

1. INTRODUCTION

The Convention on the Rights of the Child (CRC), adopted by the UN General Assembly on 20th November 1989, is a holistic document, ensuring rights for children all over the world, irrespective of age, sex, race, religion or other special status. Pakistan ratified the CRC in 1990. In 2000, again 190 member states of the United Nations committed to achieve Millennium Development Goals by 2015, and Pakistan was signatory to it. Pakistan is also committed to pursue goals and targets in Poverty Reduction Strategy Paper (PRSP).

In 2002 at a special session of UN General Assembly set forth a set of goals and targets in the areas of Education, Health, HIV/AIDS and Protection to improve living conditions for children and adolescents. Under the Declaration and Plan of action, A World Fit for Children, adopted by the UN General Assembly, States committed themselves to *“develop or strengthen as a matter of urgency, if possible by the end of 2003, national, and where appropriate, regional action plans with a set of time-bound and measurable goals and targets based on this Plan of Action...”*

In response to the World Summit for Children held in 1990, Pakistan’s commitment to summit Declaration and Plan of Action, a National Plan of Action was prepared in 1990-91, through a process, coordinated by the National Commission for Child Welfare and Development (NCCWD), under the Ministry of Social Welfare. In order to translate its commitment to achieve World Fit for Children (WFFC) goals and targets, a revised and comprehensive National Plan of Action was prepared with the active involvement of government departments, civil society, academia, children and development partners. The Federal Cabinet officially adopted the document on 24th May 2006. The main strategic thrust of the NPA is on the political commitment, raising awareness, capacity building, advocacy, networking, social mobilization, enhanced allocation of resources, and setting up and strengthening functional structures and systems.

Although the National Plan of Action was approved in May 2006, its goals and targets were however pursued since 2001-2002 through initiatives like PRSP, MDG, Education Sector Reforms and Health Reforms agenda, and providing legal protection to children against violence and Child Labor etc. The primary responsibility of implementation of the NPA lies with sectoral ministries, however the Ministry of Social Welfare and Special Education has established a well-coordinated mechanism under the NCCWD to ensure effective implementation to meet WFFC goals and targets.

The report has been prepared taking into account as far as possible the existing processes and mechanisms in place towards the protection of children and their rights as individuals. A thorough review of literature, reports on CRC, MDGs, PRSP, government policy documents and other related material was undertaken. This was followed by extensive discussions and meetings with all the senior officials of the concerned government departments and civil society organizations.

2. Major National Actions for Children and towards WFFC Targets Since 2002.

2.1. Launching of Child Rights Movement in Pakistan.

On the eve of Universal Children's Day 2003, the President of Islamic Republic of Pakistan pledged his commitment by signing, "**Say Yes to Child Rights Movement in Pakistan**". The National Commission for Child Welfare and Development (NCCWD) disseminated the Pledge of the President of Pakistan to seek commitment and support by the planners, decision makers, Parliamentarian, District Nazims and general public through signing of the Pledge. In order to maintain this spirit, the Prime Minister of Pakistan also showed his commitment by signing similar pledge on the eve of National Children's Day 2005. An encouraging and welcoming response was received.

2.2. Declaration of the Year 2004 as the "Year of Child Welfare and Rights".

The Federal Cabinet declared the year 2004 as the "**Year of Child Welfare and Rights**" to carry forward the pledge signed by President of Pakistan, General Pervez Musharraf "**Say Yes to Child Rights Movement in Pakistan**". The Federal Cabinet constituted a ministerial level committee comprising relevant Ministries to prepare a co-ordinated Plan of Action for Children and for observance of the year 2004. The main purpose of the celebration of the year was to promote the CRC agenda for survival, protection, participation and development of children in Pakistan

2.3. Regional Consultation on Violence against Children.

In support of the UN Secretary General's study on Violence against Children, the Ministry of Social Welfare and Special Education in collaboration with UNICEF Regional Office for South Asia (ROSA) Kathmandu, Nepal hosted a Regional Consultation on Violence against Children on **19-21, May 2005** at Islamabad. Prior to this Regional Consultation a children's consultation was also held from 17th to 18th May 2005. The objective was to provide an in-depth global picture of violence against children and propose recommendations for the improvement of legislation, policy and programmes to address the issue. As an out come of this consultation, a secretariat of South Asia Regional Forum for Ending Violence against Children is also working in the NCCWD to monitor the violence at regional level. First meeting of the Forum at ministerial level has been held on the issue of corporal punishment and child marriages in July 2006. The recommendations are being followed up for implementation at the SAARC level.

2.4: National Plan of Action (NPA) for Children:

Pakistan has a comprehensive National Plan of Action for Children, suggesting concrete measures for the survival, development and protection of children from all forms of neglect, abuse, and exploitation. The goals and targets as set forth by the UN Special session outcome document "A World Fit for Children" are clearly reflected in the NPA. A distinct sub section of the NPA deals with protection of children from sexual abuse and

exploitation. The National Plan of Action was developed through a participatory process, involving all stakeholders, including children. The lead agency for the process was the National commission for Child Welfare and Development. The federal cabinet officially adopted the document on 24th May 2006. 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 NPA also intends to address the situation of exploited children, including physical and psychological recovery and social integration. Apart from NPA for Children, the National Policy on Empowerment and development of Women 2002, also have a chapter on the “girl child”, addressing the issues around gender discrimination. The NCCWD is taking all possible steps to mobilize the concerned Government departments and agencies, civil society institutions, academia, media and other stakeholders to operationalize the NPA.

2.5: Poverty Reduction Strategy Paper (PRSP)

The Government of Pakistan, on 31st.December 2003, released its PRSP, titled “**Accelerating economic growth and reducing poverty: The road ahead**”. The PRSP is a comprehensive document that translates the Government vision and strategy with a well-defined road map by linking macro-economic framework and sectoral development policies. PRSP is a result oriented plan, with monitorable outcome; builds upon public-private partnership and is also aligned with Millennium Development Goals (MDGs). It has also goals and targets set for WFFC. The PRSP document has given full importance to human capital through improvement in education and health delivery; drinking water and sanitation, youth development, strengthening the National Commission for Human Development and new initiatives in the private sector.

Another related initiative taken is the devolution of social services, so that these responsibilities are shifted to district governments. In the initial 2-3 years, there is some degree of overlap between responsibilities for program implementation and delivery. Both provincial and district governments have launched extensive programs to improve services delivery in education, health and other social services. Besides on going programmes, some new initiatives have also been introduced. The PRSP also outlines its commitment to child labor issues and states “Although the Government is committed to eliminate child labor as reflected in the National Policy and Plan of Action to Combat Child labor, it is pursuing a policy of gradual elimination of all forms of child labor and immediate elimination of hazardous and exploitative forms of child labor under IPEC”. To achieve this objective, certain specified time bound programmes have been initiated in all parts of the country.

2.6: National Plan of Action for Education For All (EFA)

This is an international commitment made by the Government of Pakistan (GoP) for education for all at Dakar. An EFA Plan of Action has been developed through broad-based consultations with the principal actors of EFA and other stakeholders. The Ten Year Perspective Development Plan 2001-2011 links education with other social sectors and views EFA as the centerpiece of human capital formation. The basis for planning the goals of the National Plan of Action for EFA (2001-2015) is the six Dakar Goals. Emphasis is placed, however, on three main priority areas, namely:

- Universal primary education and quality EFA.
- Adult literacy rate.
- Raising the net participation rate of early childhood education.

The Ministry of Education launched the National Plan of Action for Education For All on 3rd April 2003, for achieving universal primary education by 2015. Gender disparities are being narrowed through mixed primary schools, compensatory programmes, and appointment of female teachers. According to EFA goals and targets, by 2015, all children, with special emphasis on girls and children in difficult circumstances, should have access to completely

free education. Secondly it aims at eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015. Guided by the objectives of “Education For All”, the government aims at improving the access to and quality of primary education.

The Education Sector Reforms (ESR) aims at the development of the education sector on the whole, with a special focus on EFA. The ESR Action Plan addresses the development of the education sector comprehensively through investment in school rehabilitation, examination and assessment system reform, teacher training, an adult literacy campaign, mainstreaming the *madrassahs*, a pilot school nutrition programme and technical stream in secondary schools. This plan aims at introducing a skill development stream in the ninth and tenth grades, parallel to the existing science and arts group, in 1,200 existing secondary schools and 60 new model technical high schools. Training will be imparted in selected trades for creating employment linkages. This component of ESR specifically targets the youth and will be supplemented by the provision of micro-credit. The Education Sector Reform Agenda has clearly spelt out its priorities, including universal primary education, adult literacy up to 86 percent by 2015, reducing illiteracy by focusing on reducing gender gap and quality education.

Gender Reform Action Plan (GRAP) is being implemented since 2003 at the federal and provincial levels. GRAP focuses on engendering planning and budgetary process to narrow the gender gap in public expenditures, restructuring of national machinery dealing with gender issues, securing women employment in decision making positions and facilitating policy shifts from social welfare to social development, and women’s development to gender equality.

Development of Gender Management Information System (GMIS) is underway, which on completion. will facilitate the work of the Ministry of Women Development. Women development departments have been set up to plan strategic interventions based on the gaps identified in the gender-disaggregated data generated through the GMIS.

2.7: National Health Policy -2001 – Health Sector Reform (HSR)

Pakistan is committed to meet the Millennium Development Goals and Targets of the health sector. The National Health Policy 2001 is a step forward and the Government has already started working on Health Reforms agenda towards reaching the targets. The Provincial Governments have established Health Sector Reform Units, since the main responsibility lies with them. The major problems of the health sector are low expenditure, inequity in services, and inadequate Primary Health Care Services. The present government is fully committed to improve the situation through Health Sector Reforms Agenda and substantial progress has been made since 2002. In the health sector PRSP recognizes the need to substantially increase financing and to enhance efficiency of spending through organizational and managerial reforms.

Some new initiatives have been launched to ensure achievement of goals and targets for MDG/WFFT. These initiatives include National Hepatitis Control Programme, Maternal and Neonatal Health Services, Prevention of Blindness, Integrated Management of Childhood Illnesses and National Nutrition Program including micro nutrient malnutrition through fortifications, supplementation and diversification.

2.8: National Policy and Plan of Action to Combat Child Labor.

Pakistan has ratified the ILO Convention 182 and has taken measures to prohibit and eliminate the worst forms of child labor. The Country has a National Policy and Plan of Action (NPPA) on Child Labor. The NPPA calls for progressive elimination of child labor; immediate eradication of the worst forms of child labor; a monitoring system to implement the National Plan of Action, prevention of child labor by offering alternative education, and ensuring primary education and skills training to the target children. A National Steering Committee, under the Ministry of Labor, is overseeing the implementation of this Plan in collaboration with ILO, trade unions, employers and Non-governmental organizations.

2.9: National Commission for Human Development (NCHD)

This is a major initiative, which reflects the resolve and commitment of the Government to meet the goals and targets of MDGs/PRSP, which also includes WFFC goals. NCHD has the mandate to enhance and improve services at the district level in primary education, literacy, and provision of basic health services. It also helps the line departments in capacity building of the government functionaries working in the social sectors. It also supports capacity building and training of NGOs, CBOs in the areas of health and education. NCHD has established strong monitoring and information management system and is strengthening delivery of social services at the grass root level.

2.10: Legal Protection

In Pakistan's legal system, protection of the child is anchored on the Constitution and family codes, pertaining to the social welfare of children and women inside the family. The Constitution of Pakistan declares that all citizens are equal before the law and are entitled to equal protection under the law. Article 3 of the Constitution provide for elimination of exploitation. Several articles of the Constitution provides for the legal protection of the child against abuse and discrimination.

Pakistan has a comprehensive set of federal and provincial laws pertaining to children, all relating to different policy areas; employment, education, sexual abuse, trafficking and juvenile justice. There is no single law dealing specifically with violence against children. In practice, violation of children's rights, child sexual abuse, commercial sexual exploitation of children and trafficking are covered by the (outdated) penal code.

Legal standards pertaining to the juvenile justice system have been revised and improved with the adoption, in 2000, of the Juvenile Justice System ordinance and Rules (2001), which increased the age limit of child as a person who has not yet turned 18 at the time of committing of an offence. The Ordinance also provides for legal assistance at the expense of the state for every accused child and provides for special juvenile courts to try the child. Whereas in recent years the legal framework has been strengthened, particularly in relation to the juvenile justice and the trafficking of persons, there is still a need for legal reform, leading to the establishment of a child friendly "child protection system". The NCCWD has prepared a draft bill "The Protection of Children Bill-2006". The bill raises minimum age for criminal liability from 7 years to 12 years, prohibits corporal punishment and harmful traditional practices e.g. early marriages, corporal punishment etc.

"Women Protection Bill 2006" was also introduced to ensure protection of women including girl child. Moreover, Punjab Destitute and Neglected Children Act, 2004 was promulgated to protect the children who live in brothels or with a prostitute or frequently visit any place being

used for the purpose of prostitution or is found to associate with any prostitute or any other person who leads an immoral or depraved life. It also protects children who are being or are likely to be abused or exploited for immoral or illegal purpose. Under this law, so far 5 Child Protection and Welfare Bureaus are working in Lahore, Rahimyar Khan, Multan, Gujrnwala and Rawal Pindi to provide the neglected children shelter, education, health and referral services .

3. Resource Trends for Children

Over the last five years, pro-poor expenditure increased by an average of 16.6 percent per annum. A large part of the pro-poor expenditures (50-54 percent) is allocated to human development mainly in Education and Health sectors. The human development expenditure, as percent of GDP, rose steadily from 1.88 in 2000-01 to 2.42 in 2003-04 and then declined to 2.26 in 2004-05. Likewise, the pro-poor spending on education as percentage of GDP, rose from 1.36 in 2000-01, to 1.77 in 2003-04, and then declined to 1.56 in 2004-05. On the other hand, the health expenditure as percentage of GDP, albeit remained low, but maintained an upward trend as percentage of GDP during this period.

As Pakistan's spending on education and health as percentage of GDP is already low by South Asian standards, there is a need to increase spending further in these areas to empower the poor section of the society.

3.1: Resource Allocation in Health Sector

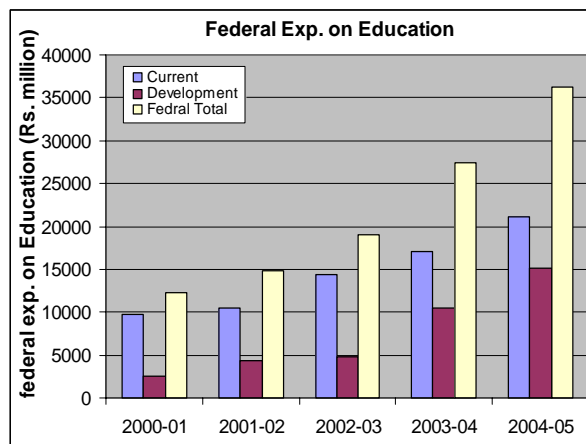
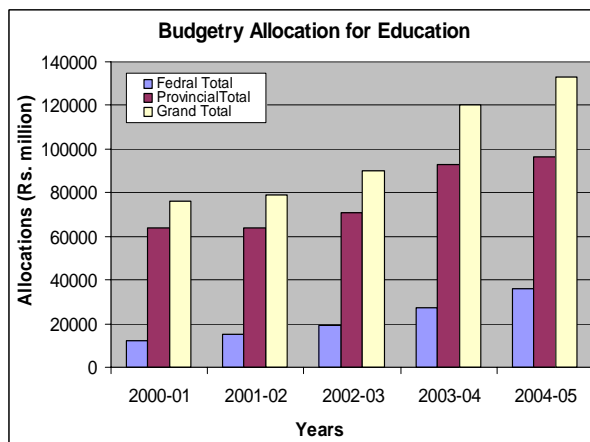
The health expenditures as percentage of total Public Sector Development Programme (PSDP), increased from 2.36 % in 2000-01 to 3.47 % in 2005-06. The increase in health expenditures as percentage of total PSDP expenditures is 47% from 2000-01 to 2005-06.

There is also increase in pro-poor expenditures on health; it increased up to 0.48% of GDP in 2004-05 from 0.44% of GDP in 2001-02, showing the increase of 9.1%. In 2003-04 it was 0.49% of the GDP and slightly declined in 2004-05. Percentage change from 2001-02 to 2003-04 amounts to 11.4%.

The expenditures in the health sector have significantly increased to achieve the targets, which are reflected in MTFD 2005-10 and PRSP. MTFD plans to increase annual allocation under Health and Nutrition, Population Welfare and Physical Planning and Housing from Rs. 32.4 to Rs. 52.6 billion by 2009- 10. This means that a total of Rs 206.7 billion will be spent over the five-year period. In health sector alone an amount of Rs.85.00 billion will be spent during 2005-10 compared to Rs. 42.4 billion spent in the previous five years. Henceforth, it is expected that the public expenditure on Health will rise from 0.6 percent in 2004-05 to 1.2 percent of GDP in 2009-10.

3.2: Resource Allocation for Education Sector

In the education sector, the total expenditure was Rs. 75887 million in 2000-01, which increased to Rs. 132918 million in 2004-05. The increase in expenditures from 2000-01 to 2004-05 was 75.2%. The federal expenditures on education increased from Rs. 12238 million in 2000-01 to Rs. 36281 in 2004-05, showing the remarkable increase of 196.5%. The provincial expenditures on education also increased significantly from Rs. 63648 million in 2000-01 to Rs. 96637 million in 2004-05. This amounts to 51.8 % increase in expenditures.



The pro-poor expenditures on education also increased from 1.51% of GDP in 2001-02 to 1.78 % of GDP in 2004-05 showing the increase of 17.9 %.

The expenditures on primary education increased by 14 % from 2004 to 2005 and expenditures on secondary education increased by 16 % from 2004 to 2005. Provincial expenditure on primary and secondary education has also increased over the period. The mid term development framework plans to spend Rs. 103.44 billion for basic and college education for the period 2005-10. An additional amount of Rs. 107 billion is required for skills based literacy and technology education at elementary and secondary level.

3.3 Resource Allocation for other Sectors

To meet the goals and targets of MDGs and PRSP, the Government has increased its pro poor expenditures in all social sectors. The trends in pro-poor expenditures during the last five years highlight tremendous growth in expenditures. Altogether, social sector and poverty related expenditures grew at an average rate of more than 20 percent per annum during the period 2001-06. MTFD allocations for the social sector are more than 46.6 % of PSDP for the period of 2005-10.

The PRSP related expenditure on water and sanitation was Rs. 4.64 billion in 2001-02 which increased to Rs. 7.54 billion in 2005-06. During 2005-10 an overall financial outlay of Rs. 600 billion is envisaged to achieve the MTFD targets, including Rs. 100 billion federal and provincial PSDPs.

Aggregate pro poor expenditures on human development (including health and education etc.) increased from Rs. 90.67 billion in 2001-02 to Rs. 196.84 billion in 2005-06.

In addition to domestic resources, Pakistan would need external assistance to meet the MDGs goals and targets. Many donors pledged to provide at least 0.7 % of GNI, but average remain 0.25 %. Recently G-8 in its meeting pledged to double aid to \$ 50 billion by 2010.

4. Development and Use of Monitoring Instruments to Track WFFC/MDG.

The government has aligned the PRSP indicators with the MDGs. It has also aligned the Five Year Plan 2005-10 targets with MDGs. Thus the monitoring of MDG indicators will be automatically done through the monitoring of the PRSP and the Five Year Plan indicators. Poverty indicators will be measured by the Household Integrated Economic Survey (HIES).

Departmental data and the sector-wide management information system will report on input data. A Core Welfare Indicators Questionnaire (CWIQ) Survey is being started to fill the gap of measuring progress on intermediate indicators, especially at the district level to which the responsibility for primary service delivery has been devolved. Carried out simultaneously with the HIES, the Pakistan Integrated Household Survey (PIHS) will continue to monitor outcomes. The first CWIQ along with the HIES have already been started simultaneously. The primary responsibility for Monitoring and Evaluation of the MDGs will rest with CRPRID (Centre for Research on Poverty Reduction and Income Distribution). In future the same pattern will continue regularly.

4.1: Health Management Information System (HMIS)

Under HMIS, more than 100 peripheral Computer Centers at district level, have been established for data entry, storage, and process of information. The data generated, is compared with baseline and reported to the Central Secretariat for compilation and analysis. HMIS data is collected from Static Health Units, while Prime minister's Program of Primary Health Care and Family planning collects and transmits community-based data.

4.2: National Education Management Information System (NEMIS)

Ministry of Education provides data collected through NEMIS on regular basis. Both, the Ministries of Health and Education, hold regular inter-provincial ministerial meetings, to address issues related to effective monitoring and evaluation of policy interventions and programs. They also aim at improving the management information system.

4.3: Federal Bureau of Statistics (FBS)

FBS is a constitutional body and has the mandate to collect data on socio-economic indicators of the country. FBS conducts on regular basis Household Income and Expenditure Survey (HIES). FBS also conducts regularly Pakistan Integrated Household Surveys (PIHS), which collects data on social indicators related to MDG's? WFFC goals. These surveys are conducted every other year and HMIS and NEMIS provide data on quarterly basis. However there was no instrument available to capture data on intermediate indicators and to validate the findings of HMIS and NEMIS. In order to address this issue, the Government has decided to launch Core Welfare Indicator Questionnaire (CWIQ) Survey to capture facility and household based district level data relating to all intermediate indicators beside some output health indicators. CWIQ, now called Pakistan Social and Living Standards Measurement Survey (PSLM), is a nationally representative survey, comprising of 76520 households and 5204 villages/enumeration blocks. It collects data on wide range of social issues, using an integrated machine-readable questionnaire. The data include education, health, immunization, diarrhea and its management, pre and post natal care, and access to basic amenities like water supply, sanitation etc. CWIQ will be conducted every year except the year in which PIHS is undertaken. FBS has also proposed to conduct PIHS/HIES on alternate year, which is under consideration.

FBS also conducts, at regular intervals, Demographic Health Survey (DHS) and Labor Survey. Other organizations like National Institute of Population Studies (NIPS), Pakistan Institute of Development Economic (PIDE), National Commission for Human Development (NCHD), other line ministries/organizations at federal and provincial level have established their own monitoring systems of monitoring and data collection.

5. Enhancing partnerships, alliances for children and participation

The NCCWD has always encouraged and adopted collaboration, coordination, partnership, and alliance building with other stakeholders including line ministries and departments, media, civil society, academia, private sector and children. This approach is widely appreciated and has brought on board support from a cross section of organizations and individuals. The National Core Group on Child Sexual Abuse and Exploitation, comprising members from federal and provincial governments and representatives from civil society organizations is working with the Commission on issues related to child sexual abuse and commercial sexual exploitation of children. The group has been instrumental in taking the lead by drafting the National Plan of Action on Child Sexual abuse and Exploitation. It also extended support in prevention, protection, rehabilitation and reintegration of child victims of sexual abuse and exploitation. Similarly Pakistan Thematic Group on Trafficking has been formed to address the issue of trafficking. This group serves as a think tank and provides policy advice to the Inter-Ministerial Committee on Trafficking for requisite action. For Juvenile Justice the NCCWD is seeking assistance of institutions in the provinces as well as at federal level.

Through sharing knowledge, expertise and best practices, these Groups are advancing the agenda of child protection at national, provincial and local levels.

A number of steps and activities have been undertaken to forge alliances for children and ensure their participation in policy formulation and implementation of plans, concerning children at national and sub-national levels;

- Children actively participated at provincial and national workshops organized to design and draft the National Plan of Action for Children.
- Consultations with children were held to review the mid term progress on Yokohama commitment against commercial sexual exploitation of children.
- Children also participated in the development of National Plan of Action against Child sexual abuse and exploitation, at national and provincial levels.
- A Network of NGOs, under the name of “Working Group against Child sexual Abuse and Exploitation” is doing research, advocacy and capacity building work on child protection at national level.
- Child friendly version of the National Plan of Action against Child sexual abuse and exploitation have been developed and disseminated to children.
- NCCWD has held a number of consultations with children during the process of Country report preparation at provincial and national levels.
- Coalitions of civil society organizations have emerged in different parts of the country to address the issue of child labour.
- The NCCWD and several NGOs have launched awareness raising programmes on CRC, directly targeting at children.

All above and other initiatives are promoting the WFFC agenda and significantly contributing towards achieving the child-related MDGs.

6. Achievements of WFFC Plan of Action and related MDG targets Promoting Healthy Lives

6.1: MDG -1 Target: Decrease the prevalence of Underweight Children under five years of age.

Malnutrition is one of the major contributors to childhood mortality and morbidity. Many deaths could be prevented, if mothers and children are properly fed and provided with proper nutritional care. Combating malnutrition should remain the main focus of promoting healthy lives under this goal. Pakistan is not a food deficient country, but the mal-distribution at provincial, district and household levels, and poor nutritional practices are the underlying factors for the widespread malnutrition. This situation is further aggravated by the micronutrient malnutrition, specially iron deficiency anemia, iodine deficiency disorders, and Vitamin A deficiency. Over 35 % of children below 5 years are short for their age, over 10% are underweight for their height, and over one-half are anemic. Localized studies indicate that in poor families 25-30% of the babies are born with a birth weight below 2.5 kilogram (kg), while in better off families the rate is only 10%. The reason often cited for low birth weight or weakness of the child.

The situation of under 5 years child malnutrition, as indicated by weight for age, has remained stagnant for the last couple of decades. This is due to the fact that no national level program has been launched to combat protein-energy malnutrition. Pakistan is not a food deficit country, and on average, for every Pakistani individual, the available per capita calories and protein is adequate. Poor childhood feeding and weaning practices, lack of exclusive breast feeding, the rising trends of formula feeding, poor feeding during diarrhea and other childhood illnesses including food taboos, are the main factors responsible for the high prevalence of malnutrition. This target is unlikely to be met, unless the National Nutrition Strategy announced in 2004 is translated into a National Plan of Action. The Government is cognizant of this situation, and has initiated a flour fortification program in collaboration with the private sector to address the micronutrient deficiency. Furthermore The Government response to WFFC is contained in the plan for food security and other programs like TAWANA Pakistan where female education has been linked to food supplementation in schools.

6.2. MDG GOAL 2-3: Achieve Universal Primary Education and Gender Equality.

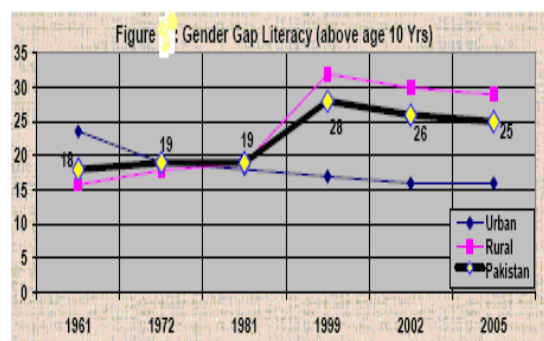
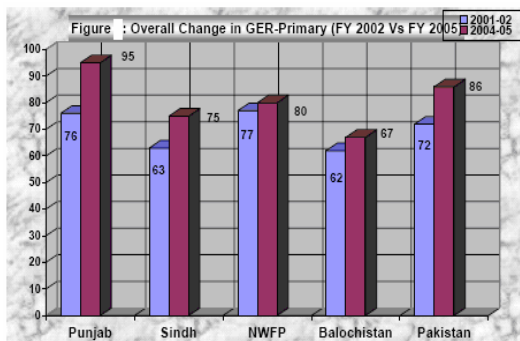
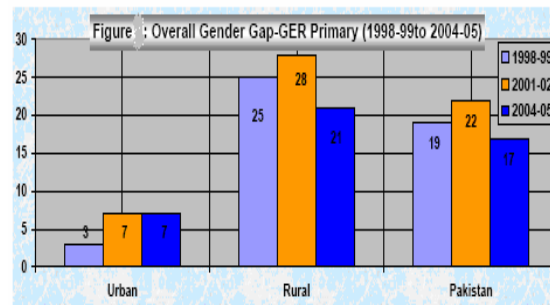
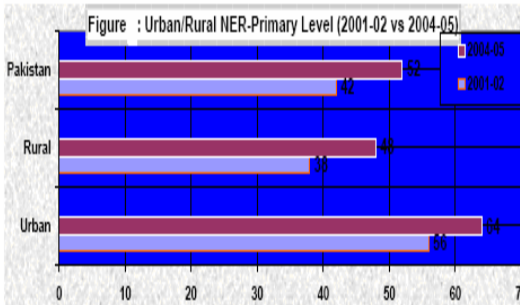
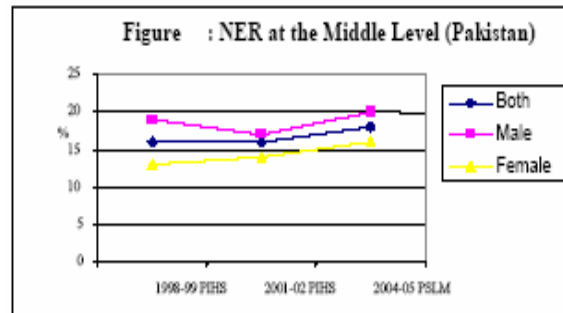
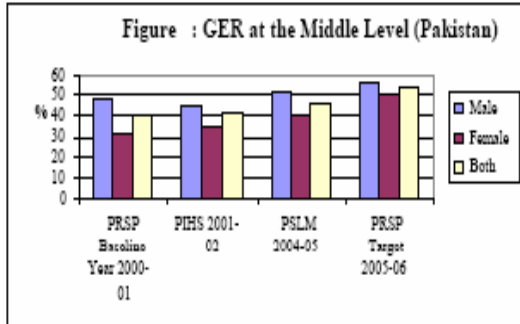
Education, specifically primary education is the birthright of every child and its provision is not only the responsibility of State but also requires societal and parental commitment. Primary education creates awareness, opens avenues for life long learning as well self-advancement and improvement, and is a step towards halting the inter-generational transfer of poverty

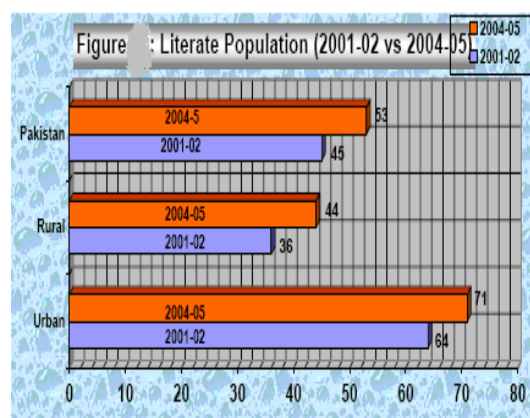
Pakistan has been signatory to a number of international declarations such as the basic right of education to all of its citizens, Millennium Development Goals, and the Dakar World Education Forum 2000. The Government has taken several policy measures and initiatives to achieve these international goals.

For primary school education two indicators namely Gross Enrollment Rate (GER) and Net Enrollment Rate are used. According to PRSP report, GER has increased from 72 percent in the year 2000-01 to 80 percent in the year 2004-05, which is quite impressive. Net Enrollment Rate (NER) has also shown upward trend as it increased from 42 percent in the year 2000 to

52 percent in the year 2004-05. Pakistan seems to have made sound progress in NER at primary school level.

Gender gap in NER at the primary school level remains unchanged at national level between periods of the year 2000-01 to 2004-05. However, overall gender gap in the GER has considerably been reduced. This can be attributed to increase in female enrollment rate during the same period. Fact of the matter is that gender disparity in education sector is one of the major challenges in Pakistan and this target would be hard to achieve, as envisaged in the following graphs:-





Source : PRSP Annual Progress Report 2004-05
Ministry of Finance, Government of Pakistan

According to Pakistan Millennium Development Goals Report (PMDGR-2004) by the GoP, a fair assessment of the status and trends relating to Goal 2 is difficult owing to a number of reasons. Major discrepancies arise due to differences in the methods used for data collection, the use of different definitions of variables, and the time lag between data collection and publication. The discrepancies are sometimes significant, for example, between the National Education Management Information System (NEMIS) and the Pakistan Integrated Household Survey (PIHS). There is greater consistency, however, in the rates of change implied by these sources.

The PMDGR summarizes the status of gender equality goal in primary and secondary education in the following Table:

Goal 3: Status at a Glance – Summary of Progress

GOAL/TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Eliminate gender disparity in primary and secondary education by 2005 and to all levels of education no later than 2015			X				X	

6.3 MDG -4,5,6 – Health Indicators

The Constitution of Pakistan guarantees basic human rights to all citizens, which include equitable access to health and social services. The Government of Pakistan (GoP) is cognizant of the huge burden of preventable deaths and morbidity amongst children and is fully committed to ensure their survival and improving their health status. The Government is fully aware that that the goal of attaining better maternal and child health involves sustainable economic growth, poverty reduction and ensuring human rights. The national vision of “Health for All” approach, and investment in health sector is part of the GoP’s poverty reduction plan. The National health Policy identifies ten areas of reforms, which focus on

upgrading of public health facilities, consolidate service delivery interventions, expand primary health care services, control of communicable diseases and develop human resources including reforms in medical and nursing sectors. Pakistan is a signatory to several international agreements regarding improving maternal and neonatal health, and GoP is committed to achieve the MDGs, which are used to measure progress in the social sectors. In the health sector, PRSP recognizes the need to substantially increase financing and to enhance efficiency of spending through organizational and management plans. It goes beyond the National Health Policy in the important areas of reproductive health and nutrition, outlining interventions like community midwifery, improvement of emergency obstetric care, behavior change and communication, and control of communicable diseases including HIV/AIDS. The key ongoing programmes focusing on the attainment of MDGs include the following:

- National Programme for family Planning and Primary Health Care
- Women’s Health Project
- Reproductive health project
- EPI Programme
- Enhanced HIV/AIDS programme
- The National Nutrition Project
- Population Welfare Programme
- Maternal and Neonatal Health (MNH) Programme

In addition, several small and large-scale projects and programmes, supported by multilateral and bilateral donor agencies, are complementing the Government’s efforts to achieve the WFFC and MDGs goals and targets. These programmes are in line with the WFFC plan that focuses on strengthening the programmes to ensure the “**best start to life to every child**” and to guarantee children and youth’s access to equitable, efficient, quality and sustainable primary health care services. It also aims at access to information, which promotes healthy life styles. As a result, according to Millennium Development Report 2005, Pakistan, out of 6 indicators of this goal is ahead in one, on track on 3 and is lagging behind in one indicator.

6.4: MDG Goal 4 – Reduce Child Mortality

The MDG 4 aims at reducing child mortality by two thirds, between 1990 and 2015. The indicators to measure progress towards this goal include under-five mortality rate; infant mortality rate (IMR), and proportion of one-year old children immunized against measles. The Child mortality rates have shown a steady decline, however progress has remained sluggish and the decline has been much slower than the rest of the developing world. Many causes of infant deaths, specially the ones relating to neonatal deaths, including neonatal tetanus can be prevented. The ongoing acceleration of Tetanus Toxoid (TT) vaccination for 10 million women of childbearing age in 61 high-risk districts, is likely to have positive effects. In relation to immunization in general, the GoP is committed to the Extended Programme for Immunization (EPI), and has projected EPI coverage of more than 80% in the near future. The incidence of diarrhea has seen a steep decline, and then a tapering-off of the rate of decline. Children under five average between 5 to 12 episodes of diarrhea annually—emphasis on the treatment of diarrheal dehydration through oral rehydration therapy (ORT) has helped to keep mortality due to diarrhea in check, despite the stagnation in the rate of fall of the incidence of diarrhea. There are marked intra-category variations, but no consistent trends can be seen between urban-rural data or over time.

Lady Health Workers (LHWs) provide important services and substantial coverage of population for creating awareness of mother-child welfare practices as well as to complement immunization coverage and outreach programmes. The LHWs' coverage of the target population is improving and expected to reach 100% eventually.

Pakistan is somehow on track to accomplish the target in MDG for child mortality (Table below from MDG Report 2005), by Planning Commission),but still the challenges like inadequate access to health services, poor utilization of PHC facilities and low health expenditure needs to be addressed properly for timely achievement of these goals.

Target-5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators	Definitions	2001-2004		PRSP	MTDF	Target MDG
		2001-03	2004-06	Target 2005	2009-10	Target 2015
Under-five mortality rate	No. of deaths of children under 5 years of age per thousands births	105	100	80	77	52
Infant mortality rate	No. of deaths of children under 1 year of age per thousand live births	77	73	63	65	40
Proportion of immunized children 23 months	Proportion of children of 12 to 23 months of age who are vaccinated against EPI target diseases (%)	53	77 (M:78 F:77)	82	90	90
Proportion of under one year children immunized against measles	Proportion of children 12 months of age and received measles vaccine (%)	57	78	80	90	90
Proportion of children under five who suffer from diarrhea in the past 30 days and received ORT	Proportion of children under 5 years suffering from diarrhea in the past 30 days (%)	12	16	n/a	16	10
Lady Health Worker coverage of population	Households covered by Health Workers for their health care services (%)	33.6	80	83	90	100

Millennium Development Goals Report 2005, Planning Commission Government of Pakistan

The PMDGR has summarized the progress towards achievement of this goal in the following Table:

Goal 4: Status at a Glance – Summary of Progress

GOAL/TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Reduce child mortality								
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate		X				X		

6.5. MDG Goal 5 – Improve Maternal Health

The MDG 5 aims at improving maternal health by reducing maternal mortality ratio (MMR) by three quarters, between 1990 and 2015. The indicators to measure progress towards this MDG include MMR and the proportion of births attended by trained birth attendants. One of the most significant indicators for women’s health and availability of essential health care services is maternal mortality ratio (MMR). MMR stands as high as 350-400 per 100,000 live births in Pakistan. This is mostly attributed to a high fertility rate, low skilled birth attendance rate, illiteracy, insufficient access to emergency obstetric care services, malnutrition and socio-cultural practices which limit women’s choices and mobility. It is also expected that with a high total fertility rate (TFR) and an improvement in child survival rates the percentage of women in the reproductive age group is likely to double and the situation will become more difficult in terms of availability of emergency obstetric care services (EmOC). Pakistan is a country with one of the highest Maternal Mortality Ratio in the region, which is contributing to an excessive neonatal mortality rate. In Pakistan, each year, at least 25,000 women die due to complications of pregnancy or childbirth, and over 200,000 newborn babies die in their first month of life. Several studies suggest that the decline in MMR has been slower than the Infant mortality. Ensuring healthy lives for children is not possible without improvement in maternal health through prenatal and obstetric care services and general health care for women.

Government is committed to improve maternal health through a number of interventions; e.g. the Maternal and Newborn Health (MNH) Program which aims at improving the accessibility of high quality and effective MNH services for all, particularly the poor and the disadvantaged, through development of sustainable Provincial and District programmes. The guiding principles of the strategic MNH framework include a clear sense of strategic direction for achieving MDGs; promoting women’s right to life; ensuring gender equity; and the strengthening of planning, management and financing in the context of devolution.

But looking at the progress in indicators so far, Pakistan is lagging behind in four out of five indicators as reported in MDGR 2005 (table below). It is evident that achieving the MDG Goal 5 would be quite challenging and would require enhanced efforts and resources at all levels.

Target : Reduce by three quarters, between 1990 and 2015, the maternal mortality rate

Indicators	Definitions	2000-01 Base year	2004-05	PRSP Target 2005-06*	MTDF Target 2009-10	MDG Target 2015
Maternal mortality ratio	No. of mothers dying due to complications pregnancy per 100,000 births	350	400	300-350	300	140
Proportion of births attended by skilled attendants	Proportion of deliveries attended by health personnel (midwives, LHVs)	*40	*48	75	60	90
Contraceptive prevalence rate	Proportion of eligible couples for family planning programmes using one of	30	36	41.7	51	55

Total fertility rate	contraceptive methods Average number of children woman delivered during reproductive age	4.1	3.5	3.7	2.7	2.1
Proportion of women 49 years who had g birth during last 3 y and made at least antenatal consultation	Proportion of women (15 who delivered during the l years and received at least antenatal care during pregnancy period from e public/private care provide	35	50	50	70	100

6.6 GOAL - 6: Combat HIV/AIDS

UNAIDS/WHO estimate that the real number of HIV/AIDS cases in Pakistan is around 70,000-80,000. Most reported cases are in the age group of 20-44 years, with males outnumbering females by a ratio of 7 to 1. Heterosexual transmission accounts for the majority of reported cases (67%). Other modes of transmission include: infection through contaminated blood and blood products (18%), homo or bisexual sex (6%), injecting drug users (4%), and mother to child transmission (1.3%). The National AIDS Control Program reported only 0.03 percent prevalence of HIV in pregnant women and it further reports that the overall prevalence amongst the high-risk groups is only 2 percent.

The Government of Pakistan is channeling its response to HIV/AIDS through the National AIDS Control Programme (NACP), which is an umbrella project coordinated through a federal cell which lays down the policy guidelines for implementation through provincial AIDS Control Programmes and NGOs. This multi-sectoral national strategic framework, as espoused by the NACP, focuses mainly on prevention taking adolescents and youth as target group and change agents. Other measures taken to date include the recent ordinance on safe blood transfusion services whereby any health worker transfusing blood or blood products will ensure that the blood is healthy and free from HIV and opportunistic infection. The programme is earmarked as a priority programme with enhanced budgets for the next decade.

A project on **Enhanced National AIDS Control Programme** costing Rs 2.9 billion has been under implementation since 2003-04. The AIDS Control Programme is carrying out an extensive mass awareness campaign through the print and electronic media and 47 surveillance centres have been established where 3.648 million tests for HIV/AIDS have been performed since 1986. A number of serological and behavioral studies have also been undertaken to establish a baseline for HIV/AIDS and to design appropriate interventions for the future. The Expanded Response to HIV/AIDS Programme has a budget of US\$ 10 million for blood safety measures. The indicators are given in the following Table:

Indicators	2000-01 Base year	2004- 05	PRSP Target 2005-06*	MTDF Target 2009-10	MDG Target 2015
HIV prevalence among 15-24 year old preg women (960)	0.03	0.03	n/a	n/a	Baseline to be reduced by 50%
HIV prevalence among vulnerable group (e.g.; active sexual workers) (96)	0.03	2	n/a	n/a	Baseline to be reduced by 50%

According to PMDGR, Pakistan's current capacity to track, monitor and report on HIV/AIDS and other STDs is weak. The progress is summarised in the Table below:

Goal 6: Status at a Glance – Summary of Progress

GOAL/TARGETS	WILL TARGET BE REACHED?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Combat HIV/AIDS, malaria and other diseases				X			X	

6.7 GOAL 7: Halve by 2015 the proportion of people without access to safe drinking water and better sanitation.

Expanding the water supply and access to sanitation could theoretically achieve significant impact in terms of promoting healthy lives for children and adolescents. Indeed it is hardly conceivable that promoting healthy lives can be achieved without addressing the environmental conditions in which children and youth inhabit. This indicator is a top priority agenda item for the Government. The PRSP projection for access to clean drinking water for the 2004 was targeted for 89 percent in urban and 83 percent coverage in rural areas. According to a recent survey (CWIQ), this access has declined particularly in rural area i.e. from 80 percent in the year 2001-2002 to 76 percent in the year 2004-05; perhaps due to the fact that use of hand pumps as resource of drinking water in rural area has declined by 17 percent during the same period. Under the President's New Initiative, by 2007, all the Union Councils will have filtration plants for safe drinking water. An allocation of Rs.7 Billion has been made to achieve this target. On completion, it will make a substantial dent in childhood mortality and morbidity rates as a result of decreased incidence of acute watery diarrhea and other water-borne diseases. It is strongly believed that this target will most likely be achieved.

6.8 Child Protection against Abuse, Exploitation and Violence.

Like other major public health and social problems, it is not easy to document the actual incidence or prevalence of child abuse. It is always difficult to obtain information on sensitive and highly stigmatized issues, and even more difficult when the victims are children who cannot narrate their woes. Until recent past, the issue of child sexual abuse and exploitation was not accepted as a problem of Pakistani society. The common perception was that being an ideological nation-state following Islamic ideals; the society was some how immune to immorality and even if there was a problem of CSA/CSEC, its magnitude was very small. Given the sensitivity of the issue in Pakistan, the development of NPA is a leap forward from a mode of denial to one of acceptance. Some important implementation steps undertaken so far are;

IEC material on CSA /CSEC has been developed and printed by Rozan, Sahil, Sach, LHRLA, SPARC, Vision, PPA. NCCWD has developed and printed "Code of Ethics for Media on Reporting of Children's issues". It has also formed Media Groups to improve the coverage of child rights related issues. National and Universal Children's Days are being observed

regularly with focus on specific child rights themes. At a large public ceremony on the occasion of Universal Children's Day 2003, the President of Pakistan signed a pledge to ensure all rights to Pakistani children, including protection from abuse and exploitation. The Federal Government declared 2004 as the Year of Child Rights and Welfare in Pakistan and a number of activities were conducted to raise awareness on child rights and issues surrounding child protection

NCCWD conducted a national campaign on **"A World Fit for Children"**, where the issue of HIV/AIDS was linked to child sexual abuse. NCCWD, Members of the Core Group on CSA, and other NGOs have conducted many seminars, symposia and Workshops on CRC in collaboration with UNICEF, Save the Children Sweden and other donor agencies. Sahil, Rozan and PPA are imparting personal health and protection education at limited number of schools in the main cities. They have also done some pioneering work on the sensitization of police officials on CRC and child abuse related issues (2002-04). Rules have been framed for Juvenile Justice System Ordinance 2000 by all provinces and Islamabad Capital Territory (2002).

The Government has also promulgated **"Prevention and Control of Human Trafficking Ordinance, 2002"** which provides protection to the victims through imposing harsh penalties up to the 14 years imprisonment and fine. It also provides compensation and rehabilitation for reintegration in the society and prevents child trafficking particularly for Camel Jockeys in Middle East.

The NCCWD in collaboration with ILO conducted Rapid Assessment on Trafficking in Children for Labour & Sexual Exploitation, for combating child trafficking in Pakistan. Besides, NCCWD also undertook Capacity Building, Advocacy and Awareness Raising for Prevention of Child Trafficking to enhance the capacity of key stakeholders and mobilized them to generate active support towards implementation of National Policy for prevention of child trafficking. In order to address the issue of camel jockeys, the Government of Pakistan, in collaboration with UAE Government and UNICEF, has repatriated and rehabilitated the children used to work as camel jockeys in UAE.

The NCCWD also successfully completed the project **"Protection and Rehabilitation of Child Domestic Workers through Skill Enhancement"** to contribute towards the progressive elimination of child labor in domestic services in Pakistan.

Government of Pakistan in collaboration with civil society organizations has established several non-formal education centers, vocational centers and rehabilitation centers to eliminate child labour with focus on mainstreaming of these children into the normal education system.

Government of Pakistan in 2006 has ratified ILO Convention 138 on Minimum Age for Employment. Ministry of labour is in the process of streamlining and consolidating all labour laws to make them more cohesive and also reflect its new international commitments. It has already included 38 hazardous occupations/processes into the Employment of Child Act 1991.

The TBP project has two broader components, one focusing at policy level and the second component targeted six sectors – child rag pickers in Rawalpindi and Islamabad, child coalmine workers in Shangla district, child workers in Surgical Instrument sector in Sialkot,

child workers in leather tanning in Kasur district, child workers in Glass bangle industry in Hyderabad district and child workers in deep sea fishing in district Gawadar. This downstream component has also very strong policy level work at the district government level – as this project is nurturing a **District Model**, that extensively involve the district authorities and mainstream child labour/WFCL issue in the over all district development programmes. Presently in all the six districts the implementation is at the advance stage and resources have been leveraged from the district government authorities to the target groups.

Moreover, under the TBP Umbrella Project, all other ILO-IPEC run child labour projects coordinate and provide support to the National Time-bound Programme on WFCL. These projects include a major Project to eliminate child labour form carpet industry (still ongoing), Education project (now in its 3rd phase), an Expulsive Surgical Project (still on going), Child Domestic labour Project (completed in 2006), Project to activate Media on Child labour (2nd phase operations), TICSA Regional Project on Child Trafficking – Pakistan component (completed in 2006) and various other activities with workers and employers organizations.

Ministry of Labour from its resources of more than Rs. 100 million is now sponsoring various exclusive government run activities in different districts. Pakistan Bait-ul-Maal is running around 124 schools especially for child labourers. Government of Punjab is also developing plans to develop child labour specific project to be implemented in Southern Punjab.

Department of Labour, Government of Punjab runs a Child Labour Resource Center that has developed expertise with the technical support of ILO, on Occupational Safety and Health issues. With ILO's support that Center has also designed and now marketing a new carpet weaving looms that promote adult workers.

The NCCWD, Ministry of Social Welfare and Special Education in collaboration with UNICEF, has prepared a Child Protection Bill. The Bill is a comprehensive law covering all aspects of child protection including child abuse, exploitation and violence. NCCWD has also established Child Protection Center in Islamabad that provides shelter home services for run away, street, lost and kidnapped children etc. The government is also planning to establish such centers in various districts of the country in future.

A Manual on Psychosocial Recovery and Rehabilitation of Victims of CSA/CSEC has been developed by NCCWD in collaboration with Rozan and other members of the Core Group and UNICEF (2002). LHRLA, PPA and other members of the Core Group have organized training events for a limited number of professionals. LHRLA has launched a help line “Madadgar” at Karachi. The help line has received a tremendous response from the general public. Sahil, Rozan, PPA, Sach, Vision and LHRLA are providing services to victims of CSA in the capital cities of the Country.

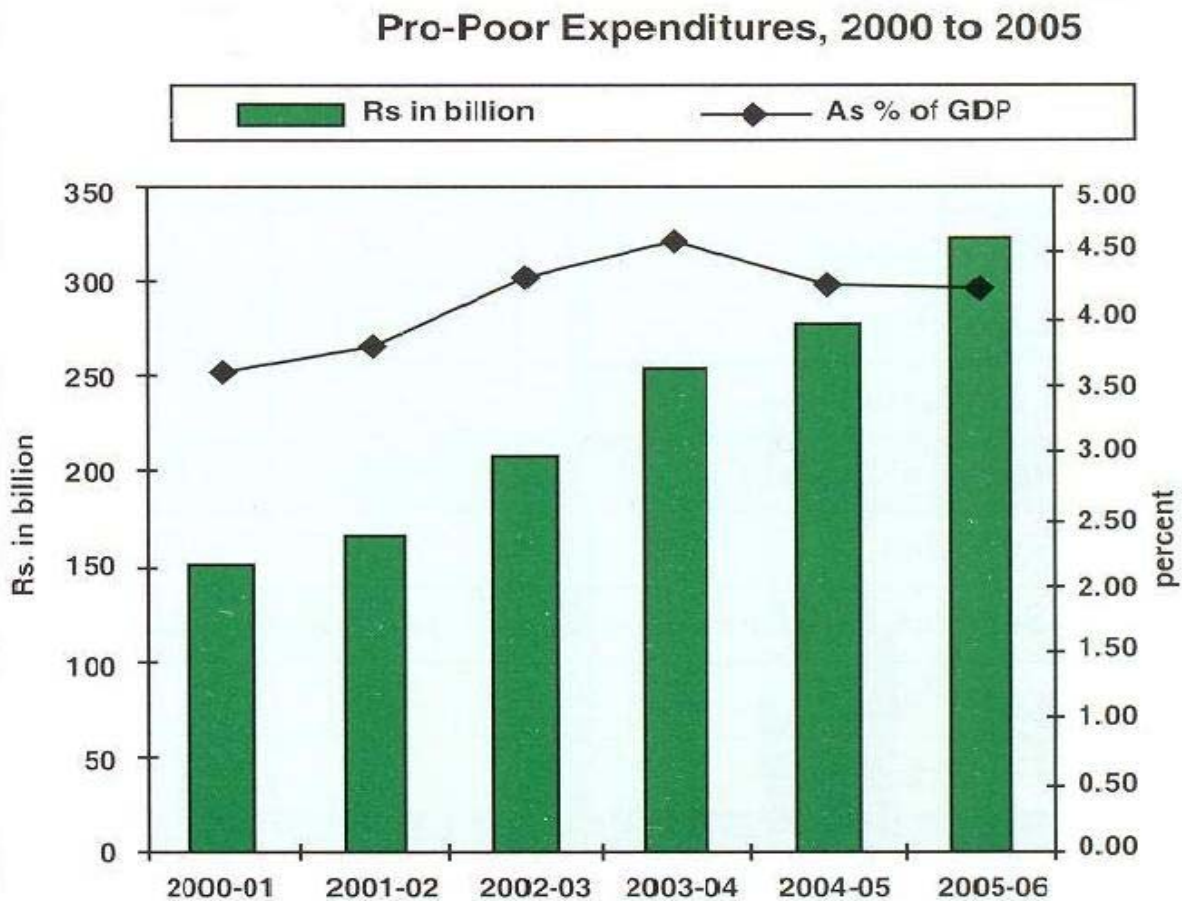
The legal obligation to register children at birth is provided by the Births, Deaths and Marriages Registration Act (1886), the Cantonment Act (1924), the National Registration Act (1973) and the NADRA (National Data Registration Authority) Act 2000. However, there is a general lack of awareness in society regarding the importance to register children at birth, as well as on the increased legal protection this provides to children and adults throughout their lives. As a consequence, birth registration rates in Pakistan are low, as in other parts of South Asia. To improve the system of birth registration in the country, the Government has constituted a National Committee on the Registration of Child at Birth. Local government

institutions responsible for birth registration have, under instruction from the Government, initiated a process of reviewing their by-laws so as to remove bottlenecks and simplify the procedure for birth registration. Plan International, in collaboration with the Government of NWFP, has launched a District-wise birth registration project, with promising results.

7. Summary of Lessons Learned and Initiative Undertaken Since 2002 for Accelerating the Progress

7.1 Economic growth and good governance as stimuli for achieving WFFC goals:

Despite several constraints, Pakistan has made a modest, but significant, progress towards achieving the MDGs and WFFC goals. The pro-poor spending has considerably increased during the period 2000-05. According to Labour Force Survey 2005, the Government has spent a hefty amount of Rs.1332 million on poverty related and social sector programmes over the last 5 years. Education and health sectors absorbed around half of the pro-poor budgetary expenditures.



Such a level of spending wouldn't have been possible without improvement in the in the overall economic situation. The robust economic growth during the last few years provided the Government with the necessary fiscal space, to invest more in the social sector. As a result of improved economic policies, the average GDP growth remained above 5 percent for three consecutive years. The per capita income shot up from US \$ 503 in 2001 to US \$ 847 in 2005-6. It has resulted in the reduction of poverty from 34 to 24 %. Despite a number of policy measures, programmes, and projects, the social indicators for children are lagging behind,

when compared with countries with the same level of economic development and per capita income Pakistan is still lagging behind and the progress has remained slow due to a host of governance and structural issues. The real challenge, before the Government, is to translate the economic gains into improved social indicators for children. It will require sound planning and good governance practices, based on accountability, transparency, and consultative culture, in order to ensure redistribute justice as a check against the negative consequences of a high but skewed economic growth.

The most important initiative on the socio-economic development front is the introduction of the Mid Term Development Framework (MTDF 2005-2010). One of the main objectives of MTDF is to establish a just and sustainable economic system for achieving MDG's, which also include poverty reduction. MDG's provide long term perspective, and form the basis of the strategies to achieve social and human development objectives of MTDF. The key priorities given in MTDF document, to achieve MDG's, are universal primary education, promoting gender equality, reducing child mortality, improving maternal health, combating HIV/AIDS and other communicable diseases and ensuring environmental sustainability. The MTDF calls for allocating more than 46.6 percent of the Public Sector Development Program (PSDP) to the social sectors and is strong indicator of the Government's commitment towards meeting MDG's goals and WFFC targets.

7.2 National Plan of Action for Children and other policy measures

The NPA for Children is the key document, describing the strategies, programmes and actions to be taken by the Government and its ministries, the provincial governments, families and children, and civil society institutions, towards creating a society, where all children irrespective of their sex, ethnicity, religion and socio-economic background would be able to grow to their full potential and be safe from all forms of abuse and exploitation. The document incorporates the targets and goals of both, WFFC and MDGs. It was developed in consultation and active involvement of all stakeholders and enjoys a considerable degree of ownership. The NCCWD has the responsibility to guide, coordinate and monitor its implementation. Although it is an official document, adopted by the Federal cabinet, but its operationalization and implementation would require commitment at all levels of the Government, meticulous coordination by NCCWD, capacity building of the implementing agencies, and mobilization of the human and financial resources. The first step in that direction should be strengthening of the NCCWD and enhancing its budgetary allocation. There is a need to create an "Inter-ministerial Committee", housed at the Ministry of Social Welfare, with the task of steering and monitoring the progressive implementation of the NPA for children and assess its impact on the MDGs and WFFC indicators. UNICEF, WHO and other UN agencies, and International organizations like Save the Children, should offer technical and institutional guidance and support to NCCWD to expedite the operationalization of the NPA. A comprehensive Child Protection Management Information System has been envisaged under the NPA.

7.3: Tackling the worst forms of child labour through IPEC

The IPEC Programme of ILO, in collaboration with the Ministry of Labour, has made considerable progress towards addressing the issue of the worst forms of child labour. A number of action programmes are in progress in several parts of the country, targeting child labour in various sectors of the formal and informal sectors of the economy. There is a need to scale-up these efforts and also to take concrete measures to enhance the school enrolment and the quality of education. Although primary education has been declared free and compulsory,

but still a large number of children are out of school, and engaged in labour. It is a real challenge to the Government, which needs to be faced and addressed.

7.4 Need for a structured Child Protection System

Whereas in recent years the legal framework has been strengthened, particularly in relation to the juvenile justice and human trafficking, the absence of laws concerning violence against children has translated into poor legal protection for children. Similarly there is a lack of published data and reliable statistics on various forms of child abuse and exploitation in Pakistan. Some NGOs are providing services to abused children, but these are inadequate and of low quality. Pakistan needs to establish a structured “**child protection system**”, based on child rights framework. Such a child protection system should be operational at community, district, provincial and national levels, mandated to prevent and respond appropriately to all forms of abuse and violence against children. The system should identify and address the root causes of child abuse and neglect, and to offer an effective response to violence and exploitation when it occurs. It will also require adequate budgetary allocations to child protection services and mechanisms to ensure that they are adequately staffed and resourced. The draft “**child protection bill**” is a step in the right direction, and could be the foundation stone of the future child protection system. Given the experience of the recently passed ‘women protection bill’, the NCCWD along with the child rights organizations, is lobbying with the parliamentarians for its smooth passage and adoption.