been the destruction of schools and educational infrastructure, through the actions of armed insurgents who operate in the tribal areas and adjacent districts of KP province; and the collateral damage caused to public and private property because of government military operations. The militants' systematic eradication of secular schools, particularly girls' schools, has been a major setback in areas where educational facilities were already scarce. The provincial governments have been tasked with the widespread reconstruction of public infrastructure and new educational facilities – a heavy burden combined with the demands of the MDG targets for education, which mandate the further expansion of existing schools and teaching facilities.

### **SPECIAL FOCUS: The effect of the 18<sup>th</sup> Amendment on education in Pakistan**

The 18<sup>th</sup> Amendment to the Constitution, adopted in 2010, devolved authority for school curriculum to the provinces and recognized provision of free and compulsory education to all children aged 5 to 16 years as a fundamental right.

On the one hand, this historic amendment has paved the way for achievement of the Education for All goals and MDG targets. On the other hand, it has created new challenges and responsibilities for different organs of the State, particularly for provincial governments. Devolution has empowered the

<sup>270</sup> UNICEF, *School Assessment Report of Flood Affected Districts in Balochistan, 2010*.

provinces, but the disappearance of a platform for inter-provincial dialogue and sharing of views on educational issues has created a coordination vacuum.

Prior to the 18<sup>th</sup> Amendment, education was not seen as a fundamental right. Although the State's obligation to provide education had been mentioned in article 37b of the Constitution, it had value essentially as a policy direction, which could not be enforced by the courts as a right of the child. With education now devolved to the provinces, it is now a subject under provincial domain and places a huge responsibility on the provincial governments in terms of extending facilities and allocation of resources in order to cater to over 47 million children of primary and secondary school age.<sup>271</sup>

Before education became a provincial subject, there was a dominating federal presence in higher education, curriculum, syllabus, planning, policy, centres of excellence, Islamic education and standards of education. These subjects will now fall under the purview of the provinces, obviating the need for a Ministry of Education and Higher Education Commission at the federal level. The Constitution requires this law to be enacted by the Provincial Assemblies within a maximum period of two and a half years.

Effective implementation of this article of the Constitution could help to pave the way for enriching Pakistan's national human capital by reducing dropout rates. The high hopes surrounding this change are such that civil society groups are advocating the right of citizens to invoke the 18<sup>th</sup> Amendment in order to seek justice, in case the government fails to deliver on the right to education.

Pakistan needs significant changes in laws, rules, procedures, and administrative practices before Article 25A can be implemented. The Article also has significant institutional and human resource implications, and very significant budgetary implications, for the State. Existing laws are seriously inadequate in that they:

- make education compulsory but not free;
- cover only primary schools (while Article 25A covers up to higher secondary schools);
- put limited emphasis on the responsibilities of the government and the schools and
- have never been thoroughly implemented in the past due to their inherent flaws and a lack of political will.<sup>272</sup>

The provinces are now free to have their own education policies to reflect the socio-cultural diversities of the country. They will now have to make a conscious effort to ensure that sufficient funds are allocated for education so that the mandate of Article 25A can be met. Devolution of education to the provinces does not absolve the federal government of its responsibilities, especially considering that the insertion of this article into the Constitution was an initiative by the federal government. It must play its role in providing financial support to needy provinces/regions, in monitoring enforcement of Article 25A, and in ensuring a uniform set of minimum standards across provinces.

But there are concerns that the capacities and resources of provincial governments may be insufficient to cope with such challenges. Provinces are gradually but surely taking steps to enhance their capacity to take on these new responsibilities. In May 2011, the KP assembly unanimously passed a bill giving the province supervision of curricula, textbooks and maintenance of standards education. This made KP the first province to adopt legislation for the supervision and maintenance of education after the passage of the 18<sup>th</sup> Amendment.

<sup>271</sup> SPARC, *The State of Pakistan's Children 2010*.

<sup>272</sup> *Annual Status of Education Report (ASER), 2010*, <http://www.aserpakistan.safedafed.org/>.

## **CHAPTER SEVEN: THE PROTECTIVE ENVIRONMENT FOR CHILDREN AND WOMEN: PROTECTION**



## 7. THE PROTECTIVE ENVIRONMENT FOR CHILDREN AND WOMEN

### 7.1 Legal and judicial framework for child protection in Pakistan

In the past few years, Pakistan has seen some momentum regarding the introduction of laws for protection of children as various bills came under consideration. Some of the laws have made it to the statute book while some are at different levels of legislative process.

In order to supervise, coordinate and effectively monitor implementation of the CRC and report progress to the UN CRC, the National Commission on the Rights of Children Bill (NCRCB) 2009 has been drafted and is currently under review by a select committee of the National Assembly. The bill provides for establishment of a National Commission on the Rights of Children for effective supervision and national monitoring of matters relating to children's rights. As well as the establishment of a Child Rights Fund to be utilized for promotion and protection of the rights, and welfare of children and payment of compensation, fines or damages on behalf of a child in accordance with the orders of the Court. It also empowers the Commission to grant licences for the establishment of children's homes for children at risk.

Pakistan also has Children's Complaint Offices under an Ombudsman. These are the rights-complaint mechanisms to address and redress the malfunctioning of public administration, including schools, residential institutions and public services.

A prostitution law exists in Pakistan that includes restrictions on advertising, printing, circulating and displaying obscene literature. It is a criminal offence under the Pakistan Penal Code of 1860 (Act No. XLV) to transport or import a girl under the age of 18 years for purposes of prostitution. The offence is punishable by 10 years imprisonment or fine or both.

The Punjab Children Ordinance of 1983 and the Sindh Children Act of 1955 also make it a criminal offence to allow a child between the ages of 4 and 16 years to frequent a brothel, cause or encourage the seduction or prostitution of a girl or cause or encourage anyone other than her husband to have sexual intercourse with her. The Punjab Children Ordinance also authorizes the Court of a First Class Magistrate to order protection of a child on information received from any interested party in the event that an offence against the body of the child is being committed.

The Punjab Children Ordinance of 1983, under Sections 25, 26 and 27, covers similar offences to the Sindh Children Act. The law, however, does not cover exposure to the risk of seduction as covered under the Sindh Children Act. Furthermore, the Punjab Children Act defines a girl child as less than 16 years of age as opposed to the 18 years specified in the Sindh Children Act of 1955.

#### 7.1.1 Child marriage laws

The Marriage Restraint Act of 1929 seeks to combat child marriages in Pakistan. It states that a girl below the age of 16 years may not be allowed to marry. However, in case such a marriage does take place, the law does not invalidate the marriage. Therefore, a marriage below the prescribed age is against the law yet is still a valid marriage, thereby potentially causing trauma to a child with religious and social sanction as well as legal immunity.

Sexual abuse and sodomy are covered under the Pakistan Penal Code (Section 377). The minimum sentence for sodomy is two years and the maximum is 10 years. Legislation seems to be motivated by perceptions of morality (i.e., which sexual conduct is acceptable or unacceptable) rather than with the intent to severely penalize sexual violence against children. This undermines the seriousness with which child sexual abuse is either understood or addressed in Pakistan.

The Offence of Zina (Enforcement of Hudood Ordinance of 1979) makes it a crime punishable with im-

prisonment for life, flogging (not exceeding 30 strokes) and a monetary fine, to kidnap or abduct any woman with intent to compel her to marry any person against her will or to force or seduce her to have intercourse. Besides making both girls and boys vulnerable to malicious charges of adultery and creating a dangerous situation wherein a girl who has reported rape can be charged for adultery if she cannot prove rape, the ordinance has replaced the earlier law on sexual intercourse with a wife of minor age (under 14 years) which, as a result, is no longer considered rape. In 1997, an amendment in the Hudood Law provided the possibility of the death penalty to those found guilty of having committed gang rape and also to those found guilty of sodomy with a child.

Efforts at the federal level are mirrored by similar efforts at the level of provinces as well as AJK. Increasingly laws, frameworks and child protection mechanisms at the provincial level are growing in importance due to the devolution process initiated by the 18<sup>th</sup> Amendment.

The Punjab Government has already put in place a child protection mechanism through the Punjab Destitute and Neglected Children Act, 2004. This law is being further reviewed to make it fully compliant with international standards. The Sindh government is setting up a child Protection Authority for the province through the Sindh Child Protection Authority Bill, 2009. The KP government is considering setting up a Provincial Commission for the Welfare and Protection of Children under the Child Welfare and Protection Act, 2010 which has been recently approved by the Provincial Assembly. The Balochistan government has drafted a provincial child protection policy in line with the National child protection policy. The draft policy is with the Law Department for approval. It will be sent to the provincial cabinet soon. The AJK government is considering setting up a comprehensive child Protection system through the AJK Child Protection Authority Bill, 2009.

Effective implementation of laws and policies requires availability of accurate and reliable data. For this purpose, the government has taken steps for establishment of an effective child protection monitoring and data collection system. An assessment of the system has been made with technical assistance from UNICEF. In the first phase the system will gather and disseminate information on five areas of child protection, including juvenile justice, child trafficking, sexual exploitation, violence against children, family environment and alternative care; more indicators will be included gradually in the second phase.

## 7.2 Birth registration

Pakistan lacks a universal system of birth registration and its overall birth registration rate is believed to be very low – around 30 per cent even by the Government's own reckoning.<sup>273</sup> According to UNICEF, only 27 per cent of children were registered at birth, as of 2009. The rate is highest in Punjab, at 77 per cent; it is practically nil in Balochistan (0.8 per cent) and FATA (1 per cent).<sup>274</sup>

Nearly three-quarters of Pakistani children are thus deprived of the basic right to a name and a nationality, to recognition of their family relationships, and to the rights, privileges, and obligations, of citizenship. The consequences of this can last a lifetime, making it difficult for children and, in later life, especially women to claim services and protection.<sup>275</sup>

The immediate causes of the low rates of birth registration include:

- ignorance or uncertainty on the part of parents as to the usefulness and advantages of registration;
- suspicion by parents or guardians from certain groups as to the motivations for birth registration;

<sup>273</sup> United Nations, Committee on the Rights of the Child, *Consideration of reports submitted by States parties under Article 44 of the Convention, Third and fourth periodic reports of States parties due in 2007: Pakistan (unedited)*, 52nd session, UN document CRC/C/PAK/3-4, 19 March 2009, p. 35.

<sup>274</sup> UNICEF Pakistan, *Annual Report 2009*, UNICEF Islamabad, 2010.

<sup>275</sup> UNICEF Pakistan, *Annual Report 2010 (draft as of June 2011)*, p. 38.

- reluctance on the part of certain groups to have the existence of their children registered and recorded;
- prejudices against the registration of girl children or children from minorities; and
- lack of access by families to registration centres due to distance, lack of transport, disability or other reasons.

While lack of knowledge is clearly the most common cause, the root causes in many cases probably relate more to deep suspicion of the state or of the dominant members of the community in which a child is born, and a preference on the part of parents not to have their children, or a particular newborn child, known to the authorities.

In its 2009 concluding observations on Pakistan's third and fourth periodic reports on compliance with the CRC, the UN CRC noted that girl children, certain religious groups and minorities, refugee children, and children living in rural areas were more frequently deprived of birth registration than others in Pakistan. The Committee urged Pakistan to take measures to "remove structural obstacles to birth registration, launch a mass cost-free birth registration campaign and simplify the procedures for birth registration". The Committee expressed concern about the practice of denying birth registration when parents could not prove their citizenship.<sup>276</sup>

The 2006 National Plan of Action for Children has as one of its stated goals to "develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire name and nationality, in accordance with national laws and relevant international instruments".<sup>277</sup> The National Database and Registration Authority (NADRA), a unit of the Ministry of Interior that operates under the motto "Empowerment through Identity", should increase its advocacy activities among communities, as well expanding and improving the accessibility of its registration locations.

### 7.2.1 Definition of a 'child'

Birth registration also helps to guarantee that children are treated as children when it is in their specific interest to be so (e.g., in cases of child marriage, child labour, child trafficking, and in contacts with the law). In Pakistan, the definition of a "child" is inconsistent from agency to agency and location to location. Some entities set the age of adulthood as low as seven years, which could potentially endanger the welfare of children in cases of child labour and early marriage. Since as many as 13 per cent of Pakistani girl children begin bearing children themselves before the age of 18, the determination of who is a "child" becomes particularly pertinent.<sup>278</sup>

A "Child Protection Bill" proposed by the National Commission for Child Welfare and Development (NCCWD) would raise the legal age of marriage for girls from 16 to 18, bringing it into line with the legal marriage age for boys as set in the Child Marriages Restraint Act of 1929 and prescribing punishment for those conducting such marriages and for parents or guardians in case of violations. The Child Protection Bill would also raise the age for criminal responsibility from seven years to 12 years.

## 7.3 Violence against children

The 2010 Human Rights Report by United States Department of State reports that child abuse is widespread in Pakistan, where young girls and boys used as domestic servants are abused, beaten, and made

<sup>276</sup> United Nations, Committee on the Rights of the Child, *Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan*, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009, paras. 41-42.

<sup>277</sup> Government of Pakistan, Ministry of Social Welfare and Special Education, National Commission for Child Welfare and Development (NCCWD), *National Plan of Action for Children, 2005*.

<sup>278</sup> Pakistan Demographic and Health Survey 2006-07, cited in UNICEF, *Annual Report 2009*, UNICEF Islamabad, 2010.

to work long hours by employers, who in some cases are relatives. Lawyers for Human Rights and Legal Aid (LHRLA) reported that, of 5,120 cases of reported violence and abuse against children: 2,209 cases were reported from Punjab, 1,529 from Sindh, 929 from KP, and 453 from Balochistan. According to the data from the LHRLA, 1,062 children were killed and 916 others were injured. In addition, there were reports of 288 children being raped, 149 sodomized, and 211 otherwise sexually assaulted. Similarly, there were reports of 648 children molested, 572 tortured, 200 trafficked, and 364 missing, while 202 children committed suicide. One hundred and twenty-one children were killed on the pretext of *karo-kari*,<sup>279</sup> 799 were kidnapped, and 167 were forced to marry.<sup>280</sup>

### Child sexual abuse

The Pakistani NGO Sahil, which monitors cases of child sexual abuse, said in its 2010 annual report that a total of 2,012 cases were recorded from all over Pakistan in 2009, a 9.4 per cent increase from the previous year. It said that 81 per cent of the cases had been registered with the police. It said that 67 per cent of the victims were girls and 32 per cent boys. Abduction was the most frequent offence in this category (41 per cent of cases), followed by rape and sodomy (28 per cent, both boys and girls), and murder (4 per cent). The organization said that 4,222 offenders were involved.<sup>281</sup>

Pakistan advised the UN CRC in 2009 that “the scope of violence against children and sexual abuse was being assessed through the Child Protection Management Information System (CPMIS), and that a KAP (Knowledge, Attitudes and Practices) study had been done to assess the awareness of duty-bearers of child protection rights, as well as that of children themselves “to see if they are aware of their protection rights and of their correlative obligations”. Based on the findings of the KAP study, a national awareness-raising campaign against child abuse was launched, with UNICEF support.<sup>282</sup>

### Child marriage

Despite the Child Marriage Restraint Act, which prohibits child marriage, child marriages occur. The act sets the legal age of marriage at 18 for men and 16 for women and prescribes punishment and fines, ranging from imprisonment up to a month, a fine of 1,000 rupees (approximately US\$12), or both.<sup>283</sup> In practice the penalties are too low to have any deterrent effect. Also, the lower minimum age for girls is discriminatory.

The penal code defines statutory rape as sexual intercourse with a female younger than 16. The punishment for rape is death or imprisonment for 10 to 25 years and a fine. Gang rape is punishable by death or life imprisonment. Child pornography is illegal under obscenity laws.

According to the Edhi Foundation, up to 200 babies are left in its 400 cradles nationwide each year and that it handles thousands of requests for adoption by childless couples. According to law anyone found to have abandoned an infant can be jailed for seven years, while anyone guilty of secretly burying a child can be imprisoned for two years. Murder is punishable by life imprisonment, but the crime of infanticide is rarely prosecuted. SPARC reported that children as young as 12 were arrested under the Antiterrorism Act. Children convicted under the act could be sentenced to death.<sup>284</sup>

### Corporal punishment

Corporal punishment of children is rife, at home, at school and at the workplaces where children already face abuse. According to the Society for the Protection of the Rights of the Child (SPARC), corporal punish-

<sup>279</sup> The murder of a female member of a family by a relative, often community-sanctioned, because she is accused to have brought dishonour to the family.

<sup>280</sup> United States Department of State, Miscellaneous Information on Children/Child Abuse/Trafficking, from 2010 Human Rights Report, <http://www.state.gov/g/drl/rls/hrrpt/2010/sca/154485.html>

<sup>281</sup> Sahil, Annual Report, 2010, pp. 15-16.

<sup>282</sup> United Nations, Committee on the Rights of the Child, Written replies by the Government of Pakistan to the list of issues (CRC/C/PAK/Q/3-4) prepared by the Committee on the Rights of the Child in connection with the consideration of the third and fourth periodic reports of Pakistan (CRC/C/PAK/3-4) (unedited), 52nd session, UN document CRC/C/PAK/Q/3-4/Add. 1, 1 September 2009, p. 10.

<sup>283</sup> United States Department of State, 2010 Human Rights Report: Pakistan, 8 April 2011, <http://www.state.gov/g/drl/rls/hrrpt/2010/sca/154485.htm>.

<sup>284</sup> Ibid.

ment is a major cause of school dropouts. It said that, because of the fear of being beaten in the classroom or school environment, students often left school.<sup>285</sup> While quantitative data are hard to come by, it is widely believed that children, girls as well as boys, are also routinely abused at home by physical beating at the hands of parents and other duty bearers. According to a survey conducted by SPARC in five districts, 76 per cent of parents were in favour of corporal punishment and believed that it was necessary to correct children's behaviour.<sup>286</sup>

The UN CRC, in its concluding observations on Pakistan's third and fourth periodic reports to the Committee in 2009, noted that corporal punishment is lawful under section 89 of the Pakistan Penal Code of 1860 and is "extensively used as a disciplinary measure in homes, schools, and alternative care settings" despite its prohibition under JJSO.<sup>287</sup> In urging Pakistan to repeal that section of the Penal Code, the Committee welcomed the incorporation of the prohibition on corporal punishment in the National Plan of Action for Children and in directives issued in all provinces.<sup>288</sup>

With reference to the United Nations Secretary-General's "study on violence against children",<sup>289</sup> the CRC recommended that Pakistan pay particular attention to the following recommendations of the Regional Consultation for South Asia on violence against children, held in Pakistan in May 2005:

- To prohibit all violence against children;
- To promote non-violent values and awareness raising;
- To ensure accountability and end impunity;
- To address the gender dimension of violence against children; and
- To develop and implement systematic national data collection and research.

Specifically, the Committee urged Pakistan to "(u)se the recommendations of the study as a tool for action in partnership with civil society and, in particular, with the involvement of children to ensure that all children are protected from all forms of physical, sexual and psychological violence".<sup>290</sup> It urged Pakistan to adopt, "as a matter of urgency" the draft National Child Protection Policy, and amend outdated legislation to prohibit all forms of physical and mental violence, including sexual abuse of children in the family and in institutions.<sup>291</sup>

### Harmful traditional practices

Committee also expressed concern "at the persistence of inhumane customs and rituals" threatening the lives of girl children, causing them "extreme insecurity, health hazards and cruelty". One practice it singled out for mention was "the prevalence of early and forced marriages". It called on Pakistan to strengthen implementation of the Child Marriages Restraint Act (1929), and also to "address the poverty-related parental pressure placed on girls to marry at an early age".

### Juvenile justice

In July 2010, SPARC issued a report on the 10th anniversary of the 2000 JJSO, under which jails that held at least 1,300 juvenile prisoners, and as many as 10,000 children, were facing criminal litigation. SPARC noted that the number of juvenile prisoners represented a significant decline from more than 5,000 when the JJSO was issued in 2000. Juveniles accused of terrorism or narcotics offenses were not protected under the

<sup>285</sup> "Corporal punishment contributing to increasing dropouts", *The Express Tribune*, 12 August 2011

<sup>286</sup> "76% parents in favour of corporal punishment: Sparc", Myra Imran, *The News*, 6 October 2011.

<sup>287</sup> United Nations, Committee on the Rights of the Child, *Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan*, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009, p. 13.

<sup>288</sup> *Ibid.*, paras 47-48.

<sup>289</sup> United Nations, *Report of the independent expert for the United Nations study on violence against children, under Rights of the Child, Note by the Secretary-General*, UN document A/61/299, 29 August 2006.

<sup>290</sup> United Nations, Committee on the Rights of the Child, *Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan*, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009, pp. 10-11.

<sup>291</sup> *Ibid.*, p. 13.

Juvenile Justice System Ordinance. SPARC reported that children as young as 12 were arrested under the Antiterrorism Act. Children convicted under the act could be sentenced to death, although no case existed of a child being executed under the act. There were no known limits on child IDPs' access to government services, although some civil society organizations demanded improvement in these services.

SPARC stated that juvenile prisoners, the majority of whom were awaiting trial, were among the worst off in the country. The jail conditions in which they were held were extremely poor, and they were subject to a slow process and lack of special juvenile courts or judges. Many spent longer periods behind bars because they were unable to pay bail. A fair and just juvenile justice system does not exist in the country, according to SPARC. SPARC's regular visits to juvenile sections across the country revealed that little had changed since the introduction of the JJSO in 2000. Rather than being rehabilitated, the majority of child prisoners became hardened criminals by spending long periods in the company of adult prisoners.

The UN CRC, in its concluding observations on Pakistan's third and fourth periodic reports on compliance with the CRC in 2009, expressed concern at "reports of torture and ill-treatment of children by police officers in detention facilities and other State institutions", and urged Pakistan to "define torture and cruel, inhuman or degrading treatment in relevant laws", and to ensure that children do not receive sentences constituting torture or cruel, inhuman or degrading treatment".<sup>292</sup>

### Child soldiers

The SPARC report draws attention to child soldiers in Pakistan. Non-state militant groups, including the TTP, kidnapped boys and girls and coerced parents with fraudulent promises into giving away children as young as age 12 to spy, fight, or die as suicide bombers. The militants sometimes offered parents money, often sexually and physically abused the children, and used psychological coercion to convince the children that the acts they committed were justified. In September 2009 the government opened a rehabilitation centre and school in Swat to assist former child soldiers rescued from militants. The centre included a team of doctors, psychiatrists, and teachers. As of August there were more than 120 boys, some as young as age 12, attending school and receiving psychological counselling.

## 7.4 Legal and judicial frameworks

The Government of Pakistan has undertaken various measures to provide a protective environment to children. These include drafting of the National Child Protection Policy, Criminal Law Amendment Bill, NCRCB, the Charter of Child Rights Bill and implementation of the Juvenile Justice System Ordinance, Prevention and Control of Human Trafficking Ordinance, the Employment of Children Act, a National Plan of Action for Children, establishment of Children's Complaint Office at the office of the Federal and Provincial Ombudsman, and the establishment of a Child Protection and Welfare Bureau and Child Protection Centres.

The Government of Pakistan is fully committed to incorporate the provisions of the UN Convention on the Rights of the Child into its domestic laws. There have been a number of very important developments on this front during the last few years. In order to bring the legal system in conformity with the CRC, a number of policies and laws have been adopted.

The most important of these include:

- National Policy and Plan of Action for Children
- National Policy and Plan of Action Against Commercial, Sexual Exploitation of Children
- National Plan of Action for Elimination of Child Labour
- National Policy and Plan of Action for Elimination of Bonded Labour
- National Policy on Development and Empowerment of Women

<sup>292</sup> Ibid., paras 45-46.

The National Plan of Action (NPA) for Children aims to provide concrete measures for the survival, development and protection of children from all forms of neglect, abuse, and exploitation. The main strategic thrust of the NPA are: political commitment, raising awareness, capacity building, advocacy, networking, social mobilization, enhanced allocation of resources, and setting up and strengthening functional structures and systems.

The National Child Protection Policy has been prepared with the support of UNICEF in consultation with all relevant stakeholders, i.e., provincial governments, relevant federal ministries, the governments of AJK and the Northern Areas, and civil society organizations. The policy provides for:

- adopting legislative and regulatory measures to protect children from abuse and exploitation;
- enhancing administrative and institutional capacities at national, provincial and district level to effectively address the issues of protection and welfare of children;
- creating awareness through increased dissemination of information to the public on child protection through media;
- protection of children at local and community level by setting up child protection system;
- encouraging children's participation in the process and decisions affecting them;
- prevention of children from violence at homes, schools, workplaces and institutions;
- ensuring child protection in emergencies like earthquake, floods and armed conflict, etc.; encourage birth registration at all levels;
- provision of child protection services like counselling, psychosocial services, legal assistance;
- establishing day care centres;
- publicizing help lines;
- educational and vocational services;
- justice for children in conflict with the law and establishing child protection fund for children living in poverty, being exploited, abused or victims of other type of violence.

## 7.5 Violence against women

### 7.5.1 Impact of traditional practices on women's rights

Data compiled in the Aurat Foundation Report on Violence Against Women (VAW) in Pakistan reported 8,000 cases of VAW in 2010, compared with a total of 8,548 in 2009. The 2010 figure may not necessarily reflect a decrease in actual crimes against women but may also be indicative of under-reporting.<sup>293</sup> The report gave provincial totals for cases of violence against women in 2010 as follows: 5,492 in Punjab, 1,652 in Sindh, 650 in KP and 79 in Balochistan, for a total of 7,873.<sup>294</sup>

The reporting of crimes of violence generally decreases in the event of unusual circumstances such as the floods of 2010, as well as the ongoing conflict in some parts of the country. Indicators suggest that VAW increases in disaster situations, as research shows that sexual and domestic violence are identified as particular issues for women refugees in temporary camps. But during and after the floods, the state mechanisms for reporting and redress also broke down in the flood-affected areas in Pakistan.<sup>295</sup>

<sup>293</sup> Perveen, R., Violence Against Women in Pakistan: A qualitative review of statistics for 2010, Aurat Foundation, Pakistan, 2010.

<sup>294</sup> "Women victims and denial of justice", Reema Abbasi, Dawn, Islamabad, 14 August 2011.

<sup>295</sup> Perveen, R., Violence Against Women in Pakistan, Aurat Foundation, op. cit.

Data for 2010 showed that abduction/kidnapping, suicide, murder, domestic violence and “honour” killings remained the most prevalent forms of violence against women, accounting for 66.85 per cent of the 8,000 cases recorded. The incidence of abductions and kidnappings remained the highest for the third consecutive year, with 2,236 cases constituting nearly 28 per cent of the total VAW crimes. The rise in abduction and kidnappings may partially be related to the uncertain conditions during and after the 2010 floods. In the aftermath of the 2005 earthquake in northern Pakistan, cases of abduction/prostitution rose; human trafficking agents tend to become active in disaster situations, taking advantage of the separation of families, general panic and the breakdown of law and order.<sup>296</sup>

Rape and gang rape incidents remained at the same level in 2010, with 928 cases, constituting just under 12 per cent of the total tally of VAW crimes. Gang rape is often used as an organized crime in situations of war. In Pakistan as part of traditional practices, it is used as a measure to dishonour and punish a weaker enemy.

The highest number of rapes and gang rapes, 741, were reported in Punjab; Sindh reported 157 cases. Tribal codes and a tradition of open vendettas probably limited these crimes in KP and Balochistan; only five and six cases respectively were reported from these two provinces. Lahore replaced Faisalabad in reporting the highest rape incidents among major cities of Pakistan with 110 cases reported during 2010. Faisalabad followed closely with 100 reported cases.<sup>297</sup>

The most prevalent categories of violence against women in Pakistan include murder, “honour” killing, abduction, kidnapping, domestic violence, suicide, rape and gang rape, sexual assault, stove burning and acid throwing. These are distinct from the minor categories for which there is little segregated data available. The “miscellaneous” category includes cases of *vani*, *swara*, custodial violence, torture, trafficking, child marriages, incest, threat to violence, sexual harassment, attempted murder, as reported from all the four provinces and Islamabad during the year 2010.

Women are often bought and sold in Pakistan, though no definite statistics are available on this. They are traded as peace offerings in arranged marriages (*swara*) or in resolution of a dispute (*vani*), ordered by a *jirga*. Child marriages and girls being married to adult men are a regular feature in many parts of Pakistan. Many young girls and women are victims of forced marriages arranged by their families. Forced marriage was made a criminal offense in 2007; while many cases were filed, prosecution remained a problem. The practice of buying and selling brides also continues in rural areas, although prohibited by law.

Many tribes, communities, or families continue the practice of sequestering women from all contact with men other than their relatives. Despite prohibitions on handing over women as compensation for crimes or as a resolution of a dispute, the practice continues, particularly in Punjab and KP. In rural Sindh landowning families continue the practice of “marriage to the Qur’an” to avoid division of property. (The property of women “married to the Qur’an” remains under the legal control of their father or eldest brother, and such women are prohibited from contact with any man older than 14.) These traditional practices, lumped together, account for one fifth of all violence against women. In previous years, they were one fourth of the total.

There were a total of 1,492 cases of murder recorded all over the country in 2010 categorized as cases of violence against women, compared to 1,384 in 2009. The number of murder cases registered exceeded women’s proportion of the population of the country.<sup>298</sup>

The highest number of murder cases coming under the category of VAW, again as in the two previous years, were reported from Lahore, followed by Peshawar and Faisalabad; Mardan was at fourth position

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<sup>296</sup> Ibid.

<sup>297</sup> Ibid.

<sup>298</sup> Ibid.

with 58 murders reported. Karachi also recorded 58 murder cases, but seen in proportion to the population, the number was proportionately much less. Other cities reporting double-digit numbers of murders of women were Rawalpindi, Sheikhpura, Kasur, Gujranwala, and Sargodha.<sup>299</sup>

So-called “honour” killings are the worst form of this control and the most shameful of all manifestations of violence against women in Pakistan.<sup>300</sup> Despite the passage of legislation and campaigns to raise public awareness of the practice known traditionally as *karo kari*, the number of reported “honour killings” in Pakistan actually was on the increase in 2011. The HRCP reported in December 2011 that, in the period from January to September of 2011, at least 675 Pakistani women and girls had been murdered for allegedly defaming their families’ honour. This compared with 791 “honour killings” reported by the HRCP in all of 2010, meaning that there would likely be no discernible decrease in these crimes once the total toll for 2011 was tallied. Of those killed in 2011, 71 were under the age of 18, according to the HRCP.<sup>301</sup> Most of the victims (450 women) were accused of having “illicit relations”; 129 were accused of marrying without permission. At least 19 of the victims were killed by their sons, 49 by their fathers, and 169 by their husbands, the report said.<sup>302</sup>

In previous years, nearly 90 per cent of the reported “honour killings” took place in Sindh and Punjab in almost equal proportions, with relatively few cases reported from Balochistan and KP. In December 2011, the Sindh provincial assembly was informed that the toll of *karo kari* in that province had already reached 577 in 2011. This would be more than double the toll of 266 such killings reported in Sindh in all of 2010.

“Honour killings” are more common in rural and tribal areas where *jirgas* and *panchayats* still hold sway.<sup>303</sup> The HRCP points out that, by and large, in such areas “the state and judicial recourse is absent, and the vacuum is filled by local elders”.<sup>304</sup> In some districts of Sindh, Balochistan and Punjab, where communities are steeped in tribal and patriarchal values of controlling women’s lives and bodies, there has been a manifest preference to kill women for “honour” rather than abducting them. The so-called custodians of harmful customs and traditions in these tribal societies routinely inflict sheer humiliation on their women denying them the dignity of choice.

Acid-throwing is perhaps the most ignominious of all gender-based crimes. The consequences of these attacks include blindness and permanent scarring of the face and body. A total of 32 cases of acid-throwing were registered across Pakistan in 2010, showing a decline from 53 cases recorded the previous year. Punjab witnessed 20 cases or 62.5 per cent of all reported cases. Punjab also reported 33 cases of stove burning, a crime of VAW, out of a national total of 43 cases registered during 2010. Burning of women in these cases is generally disguised as accidental death from the bursting of malfunctioning kerosene stoves. The motivation in the majority of cases is reported to be domestic conflict or husband’s desire to remarry. Demand for greater dowry is also a major cause of this particular crime, perpetrated in most cases by the in-laws, especially husband of the victim. Most targeted victims in 2010 were young married women.

In November 2011, the National Assembly passed the Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011, which prohibits and prescribes punishment for practices such as depriving women of inheritance, forcing them into marriage to settle personal or family disputes, bartering them, or forcing them to “marry the Qur’an”<sup>305</sup> However, the bill did not propose a mechanism to ensure that such cases are reported and reach a court of law, which is a necessity as such crimes often go unreported.<sup>306</sup> The law, which had languished in parliament for three years, was also approved on 12 December 2011 by the Upper

<sup>299</sup> Ibid.

<sup>300</sup> Ibid.

<sup>301</sup> “At least 675 women killed for ‘honour’ in 2011”, Dawn newspaper, 20 December 2011, www.dawn.com.

<sup>302</sup> Ibid.

<sup>303</sup> Perveen, R., op. cit.

<sup>304</sup> Dawn, 20 December 2011, op. cit.

<sup>305</sup> TrustLaw news service, www.trust.org/trustlaw, 16 November 2011.

<sup>306</sup> “National Assembly passes landmark women’s rights bill”, The Express Tribune, 15 November 2011, tribune.com.pk.

House, the Senate, which at the same time also approved the Acid Control and Acid Crimes Prevention Bill. This law provides for minimum imprisonment of 14 years and a minimum fine of Rs. 1 million for those who disable, disfigure or deface any person by throwing a corrosive substance at them.<sup>307</sup>

In February 2012, the Senate, also acting unanimously, passed a bill making violence against women and children an offence carrying prison terms and fines. The “Domestic Violence (Prevention and Protection) Act 2012” had been unanimously approved by the National Assembly in August 2009 but had been held up by members’ objections since then. It defines domestic violence as “all acts of gender-based, physical or psychological abuse committed by an accused against women, children or other vulnerable persons with whom the respondent is or has been in a domestic relationship. An accompanying “statement of objects and reasons” noted that the bill brought domestic violence into the public domain and responded to a national policy for development and empowerment of women, in line with CEDAW, to which it specifically referred.<sup>308</sup>

Domestic violence could perhaps be the most under-reported form of VAW in Pakistan. In the Pakistani context, many believe that wife beating is permitted in Islam. Some 486 cases of domestic violence were recorded in 2010. Among these, 246 crimes took place in Punjab, 136 in Sindh, 89 in KP and four in Balochistan. Another 11 cases were registered in Islamabad. When the top districts reporting domestic violence are considered, Peshawar reported the most cases for the third consecutive year, with 61 crimes recorded under this category. Lahore had the second highest number, with 28 cases, followed by Faisalabad and Rawalpindi with 25 offences each.

Sexual assault is yet another form of violence against women that is grossly under reported. A very low figure of 74 was reported during 2010 as compared to 274 cases reported in 2009. The majority of sexual assault cases were reported from Punjab with 39 offences and Sindh with 34 cases. There was no case recorded in KP or Balochistan, which could be attributed to the particular culture and traditions that disapprove of assault reporting and making public such incidents. Only one case was reported from Islamabad.

The data collected and presented shows more than two-thirds of the total cases of VAW occurred in Punjab. The province reported 5,492 cases or 68.6 per cent of all cases recorded in the country. Sindh followed with 1,652 cases or 20.65 per cent of the total. KP reported only 650 or 8 per cent of the total. In Balochistan, the total number of VAW offences was 79 or only less than 1 per cent of the overall statistics. Islamabad reported 127 cases, contributing 1.6 per cent.<sup>309</sup>

District aggregated data demonstrates that Lahore had the highest VAW crime rate in Pakistan. Indeed, the industrialized districts showed a greater trend for cases of VAW, proving research observations that urban stress, especially the rising costs of living, take their toll on the most vulnerable sections of the population, women. Lahore was followed by Faisalabad, Sargodha, Sheikhupura, Rawalpindi, Peshawar, Kasur, Okara, Multan, Sialkot, Khairpur, Gujranwala, Chakwal, Sahiwal and Toba Tek Singh. Karachi, the economic, financial, commercial and industrial capital of the country, was conspicuous by its absence from the list of top 15 districts for VAW crimes. This could be explained by the high literacy rate compared to the rest of the country, the vocal presence of social activists, and higher awareness and exposure to a vigilant media. Otherwise, Karachi is no stranger to murder and violence, especially of a political nature.

### 7.5.2 Women in detention

Pakistani women are largely unaware of their rights and are easily incarcerated for crimes they did not commit, especially under accusations stemming from domestic disputes. According to a study presented

<sup>307</sup> “Senate passes two women bills”, Dawn, 13 December 2011, <http://www.dawn.com/2011/12/13/senate-passes-two-women-bills.html>.

<sup>308</sup> “Senate unanimously passes Domestic Violence Bill”, The Express Tribune, 21 February 2012, and “Domestic violence no more a private affair”, Dawn, 21 February 2012.

<sup>309</sup> Perveen, R., op. cit.

at a recent conference of women's rights in Islamabad, imprisoned women face terrible conditions: 55-60 per cent of women in police custody are raped, physically and/or sexually abused, and face violence from male and female police officials. Many women did not know under what law they were being held, it said, although most women who are taken into detention are imprisoned for kidnapping children or involvement in drug trafficking. "Custodial violence passes undetected by state authorities and contributes to the lack of protection for women who are victims of such violence," the presenter of the report said.<sup>310</sup>

### 7.5.3 Reporting

The figures presented by Aurat Foundation demonstrate that only about 76 per cent of all reported cases of violence against women were registered by the police under a First Information Report (FIR); 15 per cent cases were not registered, and for the remaining 8.58 per cent, no information was available. This pattern was repeated in all provinces with the exception of Balochistan, where the FIR rate was 96 per cent.<sup>311</sup>

Of the total of 8,000 cases of VAW recorded nationwide in 2010, the number of victims or survivors was reported to be 9,228. However, there was no information available about the age of as many as 6,577 of the victims. An analysis of the data available showed that 1,414 women victims fell in the age group of 18 years of below; another 976 were in the 19 to 36 years age group; and the remaining 261 were 37 years or above.<sup>312</sup>

The 2010 floods and the ongoing conflict in many areas made reporting and recording of VAW cases a daunting task. The tribal traditions prevailing in KP and Balochistan also inhibited reporting. Additionally, many cases of violence against women are not reported, since most of the perpetrators were members of the immediate or extended family of the victim. In some cases, women are killed by their husband suspecting extramarital relations while in others, they are killed for having chosen their husband rather than accepting the one their family chose for them. Sometimes, "honour" can simply be an excuse for cold-blooded murder. Far from being an old tribal tradition remaining only in remote rural areas, these practices are seen as spreading in urban centres.<sup>313</sup>

### 7.5.4 Pakistan 'one of five most dangerous places for women'

In a June 2011 study aimed at identifying the world's "most dangerous countries for women", Pakistan was named as the third "most dangerous", after Afghanistan and Democratic Republic of the Congo, and just ahead of India and Somalia. The poll of experts was conducted by TrustLaw, a legal news service run by the Thomson Reuters Foundation. It asked 213 gender experts from five continents to rank countries by overall perceptions of danger as well as by six specific risks: health threats, sexual violence, non-sexual violence, cultural or religious factors, lack of access to resources, and trafficking.<sup>314</sup>

The survey ranked Pakistan third on the basis mainly of cultural, tribal and religious practices harmful to women. "These include acid attacks, child and forced marriage, punishment or retribution by stoning or other physical abuse," it said. One of the experts, Divya Bajpai, reproductive health adviser at the International HIV/AIDS Alliance, added: "Pakistan has some of the highest rates of dowry murder, so-called honour killings and early marriage." It cited the estimate of the HRCP that as many as 1,000 women and girls died in "honour" killings annually.<sup>315</sup>

<sup>310</sup> "Illiterate and ignorant: Pakistani women continue to suffer", Sehrish Wasif, The Express Tribune, 28 August 2011, quoting Aliyah Bilgrami, lecturer, Karachi University, on her report: "Women prisoners in Pakistan: Changing practices to enforce law and rights".

<sup>311</sup> National Commission on the status of women, Annual Report March 2009 to March 2011, September 2011, [http://www.ncsw.gov.pk/anel/upload\\_file/Annual\\_Report\\_09-10.pdf](http://www.ncsw.gov.pk/anel/upload_file/Annual_Report_09-10.pdf).

<sup>312</sup> Perveen, R., op. cit.

<sup>313</sup> Ibid.

<sup>314</sup> TrustLaw news service, "TRUSTLAW POLL-Afghanistan is most dangerous country for women", Lisa Anderson, press release, 15 June 2011, [www.trustlaw.org/trustlaw/news/trustlaw-poll-afghanistan-is-most-dangerous-country-for-women/](http://www.trustlaw.org/trustlaw/news/trustlaw-poll-afghanistan-is-most-dangerous-country-for-women/).

<sup>315</sup> "Afghanistan worst place in the world for women, but India in top five: Survey shows Congo, Pakistan and Somalia also fail females, with rape, poverty and infanticide rife", Owen Bowcott, The Guardian, London, 15 June 2011, [www.guardian.co.uk](http://www.guardian.co.uk).

### 7.5.5 Laws and enforcement

Women in Pakistan face legal and economic discrimination in family law, property law, and the judicial system. Family law provides protection for women in cases of divorce, including requirements for maintenance, and lays out clear guidelines for custody of minor children and their maintenance. However, many women are unaware of these legal protections or unable to obtain legal counsel to enforce them. Divorced women are then left with no means of support as their families ostracize them. Women are legally free to marry without family consent, but women who do so are often ostracized or face becoming the victims of “honour” crimes.

Informal justice systems that lack the legal protections of institutionalized justice systems exist, especially in rural areas, and often result in human rights violations. Lower courts are often considered inefficient, corrupt and subject to pressure from prominent wealthy, religious, and political figures. The politicized nature of judicial promotions increases the government’s control over the court system. Unfilled judge-ships and inefficient court procedures continue to result in severe backlogs at both the trial and appellate levels. Feudal landlords and other community leaders in Sindh and Punjab and tribal leaders in Pashtun and Baloch areas continue to hold local council meetings (known as *panchayats* or *jirgas*), at times in defiance of the established legal system. Such councils settle feuds and impose tribal penalties on perceived wrongdoers, including fines, imprisonment, or even the death penalty.

Women are often sentenced to violent punishments or death for “honour”-related crimes. In Pashtun areas, such councils are held under the outlines of the 1901 Frontier Crime Regulations. Under the code, a man, his family, and his tribe are obligated to take revenge for wrongs, real or perceived, to redeem their honour. Frequently disputes arise over women and land and often result in violence. The traditional settling of family feuds in tribal areas, particularly those involving killing, could result in giving daughters of the accused in marriage to the bereaved. Many tribal types of councils institute harsh punishments, such as the death penalty, “honour” killings, or *watta-satta* marriages (an exchange of brides between clans or tribes). Over the past few years, there has been a growing number of reports of militants running their own courts in several tribal agencies especially in Swat district of KP, dispensing quick justice with little due process or transparency in their deliberations.

The Asian Human Rights Commission (AHRC) reported that since 2002 more than 4,000 individuals – two-thirds of them women – had died by order of *jirga* courts in Pakistan. Although the superior courts declared these rulings illegal, the AHRC reported that some of those involved in implementing *jirgas* were members of parliament.

A National Commission of Status of Women (NCSW) study of the Qisas and Diyat Laws<sup>316</sup> confirmed that crimes committed against women by relatives, such as “honour” killings, remained unpunished because the criminal was “pardoned” by family members, or the victims were coerced into accepting “compensation”. Police in Sindh have established *karo-kari* cells with a toll-free telephone number in the districts of Sukkur, Ghotki, Khairpur, and Naushahro Feroze for persons to report *karo-kari* incidents. Because “honour” crimes generally occur within families, many go unreported. However, police and NGOs report that increased media coverage has enabled law enforcement to take action against perpetrators.

After persistent efforts by women’s rights organizations, the Women Protection Act 2006 was passed by the National Assembly by amending the highly controversial Hudood Ordinance in order to provide justice and relief to innocent women and victims of heinous crimes. The Act took rape out of the purview of shariah and placed it under civil law and the Pakistan Penal Code, as was the case previously. It removed

<sup>316</sup> Under the Qisas and Diyat law (Q&D), the victim or the victim’s heir has the right to determine whether to exact retribution (qisas) or compensation (diyat) or to pardon the accused. If the victim or heir chooses to waive qisas, or qisas is judicially held to be inapplicable, an offender is subject to tazir or discretionary punishment in the form of imprisonment. It is alleged that in these instances, judges not only have the power to determine the extent of punishment but also to decide whether to punish the offender at all. Source: United Nations Division for the Advancement of Women, Secretary-General’s database on Violence against Women, <http://webapps01.un.org/vawdatabase/searchDetail.action?measureId=18083&baseHREF=country&baseHREFId=997>.

the right of police to detain people suspected of having a sexual relationship outside of marriage, instead requiring a formal accusation in court. Under the changes, adultery and non-marital consensual sex are still offences, but judges are now allowed to try rape cases in criminal rather than in Islamic courts. That does away with the need for four witnesses and allows convictions to be made based on forensic and circumstantial evidence.<sup>317</sup>

Prosecutions of reported rapes are rare. Police and NGOs report that false rape charges sometimes are filed in different types of disputes, reducing the ability of police to assess real cases and proceed with prosecution. Police are at times implicated in rape cases. NGOs also have alleged that police sometimes abuse or threaten victims, demanding that they drop charges, especially when police receive a bribe from suspected perpetrators. Some police demand bribes from some victims before registering rape charges, and investigations are sometimes superficial. While the use of post-rape medical testing has increased, medical personnel in many areas do not have sufficient training or equipment, which further complicates prosecutions.

Women who try to report abuse can face serious challenges. Police and judges are sometimes reluctant to take action in domestic violence cases, viewing them as family problems. Instead of filing charges, police typically respond by encouraging the parties to reconcile; abused women are often returned to their abusive family members. Women may be reluctant to pursue charges because of the stigma attached to divorce and their economic and psychological dependence on relatives. Relatives may be hesitant to report abuse due to fear of dishonouring the family.

#### 7.5.6 Abuse by husbands

Women who go to the police to complain of violence by their husbands are usually told to make up with their tormenters. Three reasons are given for this advice. First, it is argued that the husband has a right to apply physical force to compel the wife to obey him and that it is always wayward or rebellious women who invite punishment. Secondly, the complainant is warned that litigation takes long to bear fruit and that women generally do not have the resources to wait for justice. And, thirdly, the woman is told to take into consideration the tribulations she will face after losing her husband's protection, especially when the doors of the parental dwelling have already been closed to her.

To address societal norms that frown on victims who report gender-based violence and abuse, the government established women's police stations, staffed by female officers, to offer women a safe haven where they could safely report complaints and file charges. There are at least eight women's police stations in the country, located in Quetta, Islamabad, Peshawar, Karachi, Hyderabad, Larkana, Lahore, and Faisalabad. The first was established in 1994 in Karachi. However, they are poorly staffed and equipped.

#### 7.5.7 Workplace harassment

In March 2010, the Government of Pakistan passed two laws against sexual harassment in the workplace. The Criminal Law (Amendment) Act amended the penal code and the code of criminal procedure, making workplace harassment against women punishable with imprisonment of up to three years or a fine of 500,000 rupees (about US\$5,880) or both. The second, more comprehensive law, the Protection against Harassment at the Workplace Act of 2010, includes a more detailed definition of harassment and proposes a code of conduct as a guideline for workplace behaviour. The law requires every institution, public or private, to form a committee to receive complaints of sexual harassment and to institute a code of conduct prescribed by the law as a part of its human resource policies. The National Commission on the Status of Women informed the media that 40 ministries and departments working under the federal government had complied with the law and incorporated the code of conduct into their policies. However, women's rights groups demand further implementation.

<sup>317</sup> United States Department of State, 2010 Human Rights Report: Pakistan, 2011, op. cit

Issues of harassment of women are often not reported or highlighted by women themselves for fear of censure by society and for compulsions of poverty. The underlying threat perception of harassment has psychological implications and places constraints on women's mobility. Incidents of sexual harassment generate fear and shame that contribute to mental stress, undermine dignity and erode self-confidence. Social protection through legislation plays a very important role in policy planning and implementation because it not only provides effective legal cover to women but also brings about change in social consciousness.

The Domestic Violence (Prevention and Protection) Bill was passed unanimously by the National Assembly on 4 August 2009, but the bill lapsed after the Senate failed to pass it within the three months required under the country's constitution. The measure makes sexual harassment or intimidation punishable by three years in prison, Rs. 500,000 (about US\$ 6,000), or both. The bill includes protection in public places such as markets, public transport, streets, or parks, and more private settings, such as workplaces, private gatherings, and homes.

The Domestic Violence bill seeks to prevent violence against women and children with a network of protection committees and protection officers and prompt criminal trials for suspected abusers. The bill defines domestic violence as including, though not being limited to, "all intentional acts of gender-based or other physical or psychological abuse committed by an accused against women, children or other vulnerable persons, with whom the accused person is or has been in a domestic relationship". With the devolution of Women Ministry matters to the provinces, it will now be up to the provinces to pass domestic violence bills in the respective provincial assemblies.<sup>318</sup>

## 7.6 Trafficking of women and children

Pakistan prohibits all forms of transnational trafficking of persons through its Prevention and Control of Human Trafficking Ordinance (PACHTO). The ordinance's prescribed penalties range from seven to 14 years' imprisonment. The government uses Sections 17 through 23 of the Emigration Ordinance to prosecute internal cases of trafficking. In addition, the Bonded Labour System Abolition Act prohibits bonded labour, with prescribed penalties ranging from two to five years' imprisonment or a fine, or both. Prescribed penalties for all above offences are seen as sufficiently stringent and commensurate with those for other grave crimes.

During 2010, the government reported that it convicted 310 offenders under PACHTO – 75 fewer than in 2009. The majority of these cases resulted in penalties of either no jail time or imprisonment of less than six months, far less than the prescribed minimum penalties. However, at least five cases resulted in six months' to two years' imprisonment; nine cases resulted in 2 to 10 years' imprisonment, and one case resulted in 10 to 14 years' imprisonment. The government reported that it also took law enforcement actions against traffickers under the vagrancy ordinances. Under various sections in the penal code, the government prosecuted at least 68 traffickers in 2010: six for sex trafficking and 38 for labour trafficking and 24 for either labour or sex trafficking.

### 7.6.1 Bonded labour

The country's largest human trafficking problem is bonded labour, concentrated in Sindh and Punjab in agriculture and brick making, and to a lesser extent in the mining, carpet-making, glass bangle, and fishing industries. Some feudal landlords affiliated with political parties or who are officials themselves use their social, economic, and political influence to protect their involvement in bonded labour. Furthermore, police lack the personnel, training, and equipment to confront the landlords' armed guards when freeing bonded labourers.

Boys and girls are also bought, sold, rented, or kidnapped to work in organized, forced begging rings,

<sup>318</sup> Perveen, R., op. cit.

domestic servitude, and prostitution. The past two years have seen tragic and highly publicized cases of violence against children in domestic servitude, including sexual abuse, torture, and death.

Illegal labour agents operate in poorer districts of the provinces, charge high fees to parents with false promises of decent work for their children, who are later exploited and subject to forced labour in domestic servitude, unskilled labour, small shops, and other sectors. Non-state militant groups kidnap children or coerce parents with fraudulent promises into giving away children as young as 12 to spy, fight, or die as suicide bombers in Pakistan and Afghanistan. The militants often sexually and physically abuse the children and use psychological coercion to convince the children that the acts they commit are justified.

Girls and women are also sold into forced marriages; in some cases their new husbands move them across Pakistani borders and force them into prostitution. NGOs and police reported markets in Pakistan where girls and women are bought and sold for sex and labour. The buying and selling of brides is common throughout rural Punjab, and in most cases, girls are sold in the false pretext of marriage and are sent to work as sex workers in the larger cities of the province.<sup>319</sup>

Poverty remains the main cause of trafficking, which compounds the finding that majority of traffickers operate out of remote districts in Punjab and Sindh. Apart from the settling of disputes, women and children are traded to pay debts, and to generate money for poverty stricken households.

The federal government, as part of its National Plan of Action for the Abolition of Bonded Labour and Rehabilitation of Freed Bonded Labourers, has provided legal aid to bonded labourers. The Bureau of Emigration continued to give pre-departure country-specific briefings to every Pakistani who travelled abroad legally for work; these briefings included information on how to obtain assistance overseas. The provincial governments along with the federal government developed and began implementation of the Child Protection Management Information System, a national monitoring system that collects district-level data in five thematic areas, including child trafficking.

The Federal Investigation Agency (FIA), is the leading agency charged with immigration control as well as prevention and control of human trafficking is to be supported by provincial units under the 18<sup>th</sup> Amendment. The FIA has established special Anti-Trafficking Unit (to deal with all matters relating to human trafficking more effectively), with sub-units established in Karachi, Lahore, Rawalpindi, Peshawar and Quetta. In November 2010, the Ministry of the Interior (MoI) designed a plan to monitor and track human trafficking cases, as well as to provide victims with identification and services. The MOI is in the process of rolling out the plan to the district level police officers and the FIA. In 2010, all 250 Pakistani UN Peacekeeping Mission forces received training from various government training academies that included combating human trafficking. Government efforts to combat human trafficking were set back by the floods of 2010,

Media and NGOs reported cases in which police received bribes from brothel owners, landowners, and factory owners who subjected Pakistanis to forced labour or prostitution. In 2010, 70 officials were disciplined and 26 were given minor sentences, including restrictions on conducting immigration work; compulsory retirement; removal from service; and demotion. Eight officials were either removed from the service or given compulsory retirement; some of these officials may have facilitated human trafficking.

## 7.7 Psychosocial care

The FIA and the police refer vulnerable men, women and children, including trafficking victims, to federal and provincial government shelters and numerous NGO-operated care centres. Some NGOs and government shelters, attempt to rehabilitate and reunite children with their families. Female trafficking victims have access to government-run Shaheed Benazir Bhutto Centres and the numerous provincial government

<sup>319</sup> One World South Asia, Pakistan: Children sold for sex trade, 26 April 2010, <http://southasia.oneworld.net/todayshadlines/pakistan-children-sold-for-sex-trade>.

Darul Aman centres offering medical treatment, vocational training, and legal assistance.

Darul Aman centres are homes and shelters established to provide immediate relief and shelter to women and girls in distress. Since 2009, the government, with the support of a local NGO, has also operated a rehabilitation centre for boys who have been recovered from militant or extremist groups in the Malakand district. As of March 2010, 150 boys were staying at the facility. In 2010, a second similar facility for girls was opened; as of March 2010, five girls were staying in that facility.

In 2010, the FIA reported that in partnership with NGOs, it provided medical support, transportation, shelter, and limited legal services to Pakistani victims of trafficking who were deported to Pakistan. The federal government, as part of its National Plan of Action for the Abolition of Bonded Labour and Rehabilitation of Freed Bonded Labourers, continued to provide legal aid to bonded labourers in the provinces.

It is important to note that Darul Aman shelters do not present a substitute to crisis centres which provide a different set of services. The crisis centres provide services to women not available at Darul Amans, including psychological and medical aid, relocation and counselling. It is the first stage of contact for a woman before admission to a shelter. After full assessment at the centres victims/survivors can have access to legal advisers and counsellors and can be referred to a shelter. As police stations are not welcoming to women there is special need to keep these centres running.

Victims of violence do not have direct access to formal health service mechanisms; therefore, an attempt has been made to attain a holistic picture through primary research including the Draft National Policy, UN and other research documents and policies of other countries, interviews with social welfare officers and health professionals, and visits to selected tertiary care institutions.

Violence against women often has fatal consequences. For survivors, intensive care is needed, requiring long-term treatment, both physical and psychological. In the absence of proper service delivery, the mortality rate in such cases may be as high as 70 per cent.

Perhaps influenced by heightened awareness and the efforts of women's rights activists, the draft National Health Policy 2009 is generally pro-gender, and takes account of health care interventions for women with critical health problems, such as injuries, which are mostly due to violence. It aims to overcome social and economic inequality and ensure responsiveness of the health system to cater to the needs and requirements of VAW victims. Proper implementation of the National Health Policy 2009 within the healthcare system will be crucial to alleviating the problems. Sustained advocacy is also necessary to pressure policy decision makers to devise policies that respond to the needs of women victims of violence, and to focus more on prevention than on cure.

More specifically, there is an immediate need to improve the hygienic conditions in all Darul Amans. Residents should also be provided free, proper and prompt legal aid which should be forthcoming from the provincial government. Also there should be proper and pertinent arrangements for mental and physical rehabilitation and vocational training so that when victims of domestic violation leave shelter homes, they are efficient and effective members of society.

### **7.7.1 Treatment for abused children**

Although statistical analysis of the physical and psychosocial consequences for children can be quite difficult, several patterns appear to be applicable to most sexually abused and sexually exploited children. All of the provincial reports in this SitAn indicate that there were few services available within the individual provinces dealing exclusively with the issues of sexual abuse and sexual exploitation or providing recovery and rehabilitative services.

In Pakistan, there is a national network of health services comprising hospitals, dispensaries, basic health units, maternity and child health centres, rural health centres and tuberculosis centres staffed by 78,470

doctors and 28,661 nurses. The potential of such a network to contribute to the needs of exploited and abused children is great. However, child sexual abuse and exploitation is usually treated from within narrow medical and legal perspectives. Medical attention focuses on treating immediate injuries and infections or preventing future infections, rather than on the psychosocial rehabilitation of sexually abused and sexually exploited children.<sup>320</sup>

## 7.8 National Child Protection Policy

In 2009, the National Child Protection Policy was submitted to the Cabinet by the Ministry of Social Welfare and Special Education and the National Commission for Child Welfare and Development, and by the end of the year, the Protection of Children (Amendment) Bill 2009 and the NCRCB 2009 were awaiting Government approval before being sent to Parliament for promulgation.<sup>321</sup>

## 7.9 Follow-up to United Nations Study on Violence against Children

In its concluding observations to Pakistan's second and third period reports on compliance with the CRC, the Committee on the Rights of the Child stated the following:

- With reference to the United Nations Secretary-General's Study on Violence against Children (A/61/299), the Committee recommends that the State party (Pakistan):
  - (a) Take all necessary measures to implement the recommendations of the United Nations Study on Violence against Children, taking into account the outcome and recommendations of the Regional Consultation for South Asia, held in Pakistan from 19 to 21 May 2005. In particular, the Committee recommends that the State party pay particular attention to the following recommendations;
    - (i) *To prohibit all violence against children;*
    - (ii) *To promote non-violent values and awareness-raising;*
    - (iii) *To ensure accountability and end impunity;*
    - (iv) *To address the gender dimension of violence against children; and*
    - (v) *To develop and implement systematic national data collection and research;*
  - (b) Use the recommendations of the Study as a tool for action in partnership with civil society and, in particular, with the involvement of children to ensure that all children are protected from all forms of physical, sexual and psychological violence and to gain momentum for concrete and time-bound actions to prevent and respond to such violence and abuse;
  - (c) Provide information concerning the implementation by the State party of the recommendations of the Study in the next periodic report; and
  - (d) Seek technical assistance from the Special Representative of the Secretary-General on violence against children, UNICEF, OHCHR<sup>322</sup> and the WHO.<sup>323</sup>

<sup>320</sup> Awan, Zia Ahmed, Violence Against Women and Impediments in Access to Justice, undated, <http://siteresources.worldbank.org/PAKISTANEXTN/Resources/293051-1146639350561/CGA-Companion-Paper-1.pdf>.

<sup>321</sup> UNICEF, Pakistan Annual Report 2009, UNICEF, Islamabad, 2010.

<sup>322</sup> Office of the High Commissioner for Human Rights.

<sup>323</sup> Concluding observations cited throughout this section are quoted or summarized in paraphrase from: Committee on the Rights of the Child, Consideration of reports submitted by States parties under Article 44 of the Convention, Concluding observations: Pakistan, 52nd session, UN document CRC/C/PAK/CO/3-4, 15 October 2009.

## **CHAPTER EIGHT: THE PHYSICAL ENVIRONMENT FOR CHILDREN AND WOMEN: WATER AND SANITATION**



## 8. THE PHYSICAL ENVIRONMENT FOR CHILDREN AND WOMEN

Pakistan is rated among the ten countries in the world that are most vulnerable to the impact of climate change. Investment of an estimated US\$ 10 billion a year is needed in natural resource management and planning, implementation of incentive-based regulatory policy regimes and support for voluntary environmental protection initiatives by industries.

Estimates suggest that environmental degradation costs the country at least 3 per cent of GDP, or about US\$ 4.3 billion a year, and these costs fall disproportionately upon the poor and women who suffer due to illnesses and premature mortality caused by air pollution, diseases caused by inadequate and unsatisfactory water supplies, and lost livelihoods due, among other things, to reduced agricultural productivity and direct contact with chemicals. Water conservation management techniques in agriculture with the support of community participation and the treatment of sewage and industrial effluent, cleaner production measures, and waste management are required to address the root causes of water pollution and scarcity. Environmental challenges are likely to mount with an increase in economic growth. At present, Pakistan is short of up to 5,000 megawatts of electricity; 30 per cent of the population have no access to electricity at all and 80 per cent have no access to piped gas. Reliance on energy imports threatens the overall economy. The resulting load management practices are estimated to incur a cost of US\$ 5.8 billion to the different sectors of the economy, and the loss of 400,000 jobs. Shortages in energy supply are a key constraint (with managed “load shedding” i.e. scheduled power outages – a daily reality in all parts of the country), together with the consequences of inefficient energy use, which have made a number of productive activities uncompetitive in domestic and international markets.<sup>224</sup>

### 8.1 Water and sanitation coverage: Aggregate level assessment

Groundwater is the principal source of drinking water for most of Pakistan’s population, whether they live in cities or rural areas. A few cities, including Islamabad, Karachi and Hyderabad, get water from a number of other sources.

About 80 per cent of Punjab has fresh groundwater, with some saline water in the south and in desert areas. There is also some evidence of high fluoride or arsenic content locally in Punjab. A number of locations have also been contaminated by industrial wastewater discharges.

In Sindh, less than 30 per cent of groundwater is fresh. Much of the province is underlain by highly brackish water and some instances of elevated fluoride levels. In KP, increasing abstraction has resulted in wells now reaching into saline layers, and much of Balochistan also has saline groundwater.<sup>225</sup>

When looking at Pakistan as a whole only 35 per cent of the population has access to tap water. The urban/rural divide shows huge disparities among the population in availability of drinking water resources. Where 62 per cent of the urban population has access to piped water, only 21 per cent of the rural population is supplied with tap water. The most common reliance of the urban population is on tap water while most rural residents use hand pumps.

KP has the maximum access to tap water when compared with Punjab, Sindh and Balochistan. Fifty per cent of the population of KP has access to tap water as a means of drinking water, with 66 per cent of urban and 47 per cent of rural residents using tap water. By comparison, in Punjab 28 per cent of the population has access to tap water as an improved source of drinking water, the lowest proportion of the population when compared with other provinces, with a 52:16 per cent urban/rural split.

<sup>224</sup> United Nations, Common Country Assessment Pakistan, 2011, Islamabad, September 2011.

<sup>225</sup> World Bank, Pakistan: Strategic Country Environmental Assessment (in two volumes), Report No. 36946-PK, 21 August 2006, <http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/Publications/448813-1188777211460/pakceavolume1.pdf>.

**Table 8.1: Main sources of drinking water for Pakistan (% of population)**

	Urban	Rural	Overall
Tap water	62	21	35
Hand pump	8	41	30
Motor pump	25	24	24
Dug well	1	6	4
Others	4	9	8
Total	100	100	100

Source: PSLM 2008-09

**Table 8.2: Main sources of drinking water by province (% of population)**

	Tap water	Hand Pump	Motor pump <sup>326</sup>	Dug well <sup>328</sup>	Other
<b>PUNJAB</b>	24	30	39	2	5
Urban	46	8	32	1	8
Rural	14	40	40	3	4
<b>SINDH</b>	43	32	12	4	7
Urban	72	7	17	0	4
Rural	13	62	6	8	10
<b>KP</b>	45	13	11	10	20
Urban	63	8	20	4	4
Rural	41	14	9	12	23
<b>BALUCHISTAN</b>	35	10	2	16	37
Urban	87	3	5	2	4
Rural	21	11	2	20	47
<b>AJK<sup>328</sup></b>					
Urban	54.6	3.6	5.5	4.9	
Rural	22.6	5.4	6.7	5.9	

Source: PSLM 2010-11, PSLM 2008-09 & MICS 2007-08

Punjab relies heavily on pumping underground water through hand pumps and motor pumps, while dug wells are used as a source of drinking water are mainly in Balochistan, with 21 per cent of the rural population relying on dug wells.

**Table 8.3: Use of improved water sources (urban)**

	Access to improved water source, urban (%)	Household connections (%)
<b>1995</b>	95	56
<b>2000</b>	95	56
<b>2005</b>	95	55
<b>2008</b>	95	55

Source: WHO/UNICEF, Joint Monitoring Programme for Water Supply and Sanitation, Estimates for the use of Improved Drinking-Water Sources, updated March 2010

<sup>326</sup> For AJK motor pumps consist of donkey pump and turbines.

<sup>327</sup> For AJK dug well consists of protected wells inside or outside dwellings.

<sup>328</sup> Data from MICS 2007-08.

Over the course of 13 years there has been a continuous improvement in securing access to improved sources of water, from 87 per cent for overall Pakistan in 1995 to 90 per cent overall in 2008. While urban access to water sources has remained stagnant during that period, there has been substantial improvement at the rural level.

**Table 8.4: Use of improved water sources (rural)**

	Access to improved water source, rural (%)	Household connections (%)
<b>1995</b>	83	9
<b>2000</b>	85	12
<b>2005</b>	86	19
<b>2008</b>	87	20

Source: WHO/UNICEF, Joint Monitoring Programme for Water Supply and Sanitation, Estimates for the use of Improved Drinking-Water Sources, updated March 2010

**Table 8.5: Type of toilet facility used by households (%)**

	Urban	Rural	Overall
Flush	95	47	63
Non-flush	3	21	15
No toilet	2	33	22
Total	100	100	100

Source: PSLM 2008-09

Twenty-two per cent of the population of Pakistan is deprived of any kind of toilet facility, the large proportion of which is the rural population. Thirty-three per cent of people residing in rural settlements have no access to toilet facilities; this creates hardships for women and children, who must use open fields and grounds to excrete, exposing them to potential danger and sexual harassment. The 2010 report of the Joint Monitoring Programme (JMP) for Water Supply and Sanitation, a combined venture of UNICEF and WHO, said that there are 48 million people in Pakistan who defecate in the open.

**Table 8.6: Type of toilet facility used by households by province (%)**

	Flush <sup>329</sup>	Non flush <sup>330</sup>	No toilet
<b>PUNJAB</b>	72	5	23
Urban	97	1	2
Rural	61	7	33
<b>SINDH</b>	62	31	8
Urban	95	3	1
Rural	26	60	14
<b>KP</b>	62	20	18
Urban	91	6	3
Rural	56	23	21

<sup>329</sup> Flush Facility includes 'Flush to piped sewerage', 'Flush to septic tank' and 'Flush to pit(latrine)'.  
<sup>330</sup> Non flush includes ventilated pit latrine, covered and uncovered pit latrine.

<b>BALUCHISTAN</b>	31	56	13
Urban	84	15	2
Rural	16	68	16
<b>AJK<sup>331</sup></b>			
Urban	93.2	0.8	6
Rural	55.3	3.3	41.4

Source: PSLM 2010-11, PSLM 2008-09 & MICS 2007-08

PSLM and MICS data, Punjab has the least coverage, with 28 per cent of its population having no access to toilet facilities. In Sindh, only 10 per cent of the population has no access to a toilet, but there are huge urban/rural disparities: 95 per cent of the urban population of Sindh uses flush facilities in contrast to only 25 per cent of the rural population.

Conditions of overall access to sanitation facilities in Pakistan are far from ideal. Whereas in 1995 only 33 per cent of the entire population of Pakistan had access to improved sanitation facilities, of which the urban population constituted a major proportion, there has since then been an effort by the government to improve the availability of sanitation facilities. Pakistan is not on track to meet the MDG target of halving the population without access to improved water and sanitation by 2015.

In 1990, the MDG baseline year, access to improved sanitation stood at 28 per cent. By 2010, only 45 per cent of the total population of Pakistan had access to improved sources of sanitation. If the rate of access to improved sanitation was 28 per cent in 2000 and 45 per cent in 2010, that is only a 60 per cent improvement over 20 years, whereas an improvement of 19 per cent would be required over the next three years to reach the 64 per cent level of access required to meet MDG targets by 2015.<sup>332</sup> The figure of 45 per cent also plainly indicates that more than half of Pakistan's entire population is still exposed to unhygienic means of sanitation and waste water disposal. A study carried out by UN HABITAT-Pakistan found that 2.5 million children did not have access to improved sources, and that 75 per cent of the hand pumps installed in schools were non-functional. In terms of sanitation, 28.5 per cent of the available latrines were non-functional. Furthermore 3.5 million students were without any latrine facility.<sup>333</sup>

**Table 8.7: Access to improved sanitation (urban)**

	Improved sanitation facilities, urban (%)	Shared sanitation facilities, urban (%)	Unimproved sanitation facilities, urban (%)	Open defecation rate, urban (%)
<b>1995</b>	73	146	14	7
<b>2000</b>	72	206	16	6
<b>2005</b>	72	256	17	5
<b>2008</b>	72	296	17	5

Source: WHO/UNICEF, Joint Monitoring Programme for Water Supply and Sanitation, Estimates for the use of Improved Sanitation Facilities, updated March 2010

<sup>331</sup> Data from MICS 2007-08.

<sup>332</sup> UNICEF Water and Environmental Sanitation section, Pakistan Country Office, Islamabad, citing JMP data.

<sup>333</sup> Report of Provincial Workshop on gender mainstreaming in WASH for provincial/local government, 20-21 November 2009, p. 7.

**Table 8.8: Access to improved sanitation (rural)**

	Improved sanitation facilities, rural (%)	Shared sanitation facilities, rural (%)	Unimproved sanitation facilities, rural (%)	Open defecation rate, rural (%)
1995	14	2	22	62
2000	20	3	23	54
2005	25	4	26	45
2008	29	5	26	40

Source: WHO/UNICEF, Joint Monitoring Programme for Water Supply and Sanitation, Estimates for the use of Improved Sanitation Facilities, updated March 2010

## 8.2 Institutional arrangements and gaps

Water and sanitation services was devolved to local level under the Local Government Ordinance (LGO) of 2001, becoming the responsibility the Tehsil Management Administration (Tehsil/TMA) or Water and Sanitation Agencies (WASAs) in the larger cities.<sup>334</sup> Rural and urban services were merged into the same delivery structure in a bid to remove disparities, which was seen as a potentially useful move – provided that accountability and transparency issues at the TMA level were addressed over time.<sup>335</sup>

Following the abolition of the federal Ministry of Environment as of 30 June 2011, under the 18<sup>th</sup> Amendment decentralization plan, the Ministry of Disaster Management has been designated as the focal ministry for national sanitation and drinking water. It would succeed the Ministry of Environment as the custodian of the National Sanitation Policy of 2006 and the National Drinking Water Policy of 2009. At the provincial level, water and sanitation are overseen by a number of departments, including Local Government and Rural Development, Works and Services and Public Health Engineering Departments (PHEDs). Locally, the TMAs, *katchi abadi* authorities and/or directorates, PHEDs, and WASAs are implementing sanitation projects.<sup>336</sup>

The 18<sup>th</sup> Amendment could present an opportunity to redefine the roles and responsibilities of the federal, provincial and district governments to make the work of the water and sanitation sector more coherent. Given improved and adequate fiscal flows to the provinces and federally administered territories, the provinces can move towards more demand-based and feasible policy frameworks. The federal government still has a vital role, including standards and guidelines settings, sector coordination and representation of Pakistan in international fora such as the South Asian Conference on Sanitation and in joint bodies such as the JMP.<sup>337</sup>

## 8.3 Intra-provincial disparities and deprived regions

The 1998 National Population Census (NPC) is still the most authentic data source for urban and rural settlements. It contains data from household questions on the source of drinking water and the availability of latrines disaggregated down to individual urban localities. Some issues and gaps in this data set include the lack of gender sensitivity, as the data have been collected at the household level and are therefore not sex-disaggregated. The data do not make it obvious that how the lack of WSS can establish the relative deprivation of women and girls and children in general. Another limitation of NPC 1998 data is that they fail to reflect changes since 1998 or the growth potential in future. As per NPC the most deprived districts for urban water supply are the following:

<sup>334</sup> United States Agency for International Development (USAID), *Pakistan Safe Drinking Water And Hygiene Promotion Project: Behavior Change Strategy (BCS) And Behavior Change Communication Plan (BCCP)*, April 2007, <http://www.eawag.ch/forschung/siam/lehre/alltagsverhaltenII/pdf/PBehaviorChangeStrategy.pdf>.

<sup>335</sup> United Kingdom, Department for International Development (DFID), 2006.

<sup>336</sup> Input received from UNICEF Water and Environmental Sanitation section, Pakistan Country Office, Islamabad, November 2011.

<sup>337</sup> Ibid.

**Table 8.9: Most deprived districts for urban water supply and sanitation facilities**

	Urban water supply	Sanitation facilities
<b>Punjab</b>	<ul style="list-style-type: none"> <li>• Muzaffargarh</li> <li>• Layyah</li> <li>• Mandi Bahauddin</li> <li>• Sargodha (some towns)</li> <li>• Sheikhpura (some towns)</li> <li>• Kasur (some towns)</li> <li>• Bhakkar (some towns)</li> </ul>	<ul style="list-style-type: none"> <li>• Okara</li> <li>• Mandi Bahauddin (some towns)</li> <li>• Khushab</li> </ul>
<b>Sindh</b>	<ul style="list-style-type: none"> <li>• Naushahro-Feroze</li> <li>• Khairpur (some towns)</li> <li>• Shikarpur (some towns)</li> <li>• Dadu (some towns)</li> </ul>	<ul style="list-style-type: none"> <li>• Khairpur</li> <li>• Naushahro Feroze</li> <li>• Ghotki</li> <li>• Jacobabad</li> </ul>
<b>Balochistan</b>	<ul style="list-style-type: none"> <li>• Lasbela</li> <li>• Khuzdar</li> </ul>	<ul style="list-style-type: none"> <li>• Musakhel</li> <li>• Gwadar</li> <li>• Qilla Saifullah</li> <li>• Khuzdar</li> <li>• Kalat</li> </ul>
<b>KP</b>	<ul style="list-style-type: none"> <li>• Swabi</li> <li>• Hangu</li> <li>• Kohat (some towns)</li> </ul>	<ul style="list-style-type: none"> <li>• Malakand</li> <li>• Upper Dir</li> <li>• Abbottabad (some towns)</li> <li>• Kohat (some towns)</li> <li>• Mansehra (some towns)</li> </ul>

Source: Findings of SitAn-Annex 1, UN-HABITAT Country Programme Document 2008-2009 – Pakistan

Another limitation of NPC data is that it does not provide information on water quality and on the type of sanitation facility.

## 8.4 Water quality challenges to health

In 2002, the Pakistan Council of Research in Water Resources (PCRWR), a unit of the Ministry of Science and Technology, conducted a National Water Quality Monitoring Programme (NWQMP), in order to establish a permanent water quality network and establish a baseline status of water quality in Pakistan. A rural water quality monitoring project was initiated covering 64 *tehsils* in four provinces.

The results of the drinking water quality monitoring of 23 major cities revealed that water resources of Pakistan are facing four major water quality issues: bacteriological contamination (27-100 per cent); infiltrations of arsenic (0-100 per cent); nitrate (0-54 per cent); and fluoride (0-55 per cent). The water samples collected from 23 surface water bodies were all bacteriologically contaminated and showed higher values of turbidity, total dissolved solids (TDS), nitrates and lead.

Results of the rural water quality monitoring of 48 *tehsils* out of 64 to be monitored showed that 80-85 per cent of water samples were bacteriologically unsafe for drinking and contained higher values of TDS and turbidity.

The PCRWR has upgraded its six already established water quality laboratories, at Peshawar, Lahore, Bahawalpur, Tando Jam, and Quetta with the latest equipment. Eighteen other water quality laboratories are established at Faisalabad, Gujranwala, Sargodha, Sialkot, Sahiwal, Multan, Mianwali, Dera Ghazi Khan,

Nawabshah, Sukkur, Karachi, Loralai, Ziarat, Dera Ismail Khan, Abbotabad, Muzaffarabad, Gilgit, and Khyber Agency (under the project “Provision of Safe Drinking Water”).

Municipal sewage is a major source of pollution. About 2 million wet tonnes of human excreta are annually produced in the urban sector, of which around 50 per cent go into water bodies to pollute them. The National Conservation Strategy (NCS) states that almost 40 per cent of deaths are related to water-borne diseases. WHO reports that 25-30 per cent of all hospital admissions are connected to water-borne bacterial and parasitic conditions, with 60 per cent of infant deaths caused by water infections. Several epidemics in Pakistan in recent years can be traced back to water contamination, including outbreaks of (potentially fatal) hepatitis E, rotavirus diarrhoea, typhoid and dysentery. The disease that Pakistan is currently struggling, to eradicate, namely polio, can be transmitted by drinking water contaminated by faecal matter containing the virus.<sup>338</sup>

According to a 2006 World Bank study, the degradation of Pakistan’s natural resource base and the high burden of resulting diseases is costing Pakistan at least 6 per cent of its GDP, or some Rs. 365 billion (US\$ 6 billion) annually.<sup>339</sup> Nearly half of that cost from environmental damage is attributable to illness and premature mortality caused by air pollution (indoor and outdoor – with indoor air pollution identified as causing 30,000 child deaths a year). Around one third of the cost (1.8 per cent of GDP) is due to death and illness resulting from waterborne diseases caused by inadequate water supply, poor sanitation and poor hygiene. These costs fall disproportionately on the poorer segments of the population, who are more exposed to degraded environmental conditions.<sup>340</sup>

The high levels of chemical compounds in Pakistan’s drinking water supply have led to incidents of widespread poisoning, from bone diseases caused by toxic fluorides, to the presence of arsenic in up to 73 per cent of the residents of the Manchar Lake area of Sindh province, to pesticide poisoning, also believed linked to infiltration into the water supply, which has been reported among Pakistani farmers.<sup>341</sup>

## 8.5 Water pollution and the environment

Drinking water supply lines and open sewage drains in the streets are often laid side by side. As a result, water is frequently contaminated when pipes erode. Most main sewers are between 30-50 feet (roughly 9-15 metres) below ground level and are made of 10ft (3m) cement sections linked without proper safety seals. Poor connections combined with deteriorating low quality sewer pipes cause a lot of leakage. The outflow from sewer mixes with the water table and the contamination is carried to deeper levels. Thus the groundwater which is considered safe becomes adulterated with everything from PCBs, lead, cyanides, mercury, solvents, and hydrocarbon compounds, to hospital and pharmaceutical industry waste. Domestic wastewater collects on the streets and in low-lying areas. The situation is further aggravated by the addition of untreated wastes from small-scale industries.

Karachi’s untreated wastewater from domestic sewage and industrial estates is discharged into the Layari and Malir rivers, which flow into the Arabian Sea. This waste has begun to pose a serious threat to the marine environment, as the channel water is contaminated not only with bacteria but also with toxic chemicals. Water pollution also extends a savage threat to wildlife of Pakistan. Animals drink water out of polluted water bodies, ailing ponds, rivers and streams. This sickens the animals and some may even die. Oil spills kill thousands of fish in oceans. Extreme pollution of river Ravi has destroyed the once existing 42 species of fish and bird life around the river has migrated to other areas. Survival of small invertebrates, micro fauna and flora is also threatened.<sup>342</sup>

<sup>338</sup> Haider Warraich, “Pakistan’s bubbling water crisis”, The AfPak Channel, Foreign Policy, 13 June 2011, [http://afpak.foreignpolicy.com/posts/2011/06/13/pakistans\\_bubbling\\_water\\_crisis](http://afpak.foreignpolicy.com/posts/2011/06/13/pakistans_bubbling_water_crisis).

<sup>339</sup> World Bank, Pakistan: Strategic Country Environmental Assessment, 2006, op. cit.

<sup>340</sup> Ibid. See “Environmental Degradation Threatens to Slow Pakistan’s Economic Growth, warns World Bank report, World Bank press release, Islamabad, 3 September 2007 (2006?).

<sup>341</sup> Ibid.

<sup>342</sup> World Wildlife Fund (WWF), Water Pollution Factsheet, [http://www.wwfpak.org/factsheets\\_wps.php](http://www.wwfpak.org/factsheets_wps.php).

Nearly 40 per cent of Pakistan's irrigated land is believed to be waterlogged, and 14 per cent of it to be saline. Since more than 60 per cent of the population is rural and depends on natural resources such as soils, water, rangeland and forests, the degradation of those resources puts the country's economic sustainability (dependent as it is on agriculture) under severe environmental threat.

**Table 8.10: Per capita water availability**

Year	Population (millions)	Per capita availability (m <sup>3</sup> )
1951	34	5300
1961	46	3950
1971	65	2700
1981	84	2100
1991	115	1600
2000	148	1200
2013	207	850
2025	267	695

*Source: Draft State of Environment Report 2005*

## 8.6 Hygiene practices: Importance of behavioural change

The Pakistan Safe Drinking Water and Hygiene Promotion Project (PSDW-HPP) has been set up to assist local governments and communities in 31 districts to safely maintain and operate water treatment systems, as well as promote good personal and household water hygiene in order to maximize health benefits. One challenge is that hand washing with soap, which is the most effective means of protecting against infection, is difficult to practise in water-deprived areas. It is estimated that an extra 20 litres per person per year is required in order to follow recommendations regarding hand washing fully.<sup>343</sup>

MICS surveys seek to identify prevailing sanitation practices, which can be analyzed from the standpoint of the key WASH behaviours promoted by UNICEF and others, namely, safe disposal of excreta, hand washing with soap, use of toilets and treatment of water at household level. According to the 2007-08 Punjab MICS, for example, only 5 per cent of household members use an appropriate water-treatment method (3 per cent boil their water and 2 per cent use water filters). The 2008 MICS for KP shows that only 2 per cent of the population use appropriate water-treatment methods. (Detailed findings on sanitation practices may be found in the individual SitAn reports for all seven provinces and areas that are companion reports to this national analysis.)

The Pakistan Approach to Total Sanitation (PATS), which was approved by the Ministry of Environment in March 2011, uses "triggering" as an entry point and uses communication as a strategic tool to bring about changes in behaviour for sustainable sanitation improvements in communities. PATS emphasizes the need to create markets for sanitation hardware and trained masons so that changed behaviour results in improved sanitation indicators. Communities are at the centre of the planning process for collective action, behaviour change, application of triggers, follow-ups, certification, and market development. PATS discourages direct subsidies and calls for creation of a database for results-based monitoring. PATS encourages the use of principles rather than methodology-based approaches, thus allowing the federal and provincial governments greater programming flexibility to engage in meaningful discourse and exchange of experience, adapting context-specific solutions as well across the provinces.

<sup>343</sup> Graeff, J., Elder, J., et al., "Communication for health and behavior change: A developing country perspective", *Health Policy*, vol. 35, no. 1, January 1996, [www.sciencedirect.com/science/article/B6V8X-4BXY2F7-7/2/3bbf3e873b9366e310ae951127d4b834](http://www.sciencedirect.com/science/article/B6V8X-4BXY2F7-7/2/3bbf3e873b9366e310ae951127d4b834), pp. 95-96.

## CHAPTER NINE: THE ECONOMIC ENVIRONMENT FOR CHILDREN AND WOMEN: POVERTY AND CHILD WELL-BEING



## 9. THE ECONOMIC ENVIRONMENT FOR CHILDREN AND WOMEN

### 9.1 The persistence of poverty in Pakistan

Poverty eradication is one of the key objectives of development policy in Pakistan, and it has gained in importance to planners since the adoption of the MDGs in 2000.

Poverty refers to lack of material resources to afford basic human needs, and comprises many dimensions. A great deal of research has been devoted to estimating income or expenditure based poverty lines. But poverty may be characterized not only by low income or non-fulfilment of basic needs but also by the lack of social infrastructure and the vulnerability of households and families.<sup>344</sup>

The best-known method of measuring poverty is called headcount poverty, which is based on the proportion of the population living below a minimum income/consumption threshold. Consumption-based poverty measures often determine a poverty line by taking into account expenditures required on food items based on calorie intake of 2,350 calories per adult equivalent per day, together with expenditures on non-food items. Variations in headcount poverty across regions and over time have served as a guideline in targeting poverty alleviation programmes and to monitoring the effectiveness of past programmes.

### 9.2 The Pakistan context

It is estimated that nearly a quarter of Pakistan's population lives below the poverty line – where the poverty line is officially defined on the basis of per capita ability to purchase the nutritional requirements of an adult (i.e., 2,350 calories per adult equivalent per day, which was US\$13 per month in 2001). Although per capita income has increased from \$576 in 2002-03 to \$1,254 in 2010-11, the benefits have not been felt by all. Pakistan is categorized as one of the poorest countries in the world, and poverty is particularly felt by Pakistani women, nearly 40 per cent of whom can be termed as poor and of whom nearly 30 per cent can be considered both economically and socially poor, i.e. having a low social status against international indicators assessing status in societies.<sup>345</sup>

The incidence of poverty in Pakistan declined in the 1970s and 1980s, but the declining trend was reversed in the 1990s when poverty generally increased, from 25.46 per cent in 1992-93 to 34.46 per cent in 2000-01. However, a high growth trajectory over the period 2002 to 2007 resulted in a decline in headcount poverty to 22.3 per cent by 2005-06.

The last two poverty estimates, based on 2004-05 and 2005-06 household surveys, suggested that, in the face of high growth, poverty in Pakistan had followed a declining trend from 2000/01 to 2005/06.<sup>346</sup> However, there was evidence of strong clustering around the poverty line, suggesting that a large proportion of the population remained most vulnerable to small income shocks.

Still, the declining poverty trend of the mid-2000s encouraged optimism about meeting the MDG1 target of halving poverty by 2015, which would mean reducing it from 26.1 per cent in 1990/91 to 13 per cent in 2015. However, unforeseen events since 2007 have entirely reversed the declining trend in headcount poverty. These factors which include, the slowing pace of economic growth, high inflation, increases in food and fuel prices, the devastating floods of 2010 and continuing conflict in many parts of Pakistan and the resulting stagnation of public investments, have all contributed to a slowdown in employment and

<sup>344</sup> Asian Development Bank, *Poverty in Pakistan: Issues, Causes and Institutional Responses*, Asian Development Bank, Islamabad, 2002.

<sup>345</sup> United Nations Country Team, Pakistan, *Common Country Assessment*, September 2011.

<sup>346</sup> The 2007-08 Pakistan Social and Living Measurement (PSLM) report had ventured to estimate that poverty had fallen from the 2005-06 level of 22.3 per cent to 17.2 per cent in 2007-08. The latter figure – the most recent "official" estimate available – continued to resonate into 2011, when the deputy chair of the state Planning Commission was summoned for questioning in Parliament for questioning the veracity of the estimate.

income growth and in turn to the persistence of poverty. The UN estimated, for example, that 5.3 million jobs had been lost or affected in Pakistan by the floods of 2010.<sup>347</sup> The floods also destroyed crops worth an estimated US\$3.3 billion.<sup>348</sup>

Before 2007/08, Pakistan's inflation rate was relatively low, however, it started increasing in 2007/08, reaching 20.87 per cent that year; food inflation increased by 23.7 per cent. By July 2011, Pakistani economists were declaring that Pakistan had seen inflation increase cumulatively by a massive 76 per cent over the previous four years, which would yield an average annual inflation rate of 19 per cent during that period, as against an average annual growth rate of only 2.9 per cent in GDP. Food inflation had averaged 14.6 per cent a year during the same four-year period.<sup>349</sup>

According to the Federal Bureau of Statistics, the Consumer Price Index (CPI) increased from 158.90 in 2007-08 to 244.26 in 2010-11, for an average inflation of 13.42 per cent.<sup>350</sup>

These negative developments are expected to have increased the number of poor people in all parts of Pakistan, including Punjab, which is home to around 60 per cent of the total population in the country. A reversal of the declining trend in headcount poverty also suggests that if the present trends continue, Pakistan may not be able to meet the MDG poverty-reduction targets by 2015. Needless to say, the persistence of poverty is a looming threat to the survival and development of children and women, who are the most vulnerable.

### 9.3 Rural and urban patterns of poverty

Poverty in Pakistan has always been higher in rural than in urban areas. This is clearly indicated by the time-series of headcount poverty reported in Table 9.1.

**Table 9.1: Comparison of consumption-based poverty estimates of Pakistan**

Region	1992-93	1993-94	1996-97	1998-99	2000-01	2004-05
<b>Pakistan</b>	25.46	28.17	25.78	31.08	34.46	23.94
<b>Urban</b>	19.99	15.39	15.84	21.37	22.69	14.94
<b>Rural</b>	27.63	33.54	30.17	35.13	39.26	28.13
<b>Punjab</b>	24.25	28.55	24.66	31.62	32.24	--
<b>Urban</b>	21.24	17.01	16.61	24.24	23.33	--
<b>Rural</b>	25.37	32.95	27.89	34.62	35.86	--
<b>Sindh</b>	23.29	21.50	15.39	26.01	35.31	--
<b>Urban</b>	16.65	11.33	11.77	15.57	20.06	--
<b>Rural</b>	28.56	30.24	19.22	34.00	45.07	--
<b>Khyber Pakhtunkhwa</b>	33.62	36.37	40.23	41.28	41.47	--
<b>Urban</b>	24.37	25.31	26.92	27.13	29.05	--
<b>Rural</b>	34.91	38.22	42.36	43.72	43.61	--
<b>Balochistan</b>	26.77	34.36	37.69	21.55	35.49	--
<b>Urban</b>	30.44	15.62	22.98	22.94	26.18	--
<b>Rural</b>	26.21	36.75	41.61	31.34	37.45	--

Source: Iftikhar Ahmed Cheema (2005), *A Profile of Poverty in Pakistan*, Centre for Research on Poverty Reduction and Income Distribution, the Planning Commission, Government of Pakistan, Islamabad.

<sup>347</sup> United Nations, *Department of Economic and Social Affairs, World Economic Situation and Prospects 2011*, UN publication Sales No. E.11.II.C.2, New York, January 2011.

<sup>348</sup> "Pakistan rate cut signals government pressure on Central Bank", Bloomberg News, 31 July 2011.

<sup>349</sup> Profit, *Pakistan Today*, and *Express Tribune*, 22 July 2011.

<sup>350</sup> Government of Pakistan, Federal Bureau of Statistics, *Monthly Review on Price Indices*, Statistics Division, Islamabad, July 2011.

The evidence also reveals that when national poverty rates trend upward, rural poverty increases faster than urban poverty and when national poverty rates trend downward, rural poverty decreases faster than urban poverty. For instance, when poverty levels were going up in 1990s, rural poverty increased faster than urban poverty. The differential in urban and rural poverty was only 8 per cent points in 1992/93, which more than doubled in 2000/01 to about 17 percentage points. Likewise, when there was a sharp decline in headcount poverty from 2000/01 to 2005/06, the fall in rural poverty was much higher than the fall in urban poverty; rural poverty fell from 39 per cent in 2000/01 to 28 per cent in 2004/05 while urban poverty fell from 23 per cent to 15 per cent.

More recent estimates of headcount poverty in rural and urban areas are not available. Therefore it is difficult to provide evidence of the emerging trends. However, *prima facie* evidence suggests that the gap between rural and urban areas may have further narrowed over the last five years. This is mainly explained by a transfer of incomes from urban to rural areas due to rising prices of agricultural products over the last four years.

Farmers generally gain from the inflationary trends in a country. For instance, high food prices, if allowed to be passed on to consumers, erode the purchasing power of net food consumers, especially low-income households who spend a high proportion of their incomes on the purchase of essential food items. By contrast, high food prices bring about significant gains to net food producers.

Since Pakistan is mostly self-sufficient for its food requirements, higher food prices might be expected to have significantly benefited food-producing farmers. For instance, in September 2008 there was a marked increase in the support price of wheat (from Rs. 625/ 40 kg to Rs. 950/ 40 kg) , which is Pakistan's largest staple food crop, grown mostly in Punjab and Sindh provinces. Increased support price, along with a much enhanced government commodity procurement programme, led to a substantial cash injection into the rural economy.<sup>351</sup>

Similarly, there was unprecedented increase in the price of rice (57 per cent), sugar (153 per cent),<sup>352</sup> and cotton, triggered by global price inflation, which also saw huge profits accrue to rural producers, especially in Punjab and Sindh. The livestock and dairy sector, which contributes around half of the agricultural GDP, has also witnessed significant increases in profits during the last three years due to phenomenal increases in the prices of milk (86 per cent) and meat (85 per cent). As one would expect, the price inflation in the country is likely to have benefited rural producers at the cost of urban consumers, especially those who were barely above the poverty line who may have fallen back into poverty due to high food inflation.

Most households in Pakistan spend almost half of their income on food. According to the 2011 NNS for Pakistan, poor food availability, poor quality of diet and a lack of knowledge of nutritious foods contributed to a vicious cycle of poverty; recent food price hikes had made this problem worse.<sup>353</sup> Media reports in July 2011 said that the latest Household Income Expenditure Survey (HIES), which would form part of a new PSLM survey (2010-11), would show that people living around the poverty line were spending 69.2 per cent of their total food expenditure on basics such as wheat, milk, ghee, vegetables and sugar, while wealthier people spent 48.1 per cent on those items.<sup>354</sup>

### 9.3.1 Food security

According to the draft report of the NNS 2011, while Pakistanis “consume significantly more dairy products, sugar, wheat, meat, eggs, and poultry on a per capita basis than their principal neighbour” (India), food security remains a challenge in many parts of the country.

<sup>351</sup> Government of Pakistan, Ministry of Finance, Economic Adviser's Wing, Pakistan Economic Survey, 2010-11, Islamabad, 2011.

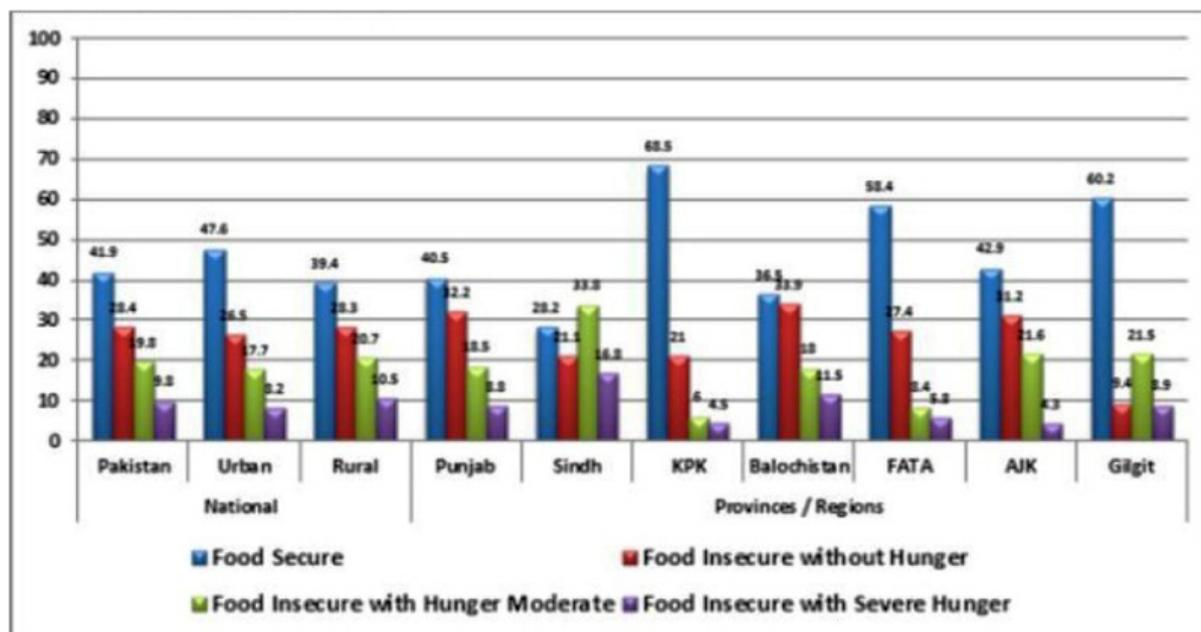
<sup>352</sup> Ibid., Table 13.1, p.166.

<sup>353</sup> National Nutrition Survey 2011, op. cit.

<sup>354</sup> “Alarming Poverty: Poor spending 69.2 per cent of income on food”, The News, 6 October 2011.

The Survey revealed that 58 per cent of Pakistani households are food insecure. Sindh was the most food-deprived province, with 72 per cent of families reporting food insecurity and about 52 per cent of the population living in a “state of hunger”, either severe or moderate; situation in that province had been exacerbated by the recent floods. Balochistan was the next most food-deprived, with 63.5 per cent of the population food insecure. Punjab and AJK reported food insecurity of about 59.5 and 57 per cent, respectively, while FATA and KP, perhaps unexpectedly for two areas on the front line of conflict and insurgency, reported that only 41.6 and 31.5 per cent of their populations, respectively, were not food secure. Gilgit-Baltistan reported 39.8 per cent food insecurity.<sup>355</sup>

Figure 9.1: Food security situation



Source: Department of Paediatrics and Child Health, Aga Khan University, National Nutrition Survey 2011, p. 27.

## 9.4 Poverty comparison by provinces

Regional poverty trends in Pakistan suggest that while poverty increased in all provinces in 1990s, it was highest in KP at the beginning (33.62 per cent) as well as at the end of the period (41.47 per cent). It is also significant to note that the incidence of headcount poverty sharply increased in Sindh and Balochistan between 1998-99 and 2000-01.

During this short duration, poverty increased by 9 per cent points in Sindh and 14 per cent points in Balochistan, which is explained by severe drought conditions faced by the rural areas of both the provinces. For example, the evidence shows that between the periods 1998-99 and 2000-01, wheat and rice production in Sindh decreased by 17 per cent and 13 per cent, respectively; a similar picture emerged in Balochistan, which severely affected rural poverty in both the provinces.<sup>356</sup>

## 9.5 Income inequalities in Pakistan

Reducing disparities in incomes is as important as poverty alleviation. Income inequality, measured by the Gini coefficient,<sup>357</sup> has generally worsened during the past decade. For example, at the beginning of the

<sup>355</sup> National Nutrition Survey 2011, op. cit.

<sup>356</sup> Cheema, Iftikhar Ahmed, A Profile of Poverty in Pakistan, Centre for Research on Poverty Reduction and Income Distribution, Planning Commission, Government of Pakistan, Islamabad, 2005.

<sup>357</sup> The Gini index, from which the Gini coefficient derives, measures the extent to which the distribution of income (or in some cases consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Gini index score of zero implies perfect equality, while a score of 100 implies perfect inequality (see <http://earthtrends.wri.org>).

period Gini income inequality in Pakistan followed a clear upward trend from 0.27 in 2000-01 to 0.30 in 2005-06, showing worsening income distribution.<sup>358</sup> However, there was a slight reversal of this trend due to sudden price rises in 2007-08.

Similarly, the ratio of the highest to the lowest consumption quintiles generally corroborates these results. In other words, high economic growth rates in the beginning to middle of the last decade failed to bring about any distributional impact. The Gini Inequality rate in urban areas was much higher, at 0.32 in 2007-08, than this rate in rural areas at 0.25, indicating a clear disparity, and this difference was maintained throughout the last decade.

These estimates depict an aggregate picture and they do not throw light on intra-regional disparities in incomes. Moreover, these measures are not geared to address the situation of children across districts and can mask the severity and disparity in child well-being. Therefore, looking at child well-being from an income or consumption lens is inadequate, particularly from an equity perspective. Thus there is a need to recognize the special dimensions of child well-being, which has different causes and effects than the adults.

## 9.6 The need for an alternative measure: The Child Well-Being Index

While income/consumption-based measures of poverty are useful in identifying those living below the poverty line, they are narrow in scope, as deprivation is not always linked to income. For example, the HDI shows that countries with a high GDP per capita may have low HDI rankings, and vice versa.

Income- or consumption-based measures also mask the severity of, and disparities in, child poverty. Human rights instruments, especially the CRC, that offer a normative framework to assessing child well-being, have promoted the rights-based approach to child poverty. Under this approach, the emphasis on child poverty has shifted away from “personal failure” to failure of state policies in helping children grow and prosper. This approach no longer treats child poverty as a social problem, but as a violation of the rights of the child.

The definition of child poverty, as presented in the 2005 *State of the World's Children* report, is that children “living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full or equal members of society.”<sup>359</sup> This definition emphasizes the importance of a multidimensional approach to child well-being or child deprivation, where child-specific indicators can be used to capture the interrelated nature of poverty.

Several reasons can be given for the importance of a multidimensional approach to child well-being. Children are much more vulnerable to poverty than adults due to their age and dependence on others for their basic needs. Younger children are even more vulnerable than older children because they need a loving environment and adequate economic means to nurture them, while older children can develop their own strategies to cope with their environment as they become increasingly independent from their families, through interactions with their peers and by attending school, for example.

Because child poverty can have a long-lasting impact on the cognitive and physical impairment of children, the cycle of poverty can be perpetuated if these children are permanently disadvantaged. For example, malnutrition may influence the health and education of a child, which in turn may impair her or his long-term development. Since the basic human needs of children are different from those of adults, children are affected differently from adults. For instance, the dietary requirements of children are different from those of adults, and education is critical to child development. A child-specific indicator of child well-being

<sup>358</sup> Government of Pakistan, Pakistan Economic Survey, 2010-11, op. cit.

<sup>359</sup> UNICEF, *The State of the World's Children 2005*, UNICEF, New York, December 2004, p. 18.

can therefore play a crucial role in emphasizing those needs that are so important to child development.

## 9.7 Recent developments in measuring child poverty

In the last decade or more, a number of approaches have been developed to address the need for a measurement of child poverty; these have sought to deploy tools which capture the particular attributes of children and their specific needs.

These approaches differ significantly in terms of the selection of indicators, the method of aggregation and data requirements. A recent paper reviewing the literature on the measurement of child poverty and child well-being acknowledged that, as yet, there is no perfect approach, and that all existing approaches are premised on some conceptual framework in line with data availability.

Some of the best-known methods of measuring child poverty (sometimes defined as child deprivation or child well-being) are known as the Bristol approach, the Erika Strand child poverty index, and the EU CWI.

- The **Bristol** approach<sup>360</sup> constructs a “child deprivation index” and is grounded in the CRC. Under this approach, child deprivation is measured by using seven indicators, namely: food, safe drinking water, sanitation facilities, healthcare facilities, shelter, education, and information. These basic needs of the child are represented as separate dimensions in the deprivation index. Under this approach, the unit of analysis is the child and for every dimension the severity of deprivation is identified by increments of deprivation: mild, moderate, severe and extreme. For poverty calculations, only severe deprivation within each dimension is considered, and the thresholds are set according to internationally agreed conventions and standards. A child is regarded as absolutely poor if he/she suffers from two or more severe deprivations.
- The **Erika Strand** child poverty index was designed to construct cross-country comparisons on child poverty by using sets of indicators for three of the four basic child rights: 1.) child survival, 2.) child protection, and 3.) child development.<sup>361</sup> Based on data availability and quality checks on data, Ms. Strand selected ten indicators to construct a cross-country child poverty index, namely: the under-five mortality rate; the existence and degree of armed conflict; the estimated number of children working full time; the MMR; the number of one-year-olds immunized against measles; children under five who are underweight; households with access to drinking water; households with access to sanitation facilities; the primary education enrolment rate; and the adult literacy rate. She normalized all her results and the normalized scores of the ten indicators then yielded the child poverty score.
- The **EU** child well-being index<sup>362</sup> is another multidimensional measure which uses eight different clusters to analyze child poverty, namely: material situation; housing; health; subjective well-being; education; children’s relationships; civic participation; risk and safety. Within these clusters, domains and indicator variables are identified on the basis of the available data. To measure child poverty, we use CWI by identifying domain and indicator variables on the basis of available data. The index score is calculated by using z-scores denoted as

$$z\text{-score} = \frac{x_i - \bar{x}_i}{\sigma_i}$$

where is  $x_i$  the value of the  $i$ th indicator,  $\bar{x}_i$  is for the mean value of the  $i$ th indicator and  $\sigma_i$  is the standard deviation of the  $i$ th indicator. The z-score method converts all the indicators into a common scale with a mean of zero and standard deviation of one. The domain index is constructed by

<sup>360</sup> See, Gordon, D., Nandy, S., et al., *Child Poverty in the Developing World*, The Policy Press, Bristol, UK, 2003.

<sup>361</sup> Strand, Erika, *A Cross-Country Child Poverty Index for UNICEF: From Concept to Implementation*, report prepared for UNICEF, 2006.

<sup>362</sup> Bradshaw, J., Hoelscher, P., Richardson, D., “An Index of Child Well-being in the European Union”, *Social Indicators Research*, vol. 80, no. 1, 2006, pp. 133 – 177.

taking the average z-score for all the indicators in that domain, while the overall CWI is constructed by averaging the domain z-scores for all domains.

An advantage of using z-scores is that in addition to the rank order it also takes into account dispersion or inequality across districts. Further, the z-score method offers a natural benchmark to identify least and most developed regions; areas with index scores below the mean are regarded as least developed and those above the mean as most developed. We assign equal weight to each of the domains.

We converted the scale of some indicators to make sure that increase in a given indicator was always positive or that it results in increase in CWI. Some indicators are reported in the form of ratios and not as percentages; we converted these indicators in percentages by using this formula:

$$\text{Indicator value} = \frac{(\text{value} - \text{sample min})}{(\text{sample max} - \text{sample min})}$$

## 9.8 A new approach

Drawing on the above methods, particularly the Bristol and EU models, the present report uses the z-scores method and applies a set of indicators carefully chosen to reflect the context of Pakistan and where possible these indicators are linked to MDG achievements.

The index is aimed at informing the SitAn, particularly by identifying disparities determined by geography and other factors. The index thus sharpens the equity focus of the SitAn and assists in targeting interventions and in advocacy for children and women in Pakistan.

As far as possible, the chosen indicators use the child as the unit of analysis, rather than household or family. The most up-to-date indicators are used as far as possible, and, also as far as possible, the data for a single variable are used from the same source across provinces to avoid the risk of incomparability across regions. The data was obtained from the MICS, supplemented by information obtained from PSLM 2008/09.

Table 9.2 shows the domains and indicators adapted to the context of Pakistan to construct a CWI of all provinces and regions. The selected indicators are distributed across five domains – **child survival, child education, water and sanitation, child protection** and **shelter and information** – and they are combined into a single indicative number for each district to reflect overall child well-being. The indicators are chosen in part to reflect data availability and in part to provide a realistic “snapshot” of child deprivation in the Pakistani context.

**Table 9.2: Indicators adapted and definitions on which child wellbeing index is based**

Domain/Indicator	Definition
<b>I. Child survival:</b>	
1) Skilled birth attendance at delivery	Percentage of women aged 15 -49 years who were attended by skilled health personnel during child birth in the two years preceding the survey
2) Underweight prevalence	Percentage of children under five that fall below minus 2 standard deviations from the median weight
3) Percentage of children immunized fully	Percentage of children 12-23 months who have been immunized fully.
<b>II. Education:</b>	
4) NAR primary- net primary school attendance rate	Percentage of children of primary school age currently attending primary or secondary school as a fraction of all children in that age group
5) NAR middle/secondary - net middle/secondary school attendance rate	Percentage of children of middle/secondary school age (10 - 14 years) currently attending middle/secondary school or higher as a fraction of all children in that age group
6) Gender parity ratio	Proportion of girls in primary and middle/secondary education divided by proportion of boys in primary and middle/secondary education
<b>III. Water &amp; sanitation:</b>	
7) Un-improved source of drinking water	Percentage of household members living in households using unimproved sources of drinking water (not available at child level).
8) No toilet facility	Percentage of households with no toilet facility (not available at child level).
<b>IV. Child protection:</b>	
9) Child labour	Percentage of children aged 5-14 years that are involved in child labour.
10) Birth registration	Percentage of children under 5 (children aged 0-59 months) whose births are registered.
<b>V. Shelter &amp; information</b>	
11) Children residing in one room dwellings	Percentage distribution of households with one room (not available at child level).
12) Access to information – no access to radio	Households with no access to radio (not available at the child level)

## 9.9 Regional results

The regional dimensions of child well-being are analyzed for the four provinces, plus FATA and AJK. The sum of z-scores for districts across provinces and regions indicate that low child well-being is more common than high child well-being.

The results indicate that out of 132 districts, agencies, and FRs in the sample, 75 districts (or about 57 per cent) suffer from low child well-being as their index score is below the benchmark. More specifically, the results obtained in this Analysis suggest that:

- In PUNJAB, the most developed districts according to the CWI are Gujrat, Jhelum, Rawalpindi, Sialkot, Gujranwala, Chakwal and Lahore. The least developed districts are Rajanpur, Dera Ghazi Khan, Muzaffargarh, Rahim Yar Khan and Bahawalpur.
- In SINDH, as expected, the highest CWI rankings are found in Karachi, Sukkur, Hyderabad, Khairpur, Ghotki, Larkana and Shikarpur. The lowest child well-being is found in Badin, Mirpurkhas, Thatta and Jacobabad.
- In KP, the most developed districts are Abbotabad, Haripur, Mansehra, Peshawar and Kohat, while the least developed are Kohistan, Upper Dir, Tank, Shangla and Buner.
- In BALOCHISTAN, the most developed districts are Kech, Quetta (Zarghoon), Panjgur, Quetta (Chiltan) and Qilla Abdullah. The lowest child well-being indicators are found in Sherani, Jhal Magsi, Awaran, Naseerabad and Musakhel.
- In FATA, the agencies with the highest CWI ranking are Khyber, FR Kohat, FR Peshawar and Kurram. The lowest results are found in FR Dera Ismail Khan, FR Bannu, Mohmand, FR Lakki Marwat, Orakzai and South Waziristan.
- In AJK, high CWI rankings are found in Mirpur, Poonch, Bhimber and Kotli, while low rankings for child well-being are found in Bagh, Sudhnuti, Muzaffarabad and Neelum.

The provincial analysis indicates that the highest percentage of deprived districts is found in **Sindh** (68 per cent), followed by **Balochistan** (61 per cent) and then **FATA** (58 per cent). The proportion of deprived districts in **Punjab** is 51 per cent while in **KP** and **AJK** the proportion of such districts is 50 per cent each.

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