

**HeRWAI Analysis of Pakistan's Education Policy:
Exploring the link between Life Skills Based Education and
health outcomes for young Pakistani women**



By

World Population Foundation (WPF)



Pakistan

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EXECUTIVE SUMMARY

The World Population Foundation (WPF) is a Dutch organisation, working internationally to improve health and human development. It aims to improve the quality of life of all people by improving their reproductive health status, promoting gender equality and advancing reproductive rights as guiding principles in all projects. It was approached by HOM to pre-test a policy analysis tool, HeRWAI in Pakistan.

For this purpose, WPF has selected National Education policy 1998-2010 and examined the impact of absence of a provision for Life Skill Based Education (LSBE) within it on health outcomes for young Pakistani women. The National education policy aims to eradicate illiteracy in Pakistan by increasing access to education. The policy gives special attention to women and girls education in order to reduce gender disparities. However, it neglects the importance of life skills based education for adolescents.

This report documents WPF's findings and analysis of National Education Policy 1998-2010 using HeRWAI. It answers in detail all questions that were relevant to the issue selected by WPF. It also provides the analysis of the findings and comes up with concrete recommendations and action plan. WPF allocated adequate resources for collection of primary and secondary data to answer the questions in the tool. In addition to this it regularly organized team meetings and discussions to analyse the findings. The difficulties encountered during the process of analysis were faithfully recorded and communicated to HOM.

The findings reveal that although 'Life Skills' are mentioned in the mandates of several programmes through which the policy is being currently implemented, the concept of life skills is misinterpreted as vocational skills only. Interestingly, budgetary allocation within education policy for vocational skills is not available at present. In addition to lack of appropriate budgetary allocation & inadequate administrative and implementing staff, restrictive socio-economic and cultural factors, and inefficient participatory and redress mechanisms also contribute to the poor performance of the education sector. This neglect of basic human rights to health and education adversely affects health outcomes for young Pakistani women. Our findings also show that international donors are keen to invest in the education sector in Pakistan. This offers a window of opportunity for the Pakistan government and civil society to improve its technical and financial capacity, contributing towards delivery of quality education to children in Pakistan.

WPF's recommendations point towards the need for:

- Events to promote understanding of LSBE,
- Lobbying to increase spending on health and education,
- A review of present curriculum and incorporation of LSBE into the national curriculum; and
- Administrative and financial reforms in the education sector through public private partnerships. However we believe that the private sector should not take over the role of government, rather, such partnerships should aim at building the capacity of the government to deliver services.

Based on the above findings and recommendations, WPF Pakistan will promote discussion within our head and regional offices to develop a concrete advocacy plan to strategise international and national influence on the Pakistan government to offer Life Skill Based Education to Pakistani adolescents.

LIST OF ABBREVIATIONS

AEPAM	Academy of Educational Planning and Management
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CERD	Convention on the Elimination of All Forms of Racial Discrimination
CCPR	International Covenant on Civil and Political Rights
CESCR	Committee on Economic, Social and Cultural Rights
CAT	Convention against Torture
GNP	Gross National Product
GDP	Gross Development Product
IMF	International Monetary Fund
CRC	Convention on the Rights of the Child
CSOs	Community Services Organisations
EDO	Executive District Officers
EFA	Education for All
ESR	Education Sector Reform
FWCW	Fourth World Conference on Women
GoP	Government of Pakistan
ICPD	International conference on Population Development
JICA	Japan International Cooperation Agency
LSBE	Life skills based education
MDGs	Millennium Development Goals
MoE	Ministry of Education
NCHD	National Commission on Human Development
RTI	Research Triangle Institute
UNESCO	United Nation Educational, Scientific & cultural Organisation
UNFPA	United Nation Population Fund
UNICEF	United Nation Children Fund
USAID	United Nation Programme on HIV/AIDS
WHO	World Health Organisation

1. INTRODUCTION & BACKGROUND

The enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being [Preamble to the WHO Constitution]. This is not possible unless the right to access information and education is exercised.

Every country around the globe has signed at least one human right treaty, which addresses health rights including the right to health, right to life, right to access information and education as a mean to attain better health outcomes, particularly for marginalized communities like women and children. The relationship between health and human rights needs to be explored specially in a country like Pakistan that has extremely poor health indicators such as Maternal Mortality Ratio-*MMR* 500 per 100,000 and Infant Mortality Rate –*IMR*, 81 per 1000¹. This serves to clarify the poorly understood links between absence of basic human rights and the impact on health outcomes for marginalized communities. International human right treaties and documents are an important tool to guide governments; civil societies as well as individuals while formulation of policies. It is also imperative that we ascertain the extent to which human rights spelled out by international treaties and ratified by the government are translated in to public policies. Also to see whether these policies are implemented in full spirit in order to ascertain their impact on women's health. This becomes all the more essential in the backdrop of strong patriarchal traditions and cultural norms limiting access of young women, to reproductive health information in Pakistan.

Various frameworks have been developed to perform such an analysis, Health Rights of Women Assessment Instrument (HeRWAI) being one such instrument. This report seeks to present the findings of an analysis of the National Education Policy & related policy documents¹, using HeRWAI. It specifically explores the impact of absence a provision for Life Skill Based Education (LSBE) within the National Education policy and its impact on health outcomes for young women in Pakistani society. The analysis process is guided by the international human rights treaties signed and/or ratified by the government of Pakistan for promising quality education to adolescents irrespective of their class or gender.

2. METHODOLOGY

This HeRWAI Analysis Report is descriptive in nature as the study is undertaken in order to ascertain the impact of absence of life skills in the curriculum on health of Pakistani female adolescents. The analysis present data in a meaningful form which helps to (a) understand the characteristics of a group in a given situation (b) think systematically about aspects in a given situation, and (c) offer ideas for further probe and research.

Life Skills are defined as *the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.*

In order to assess the National Education Policy 1998-2010 of Pakistan, HeRWAI (The Health Rights of Women Assessment Instrument), an assessment instrument, developed by HOM (Humanist committee on Human rights) Netherlands, was used. HeRWAI links national and international policies and looks at their combined impact on women's health rights. The term 'policy' can be interpreted broadly, to refer to a nationwide 5-year health strategy as well as to decisions of a limited scope such as a reduction of the funding to the maternity wards in a certain district. The HeRWAI analysis consists of six steps resulting in well-founded recommendations or demands to improve the policy that has been analysed. It helps to organise information in a way that strengthens demands for the implementation of women's health rights.

The HeRWAI impact assessment process has three main stages:

1. Signalling the problem (quick scan),
2. Analysing the policy (analysis, step 1 to 5),
3. Providing alternatives (action, step 6).

¹ Education sector reforms, Education for All, Ten Years Perspective Plan

HeRWAI is based on a human rights approach. The questions that guide the analysis are closely related to the text and general comments of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). The Convention outlines the human rights of women and the International Covenant on Economic, Social and Cultural Rights, which provide comprehensive information about people's health rights.

The Secondary data collected for HeRWAI comprises of the published policy documentsⁱⁱ, reportsⁱⁱⁱ, National plan of action for Education for All (EFA), Ten Year Perspective Plan, & news and articles. These documents were analysed and valuable information was extracted that helped indulging strong insight into the education policy and various programmes designed to achieve its targets. Apart from secondary data analysis, In depth interviews with policy makers and implementers in the Ministry of Education (Policy & Planning Wing, Curriculum Wing) were conducted. This was done in order to determine various perspectives of subjects on the ongoing programmes (EFA, Curriculum development, etc) and Education Sector Reforms. Furthermore, data was also collected at the grass root level by visiting 2 districts of Punjab where the programme related to National Education Policy are implemented—Rawalpindi, Chakwal.

The responses were then analysed to evaluate the National Education policy and its impact on health outcomes for young women in Pakistan.

STAGE ONE: SIGNALLING THE PROBLEM

3.1. Quick Scan

3.1.1. Preparing for the Process

This step was conducted in WPF office. A team meeting was called and each question was addressed one by one. Tools like free listing, elimination and brainstorming were used.

3.1.2. Key Questions

Question 1: What is your first concern?

The first concern is a problem namely the lack of life skills education in the curriculum.

Question 2: Which government policies have a significant influence on the problem?

The following government policies have influence on the problem:

1. The Youth Policy
2. The Education Policy
3. The Education Sector Reforms
4. The 5-year Plan of Pakistan
5. The National Health policy
6. The National health sector reform
7. The Population policy
8. The Reproductive Health policy

Question 3: Which of these has the best potential to be changed, with as result a better impact on the problem? This policy will be the focus of your analysis.

Changing the education policy would have the best impact on getting Life Skills education in the curriculum

Question 4: Please formulate clearly the policy on which you will focus the HeRWAI analysis?

The focus of the HeRWAI analysis for WPF will be:

The National Education Policy 1998-2010, in particular the 'curriculum content' that relates to life skills education

Question 5: In which stage is the policy?

The Education Policy is currently in its implementation stage. WPF does not know of any current initiatives to evaluate and revise the policy. This may mean that the government is not susceptible to recommendations to change the policy itself. In such a case, WPF can direct its advocacy towards improving the implementation of the education policy, through recommendations to improve the curriculum.

Question 6: Is it possible that the policy has an impact on health rights?

Yes, the current lack of life skills education in Education policy has an impact of on the health rights of young women. It affects their:

- a. Access to information, to make informed choices about health and sexuality
- b. Right to control their fertility and sexuality
- c. Right to security of the person, including the right to be free from abuse
- d. Right to protect ones health

Question 7: Is it possible that the policy has a different impact for (certain groups of) women, than for men?

Lack of life skills education affects boys differently from girls. Boys have more opportunities to experiment and gain life skills by themselves, through risk taking behaviour (this has positive as well as negative aspects). Girls do not have these opportunities. Moreover, girls face problems like early marriage and sexual harassment. They need life skills to negotiate their mobility, access to education, health decisions, marriage, etc. Out-of- school-adolescents are a particularly vulnerable group, which needs life skills education but does not have access to it.

Question 8: Is it possible that the policy has a negative impact on women's health rights?

As the answer to No. 7 shows, the lack of life skills has a negative impact on women/girls health rights.

Question 9: Does the policy miss an opportunity to improve women's enjoyment of their health rights?

The Education policy misses an opportunity to improve women's health rights. By providing them with life skills education, the Pakistani government could better equip women and girls to decide and negotiate about their health.

Question 10: Will your organisation be able to get access to more detailed information to analyse the policy, within a reasonable time span?

WPF expects to be able to get access to more detailed information within a reasonable time span.

Question 11: Can your organisation liaise with other organisations for this purpose?

WPF has contacts with the government, particularly the curriculum board, district education department and with NGO's and universities (e.g. the AGA Khan Uni.)

3.1.3. Conclusion

It was decided that the absence of a provision for life skill based education, within the national education policy and its negative impact on the health outcomes for Pakistani women is the main policy issue to be explored. This analysis will be conducted using the HeRWAI tool, in light of the various human right treaties signed and ratified by the Pakistani government, expressing its obligation to provide quality education including information and skills necessary to improve health outcomes for all young people irrespective to class, creed and gender.

Reason for Selection of Absence of Life Skills in Curriculum from the National Education Policy 1998-2010

The absence of life skill education in the education policy and the school curriculum was selected because:

- WPF is the leading organisation in Pakistan working on Life Skills. Its experience allows it to take a leadership position in advocacy concerning this topic.
- The HeRWAI analysis will support the ongoing activities of WPF.
- The analysis will generate data which helps to convince the government to include Life Skills in the curriculum. Thus the impact will be much wider than WPF can achieve through its own Life Skills curriculum alone.
- It is a focused topic, which allows to come up with solid recommendations
- The new minister of Education is progressive and could be a possible ally in the curriculum Board

4. STAGE TWO: ANALYZING THE POLICY

4.1. Step One: Identifying The Policy

4.1.1. Preparing For the Process

The information for step 1 was collected from secondary data sources. The information regarding the National Education policy, Education Sector reforms, Human rights relating to health and education, Implementing actors & Programmes of the policy were congregated from following documents;

1. Education for All, National Plan of action 2001-2015^{iv}
2. Education Sector Reforms 2002-2006^v
3. National Education Policy 1998-2010^{vi}
4. The Human Right to Health, the People's Movement for Human Rights Education ^{vii}
5. Reproductive Health & Education: The mutual Relationship ^{viii}
6. The Human right to Education ^{ix}
7. Human Development in South Asia 1998^x
8. Human Development in South Asia 1997^{xi}
9. Protection for a Life Time: A Qualitative Assessment of Adolescent Health and Life Skills Need in Pakistan^{xii}

The information was then scanned and question relating to the policy, group affected and rights involved were answered.

4.1.2. Key Questions

WHICH (PROBLEM AND RELATED) POLICY WILL BE ANALYZED?

s1/q1 (If the starting point is a problem) describe the problem.

The starting point of HeRWAI analysis framework identified by WPF is a problem namely the *lack of life skills education in the curriculum*.

Education is one of the most powerful instruments of change especially for developing countries like Pakistan. Progress and prosperity of a country largely depends on the choices of education made available to its people. Human Development in South Asia 1998 states, "...while South Asia is the most illiterate region in the world, Pakistan is the most illiterate country within South Asia" (Haq and Haq 1998: 51).

Adolescence is a pivotal stage of physical, emotional, cognitive, social, and economic transitions, often characterized— particularly for girls—by lack of autonomy. The nature and quality of young people's adult lives, as well as a country's social and economic development, depend on how successfully they navigate this critical period. A key aspect of women development -- as important to basic survival as intellect -- is the acquisition of socio-cognitive and emotional coping skills. Female adolescents are a particularly vulnerable group because of their age, lack of knowledge, skills and access to health services. In order to cope with this situation young girls require comprehensive and systematic education that provides them with the knowledge and skills for developing and maintaining good health. Life skills approach builds skills in these particular areas to strengthen adolescent protective factors, promote the competencies necessary to make a healthy transition to adulthood, and promote adoption of positive & desirable behaviours such as sociability, improved communication, effective decision making and conflict resolution, and preventing negative or high-risk behaviours, such as use of tobacco, alcohol and other drugs, unsafe sex, and violence^{xiii} that enable them to deal effectively with the challenges of everyday life.

In Pakistan life skills are not incorporated in the curriculum thus affecting the health & health rights of adolescents. Females are affected more because education of boys is more highly valued than that of girls. The benefit of education for girls is indisputable, but not all parents perceive this. There are vast gaps in both school enrolment and the length of time boys and girls stay in school. While nearly all boys begin primary school, only three out of four girls do so. The result is very obvious, two thirds of the women comprising 60% of the total adult population of Pakistan, are illiterate. In Balochistan—the country's most backward province—female literacy is

just 1.7%. This dismal record is the reason that Pakistan ranked 134 in human development out of 174 countries in 1997 (Haq 1997: 40).

Since the formal education system does not efficiently cater to the most disadvantaged groups of children, particularly girls, large numbers are either out of school or semi-literate leading to very low enrolment and or completion rates at primary level and consequently to an increase in child labour (both in the formal and informal sector) and street children. Most of the girls are engaged in domestic work and informal economic activities. This neglect has critical consequences for women in terms of their sexual and reproductive health and rights.

In a country where two-third of the population comprises of women, such evasions have far reaching effects on their life and in turn on their families. Research has shown that education that focuses on teaching Life Skills is most likely to be effective in achieving the goal of promoting positive health behaviours/ decisions among young people.

s1/q2 Which 'main' policy will be the focus in the HeRWAI analysis? Why is this policy selected?

In order to address this problem, WPF has focused on National Education Policy 1998-2010 and within it the Lack of provision for life skills based education in the curriculum for HeRWAI analysis. The policy is in its implementation stage, in order to revise it Education Sector Reform Assistance (ESRA) program was initiated by which is a \$60 million initiative funded by the United States Agency for International Development (USAID) in support of the Government of Pakistan's Education Sector Reform (ESR) effort. ESRA, a consortium of national and international partners led by RTI-International, operates across 6 technical areas (policy and planning, professional development, literacy, public-community partnerships, public-private partnerships, and information and communication technologies), 13 educational jurisdictions (9 districts, 2 provinces, the ICT, and the Federal Ministry of Education), and thousands of school-communities. Fundamentally, ESRA is about two things: School improvement and the ways and means by which key stakeholders throughout the system can continuously identify and solve their own problems regarding school improvement^{xiv}. The education policy is the framework for the development of school curriculum. Recently some changes were made in the curriculum to take out any references to holy war (Jihad). This shows that changes can be made, although the way in which these recent changes were pushed through generated a lot of criticism.

Various organisations are working on developing a Life Skills curriculum in Pakistan, e.g. WPF, UNICEF, Aahung. These organisations propose inclusion of life skills based education into the curriculum. The Life Skill curriculum developed by WPF is being implemented in public schools in four districts of Pakistan and has attracted the attention of National AIDS Control Programme (NACP) for up scaling.

Main Features of National Education Policy 1998-2010

The policy documents of the Government relating to education are the National Education Policy 1998-2010, the Ten Year Perspective Development Plan and the Education Sector Reforms^{xv}.

The National Education policy is formulated to realize the vision of an educationally well-developed, politically united, economically prosperous, morally sound and spiritually elevated nation. The policy and above-mentioned policy documents place particular emphasis on realizing Pakistan's commitments under the Education for All initiative and the Millennium Development Goals. Special emphasis is placed on the education of women and girls. Some of the main features of the policy relating to girls and women are:

1. Provision of integrated non-formal education to different age groups where there is no such provision: sensitivity to gender and development approaches for disadvantaged girls and boys, women and men (including child labour).
2. Disparities and imbalances of all types shall be eliminated so as to promote equality, particularly with respect to gender.
3. High priority shall be accorded to the provision of elementary education to the out-of-school children.
4. Quality of elementary education shall be improved.
5. Non-formal programmes to target nomads, riverine communities and women and children in prison and dar-ul-amans (shelter homes).

6. Primary schools upgraded to elementary level especially for girls in far- flung areas and under-developed districts.
7. Incentives to be provided such as free textbooks, school nutrition, scholarships and loans to students in both government and NGO institutions.
8. Grant of charter to private universities to incorporate provision for scholarship to meritorious needy students, including women and girls.

s1/q3 Who is the main actor implementing the policy?

The main actors for implementing the Policy and above-mentioned programmes are;

1. Federal, provincial and district education departments e.g. curriculum wing, project wing, policy & planning wing, Executive District Officers (EDO) - Literacy and education.
2. Donor organisations, such as UNICEF, UNESCO, UNFPA, USAID, JICA
3. Local NGOs like BUNYAD, Sindh Education Foundation, The Citizens Foundation, Hands, PVDP
4. Public Private Partnership by organisations such as National Commission for Human Development (NCHD)
5. Teachers

s1/q4 What does the government aim to achieve with this policy?

The government aims to increase access of population to education and thus increase the literacy rate in Pakistan by 2010.

s1/q5 What is the actual effect of the policy on women's health?

We are of the view that due to absence of life skills education in the curriculum, the women rights are affected and they can not make informed choices regarding Sexual and Reproductive Health and rights issues. Educated and empowered women are healthier, more economically productive and engage in public life more than their uneducated counterparts. They are more likely to use health and family planning services, reducing the risk of sexual abuse, early marriage, unwanted pregnancy, unsafe abortions and other reproductive health problems. They begin childbearing later in life and have smaller families. Female adolescents are a particularly vulnerable group because of their age, lack of knowledge, skills and access to health services. In order to cope with this situation young girls require comprehensive life skill based education that provides them with the knowledge as well as the skills to make good health choices necessary for maintaining good health.

The importance of life skills cannot be denied for female adolescent as they are directed toward actions to change the environment, making it conducive to health. The Programmes under the current policy misperceive life skills based education as provision of vocational and livelihood skills only. And even for these vocational skills, budgetary allocation has not been made as yet. And even for these skills budgetary allocation is not made yet. Thus socio cognitive skills essential for women empowerment and decision making are directly affected.

Research has shown that education that focuses on teaching Life Skills is most likely to be effective in achieving the goal of promoting positive health attitudes among young people^{xvi}. In a country where two-third of the population comprises of women, such an intervention will have far reaching effects on the lives of women in particular and the life of their families, in general.

s1/q6 What would be the best possible effect of the policy and how can this be achieved?

The best possible effect of the policy would be when it is implemented timely, effectively & incorporates socio cognitive skills in the curriculum and this can be done by commitment on the part of planner and implementers.

s1/q7 Are there special programmes to implement the policy? Who is responsible for these programs?

In order to implement the education policy, government of Pakistan has devised special programmes that gave hands and feet to the Education policy. These include;

1. Education Sector Reforms 2002-2006 funded by USAID
2. Education for all (EFA.)2001-2015 funded by UNESCO & government of Pakistan
3. Population & Development Education for Youth 2004-2008 funded by UNFPA and supported by Curriculum wing.

4. Adult Literacy Programme by Ministry of Education
5. Literacy Programme by Ministry of Education
6. Madrassas Reforms by Ministry of Education
7. Quality Assurance 2001-05 by MoE
8. National Education Assessment System by MoE
9. Teachers Training Resource Centre by MoE

WHICH GROUPS ARE AFFECTED BY THE POLICY?

s1/q9 Which groups does the government (or other main actor) intend to reach with the policy?

The policy is targeting towards increased access to education and literacy level among Pakistani children and adolescent irrespective of gender. Its main focus is reaching the female population through the non formal education system. So the government intends to train the female teachers with help from NGOs and reach young girls through the implementation of this policy.

s1/q10 Which groups does the policy actually affect (positively or negatively)?

The policy would positively affect the female teachers, NGOs and young girls as it is focusing on provision of education though formal as well as the non formal education system. However, the priority is to increase literacy and not quality of education. So life skills based education is not part and parcel of this package.

This policy does however negatively impact the basis of the strong patriarchal and feudal culture that prevails in Pakistani society. This negative impact is not as strong in the absence of life skill based education as mere literacy cannot bring about the desired change needed to topple the power dynamics in favour of the marginalized groups.

s1/q11 Identify and describe *subgroups* of women or stages in women's life for which the policy has a different impact than for others.

The policy issue is specifically affecting Girl child and adolescent women because Life skill based education is closely related to their empowerment and decision making abilities (Life Skills, which has long lasting effects on their health. Adolescence is a decisive period of life for a young girl. Decisions taken during adolescence include whether to continue education or not, marriage, choice of partner, childbearing. A young woman with strong life skills is able to negotiate with her parents to continue and complete education and/or acquire livelihood skills leading to economic and social empowerment. These decisions automatically delays marriage and childbearing, promote use of contraceptives to plan number of children, giving priority to ones own health etc.

Therefore adolescence is the right period of life to acquire, develop and practice Life Skills, in order to ensure positive health outcomes.

s1/q12 What are the perceptions of the affected groups regarding the problem and related policy?

In order to find out the perception of adolescents girls regarding the lack of life skills based education in the curriculum and its effect on their health, WPF has conducted a need assessment study in 5 districts, (at least one from each province) during which 371 adolescents students (boys & girls) and 156 teachers were interviewed in 42 FGDs from both government and private schools were involved. The main problems faced by girls include;

- Sexual Harassment (locally known as Eve teasing)
- Early dropout from school
- Early/no choice in marriage
- Lack of attention/trust from parents/family
- No positive coping behaviours

The girls and their teachers realise the importance of life skills based education in order to cope with such situations and solving their problems. Hence, lack of provision of socio cognitive skills effect the girls empowerment and communication skills, in turn affecting their health. Importance of life skills based education for adolescents is thus badly needed in our curriculum.

WHICH RIGHTS ARE AFFECTED BY THE POLICY?

s1/q13 Which human *rights*22 may be affected?

Its effects the young women right to;

- a. Access to information, to make informed choices about health and sexuality
- b. Right to control their fertility and sexuality
- c. Right to security of the person, including the right to be free from abuse
- d. Right to non-discrimination
- e. Right to equality
- f. Right to health
- g. Right to education

4.1.3. Conclusion

WPF has selected the National Education Policy and within it the lack of a provision for Life Skill based education as the main problem under analysis. National Education Policy 1998-2010 aims to eradicate illiteracy from Pakistan by increasing access to education. It is currently being implemented by the GoP through programmes such as EFA, ESR, and Population & Development Education for Youth, with the help of donors bodies, civil society organisations and volunteer teachers.

The findings from the first step reveals that absence of Life Skill Based Education within the curriculum of the formal and non-formal education sectors affects the ability of young Pakistani women to negotiate their basic human rights to education as well as their access to information needed to make informed choices about health and sexuality. Although life skill education is mentioned in the mandate of various programmes under the National Education Policy our findings indicates that they are interpreted as vocational skills only. Officials interviewed at the federal level are aware of the WHO definition of Life Skills for adolescents however, at the implementation level it is understood to only refer to vocational skills, perhaps indicating a poor understanding of the value of LSBE in the senior levels of government.

Our findings points to the lack of priority and attention given to LSBE by the GoP in implementing current education policy, resulting in the compromising of young women's rights. Such compromises can lead to problems such as sexual abuse, early marriages, early child bearing, and large family size. The impact of young women being denied access to, and understanding of the protective behaviours associated with LSBE, is an increased burden of disease, reflected in Pakistan's poor indicators for maternal and infant mortality.

4.2. Step Two: Exploring The Government's Commitments

4.2.1. Preparing for the Process

The data for this step is primarily collected through extensive online search and review of following documents;

1. Constitution of Pakistan^{xvii},
2. Pakistan Penal Code,
3. Amnesty international report on honour killings of girls and women in Pakistan^{xviii}
4. Pakistan Ratification Laws^{xix}
5. CEDAW Report on Pakistan^{xx}

Some of the information needed for conducting this step was not available online so primary data was collected via in-depth interviews of officials from Ministry of Education. The questions were identified and they were included in the interview guidelines.

4.2.2. Key Questions

WHICH TREATIES AND CONSENSUS DOCUMENTS ARE RELEVANT?

s2/q1 **Which international treaties has your country ratified? Were any reservations or limitations made?**

Government of Pakistan has ratified various International treaties which affirm women right to health and education these include;

1. Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) ratified on 12-Mar-96 (Article 10 & 12)
2. International Covenant on Economic, Social and Cultural Rights ^{xxi} signed on 03-Nov-04
3. Convention on the Right of Child ratified on 12-Nov-90

For Example: Article 28 of the UN Convention on the Rights of the Child (CRC) ratified by Pakistan in 1990, emphasizes that it is the State's duty to ensure primary education is free and compulsory for all children. The 2nd World Conference on Education for All held in 2000 in Dakar, Senegal reported that many countries had fallen short of the targets set in the Jomtein Declaration in 1990. New targets have been set and strategies designed for 2015 for Education for All. Pakistan is also a signatory to the Dakar Declaration. To meet the commitments made internationally for provision of quality Education for All, education must become one of the top three priorities. The international commitments made by GoP are well reflected in the policy documents, plans and measures put in place to meet the set targets.

s2/q3 **Which consensus documents does the government consider important?**

Our government is signatory to;

1. ICPD Programme of Action
2. Universal Declaration of Human Rights,
3. Beijing Platform for Action
4. United Nations Millennium Declaration (MDG's)
5. Declaration of Alma Ata
6. Declaration on the Elimination of Violence against Women

The rights and obligations mentioned in these documents are taken in to consideration while drafting, education, and health or women development policies. Moreover, government officials even the president refers to these documents in their briefing and speeches. National Health conference, organized by the government in October, 2004 recognized reproductive health as a human right. The international pressure to promote reproductive health and rights seems to have become more effective. Pakistan being a signatory to the ICPD, Cairo agenda, poses a moral obligation on the government to take action.

WHAT DOES THE NATIONAL LEGISLATION SAY ABOUT WOMEN'S RIGHT TO HEALTH?

s2/q5 What does the constitution or other national laws say about (the right to) health?

Constitution does not specifically contain an article relating to health. Article 38 (a) speaks of "raising the standard of living" of the citizens. Standard of living could be said to also indirectly address health.

s2/q6 What does the constitution or other national laws say about other rights, which are relevant to the policy?

Article 37, clauses b and c – state "The State shall (b) remove illiteracy and provide free and compulsory secondary education within the minimum possible period (c) make technical and professional education generally available and higher education accessible to all on the basis of merit." These provisions are non-discriminatory. Read with Article 34, "Steps shall be taken to ensure full participation of women in all spheres of national life" these can be interpreted as favouring girls and women.

s2/q7 Does the country have a law prohibiting discrimination of women?

In Pakistan, there are laws that prohibit discrimination of women, under Article 5-14, the Constitution of Pakistan guarantees equality for both men and women, and contains special provisions for affirmative action towards equality and opportunity for women. For Example; Article 199 of the Constitution of Pakistan says that, Women can rit in the High court against an organisation if they are discriminated on the basis of gender for a job where they are in open competition with men.

Nevertheless, the status of women in Pakistan's constitution, has been described as defined by the "interplay of tribal codes, Islamic law, Indo-British judicial traditions and customary traditions ... [which have] created an atmosphere of oppression around women, where any advantage or opportunity offered to women by one law is cancelled out by one or more of the others" ^{xxii}. Traditional norms, Islamic provisions (as interpreted in Pakistan) and statutory law diverge in many areas relevant to women's lives, including control of assets, inheritance, marriage, divorce, sexual relations, rape and custody.

For Example; The 1979 **Zina (adultery) law** has also contributed to restricting women's rights. The gender discrimination inherent in it sends an affirmative signal to those intent on treating women as second class human beings with fewer rights than men. It has also provided a handy tool with which to detain women who take any initiative with respect to their choice of a spouse, as fathers/brothers often bring *zina (adultery)* charges against such women.

s2/q8 Does the country have laws that criminalize medical procedures only needed by women and that punish women who undergo those procedures²⁶?

Yes the country has laws that criminalize medical procedure only needed by women for example, In case of **Abortion**, our legal system establishes two stages of pregnancy for punishment purposes and imposes the penalty for performing an abortion. Sentence can be passed for Imprisonment of up to three years or a fine or both. The law says abortion in the earlier stage of pregnancy is not a crime if it is carried out to provide "necessary treatment". Because the term "necessary treatment" is not defined, the degree of liberalization represented by this change is not entirely clear. In Pakistan this has translated into high incidence of unsafe abortion services through untrained service providers adding to the burden of maternal mortality and morbidity. Hence such flaws in our legislation are discriminatory towards Pakistani women.

s2/q9 Do local, customary or religious laws influence health rights of women?

There are many customary laws and practices which are misperceived as being part of the religion, and have negative implication on women health. Practices like early marriages, honour killing, Satta-watta marriages, restriction of women mobility etc adversely effect women's health directly and indirectly.

HOW IS THE PARTICIPATION OF CIVIL SOCIETY ORGANIZED?

s2/q13 Which are the official ways by which individuals, NGO's and other civil society groups can influence policy making and legislation (mechanisms for civil society participation)?

The mechanism for civil society participation is different for different policies. Under the National Education Policy 1998-2010, government did invite scholars, educationists, leaders of public opinion and representatives of NGOs

to contribute to the design of the initial draft. In this regard, the ministry facilitated participation by advertising on print and electronic media within the country, to invite ideas on national educational issues. But the general perception from the civil society is that these ideas were never incorporated into the education policy and was mere eye wash and unable to have the desired impact.

Secondly civil society can influence legislation only by electing their representative for National Assembly who can put forward their views. The political arena in Pakistan is largely controlled by the feudal class which represents the patriarchal norms and customs. Lately the inclusion of women into the legislative assemblies has presented women in Pakistan with a unique opportunity to influence legislation and public policies in their favour. But it is still too early to predict any concrete change.

s2/q14 **Where can people go to make a complaint (mechanisms for redress)?**

Although on papers the government has mentioned the mechanism for redressal but it's not known to the general public. Therefore hardly anyone uses it. Even if anyone uses it, it is not effective. During the in-depth interviews individuals in the district education department thought that the mechanism for redress was more effective in the past as complaints or suggestions from implementers were acknowledged and addressed by even the secretary but no such incidence can be quoted nowadays.

However, interviews with policy makers revealed that they are aware of this gap and intend to review and design a proper mechanism for redressal.

4.2.3. Conclusion

Although the constitution of Pakistan does have provisions to ensure rights for women, these provisions are weakened by tacit acceptance of tribal customs and practices as well as misleading patriarchal interpretations of Islam. The situation is exacerbated by the presence of discriminatory laws such as the adultery law and weak abortion law, promoting practices detrimental to women's health.

The Pakistan government has moral and legal obligations, under the various treaties and consensus documents it has signed/ratified, that offer a mechanism for amendment of discriminatory laws, in favour of women's health and their concerns. This is most strongly addressed by CEDAW and ICPD.

The government has tried to develop participatory mechanisms for policy formulation and redress, but these have not proved effective. Civil society organisations are critical of the current mechanisms, seeing them as tokenistic.

Apart from amendment to discriminatory legislation, the mechanism for participation in policy formulation and redress also needs to be strengthened.

4.3. Step Three: Describing the Capacity for Implementing the Policy

4.3.1. Preparing for the process

The information required for this step was collected entirely through field visits and in-depth one to one interviews with the officials of Education ministry and implementers of policy and its programmes at district level. The questions were selected from the steps and incorporated in the interview guidelines. (Annexure 1)

4.3.2. Key Questions

WHICH FINANCIAL RESOURCES ARE AVAILABLE FOR THE IMPLEMENTATION OF THE POLICY?

s3/q1 What is the percentage of the national budget allocated to health?

In Pakistan both the public and private spending on health is low. However, over the years these have steadily increased in absolute terms though not in terms of percentage of GDP. During the years under review (2002-03), the total expenditure on health is estimated at Rs.28.814 billion (Rs.6.609 billion development and Rs.22.205 billion as recurring) showing an increase of 13.4 percent over last year and works out at 0.7 percent of GNP.

Budget Allocation for Education

Currently, allocation for education is 1.8 % of our budget which is far less than the minimum requirement recommended by UNESCO that is 4%.

In the federal budget a sum of Rs. 3107.102 million were allocated out of which RS 2925.677 million were allocated by the government of Pakistan and Rs. 181.425 million were provided through foreign assistance.

s3/q3 Does the allocation to specific health topics indicate where the government sets its priorities? Is the government shifting priorities within the health budget?

The Health Policy focuses primarily on provision of tertiary and secondary health care but the focus seems to be shifting towards provision of primary health care facilities to women specifically expressed by the recruitment of a large cadre of lady health workers. But such steps fall short of creating a positive impact on the health outcomes for women as these lady health workers are forced to function in an extremely gender insensitive environment.

While in the education sector, the government is primarily focussing on increasing access to education and increasing literacy level especially for women and girls, for which it is shifting its priorities from formal to non formal education and Life Skill development education (vocational). Budgetary allocation for vocational skills is also not available.

s3/q4 Is the total health budget decreasing or increasing?

Current budget allocations are insufficient; in fact they are far less than the recommended minimum financial allocation i.e. 4%. The budget has increased in terms of number but not in the real sense. Another factor that compounds the situation is due to cumbersome administrative rules and regulations the already scarce budget cannot be used by the implementers and lapses each year.

NATIONAL EDUCATION BUDGET DURING 2000-01 TO 2002-03 (Rs. In billion)

Year	Recurring Budget	Development Budget	Total Education budget	%age of GDP
2000-01	54.396	1.966	56.362	1.6
2001-02	64.975	2.5	67.475	1.9
2002-03	69.874	1.7	67.270	2.604

Source: Economic Survey of Pakistan, 2002-2003

WHICH HUMAN RESOURCES ARE AVAILABLE FOR THE IMPLEMENTATION OF THE POLICY?

s3/q6 How many staff is involved in implementing the policy or related programs, have they been properly trained, are they gender-sensitive, what does the government do to motivate them?

The district education department staff comprises of the Executive District Officers for education and literacy. This department has collaborated in various districts with private organisations like NCHD and Bunyad to implement various programmes. Most programmes involve teacher trainings to implement the non formal education package. One such training was witnessed and the curriculum being taught to the trainee teachers was reviewed for topics relating to life skills, gender sensitivity or human rights but none could be found. First hand observation of the WPF team revealed extreme lack of resources.

WHICH FACTORS LIMIT OR EXPAND THE IMPLEMENTATION CAPACITY?

s3/q8 Which cultural, religious, social, environmental and other factors influence the implementation of the policy?

Some of the factors identified, which limit the implementation capacity of the National Education Policy includes,

Social Factors

- Low base of female education at the time of independence and the traditional preference given by parents, planners and the community leaders to the education of boys.
- Heavy population growth-rate and burden of household work in large families on female children.
- Parent's lack of understanding of the value / benefits of girl's education.
- Illiteracy and conservative attitudes of the parents which generate negative attitudes towards girls' education.
- Restricted mobility of girls in rural and urban setting.

Cultural Factors:

- Patriarchal interpretation of religion.
- Blind faith in ancient tribal customs and practices.
- Stereotypical gender roles.
- Resistance to new ideas and concepts regarding them as 'western agenda'.

Economic Factors:

- Low level of economic development of the country.
- High opportunity cost of sending children to school as they can help at work and home.
- Distance as well as lack of facilities in schools
- Non-existence of a girls' primary school or availability of a school at an accessible distance.
- Low per capita income of the people
- Shortage of funds especially to meet the recurring expenditure of schools.
- Poor standards of health and nutrition.

Geographical Factors:

- Scattered pattern of population in large parts of the country.
- Long distances of schools from homes.
- Natural calamities in the hilly areas.
- Poor communication facilities.

Administrative Factors:

- Negligent supervision and weak administration.
- Indifferent attitude of administrative and supervisory personnel towards teaching community.
- Teacher absenteeism.
- Undue political interference.
- Tussle of power between the district and provincial government
- Top down approach for education planning

Curriculum/Educational Environment Related Factors:

- Curriculum not in harmony with the needs and cognitive abilities of children.
- Curriculum is overloaded with information but lacks the skills to use the information.
- Poor quality of education.
- Rigid system of examinations.
- Non-availability of textbooks on time.
- Rigid formal system of education.

Teacher Related Factors:

- Hesitation of female teachers to go to schools located in remote areas.
- Inadequate/improper residential facilities especially in far flung areas compelling them to remain absent from school to attend to family problems.
- Resistance by the teachers in adoption of new methodologies of teaching
- Non-motivated teachers and harsh attitude of teachers.
- Low salary compensation.

s3/q11 Does the government show political will to implement the policy?

There is a general perception that there is a lack of political will on the part of government to implement Education policy in the true sense, which is also evident from the current budget allocations.

s3/q13 To what extent are international donors and agencies such as WHO, ILO, UNDP, UNICEF, UNFP (A), the World Bank, IMF, WTO expanding or limiting the implementation capacity of the government?

The international donors are expanding the policy implementation capacity of government. They are providing both technical and financial support for implementation of various programmes under the policy and in identifying the gaps in policy formulation and implementation.

4.3.3. Conclusion

The findings from this step points towards the fact that the budgetary allocation for education sector in Pakistan is far below the recommended level. Over the years, budgetary allocation for education has increased but it is not sufficient to keep up with population growth. The programmes flowing out of the policy, do mention life skills but interpret it as vocational skills and even for that there is no budget available. These factors lead to very scarce resources including human resources. Teachers, who are the main actors implementing the policy are low paid and are working in very poor conditions especially in far flung areas. Furthermore there is a general lack of administrative staff leading to poor management and administration. However, donor organisations are willing to offer the government financial as well as technical assistance that increase the government's capacity to utilize the budget efficiently.

The situation is worsened by restrictive social and cultural factors which create hurdles in implementing the policy. The factors such as illiteracy, feudal and patriarchal culture, poverty, population growth, poor standards of health and education add to the problem. Furthermore, parents also don't value girls education.

4.4. Step Four: The Impact On Human Rights

4.4.1. Preparing for the Process

This step was conducted by in-house discussion on the information collected so far in the last three steps.

4.4.2. Key Questions

IS TIMELY AND APPROPRIATE HEALTH CARE A RELEVANT ISSUE?

s4/q1 Does the policy influence the right to timely and appropriate health care?

No

s4/q2 Does lack of timely and appropriate health care influence the implementation of the policy?

No

ARE UNDERLYING DETERMINANTS OF HEALTH A RELEVANT ISSUE?

s4/q3 Does the policy influence the determinants of health?

Yes it affects the following determinants of health;

- Access to *health-related education* and information, including on sexual and reproductive health
- Access to *education* (in general, to enhance access to health care)
- Freedom to *control ones health and body*, including ones sexual and reproductive freedom
- *Gender equity*; women's lower social position puts them at higher risk of being poor, having worse nutrition, having less opportunity to use health services.

We are of the view that due to absence of life skills based education in the curriculum, the women rights are affected and they can not make informed choices regarding Sexual and Reproductive Health and rights issues. Educated and empowered women are healthier, more economically productive and engage in public life more than their uneducated counterparts. They are more likely to use health and family planning services, reducing the risk of sexual abuse, early marriage, unwanted pregnancy, unsafe abortions and other reproductive health problems. They begin childbearing later in life and have smaller families. Female adolescents are a particularly vulnerable group because of their age, lack of knowledge, skills and access to health services. In order to cope with this situation young girls require comprehensive life skill based education that provides them with the knowledge as well as the skills to make good health choices necessary for maintaining good health.

s4/q4 Does the lack of relevant determinants hamper the impact of the policy?

We are analysing the impact of a policy provision that is non existent.

IS PARTICIPATION A RELEVANT ISSUE?

s4/q5 Does the policy influence the right to participation in development and/or implementation of the policy?

Yes, the current mechanism for participation and redressal are not effective. So it does affect the right to participation negatively. Furthermore, women are mostly illiterate and disempowered to have any meaningful participation in policy making.

s4/q6 Does lack of participation in development and/or implementation of the policy hamper the impact of the policy?

Yes, the policy is not representing the concerns, problems & priorities of the stakeholders in the real sense, especially women. Therefore literacy alone will not bring about any real change.

s4/q7 Who participate (d) in the development and implementation of the policy? To what extent does the composition of the groups/individuals involved in participation correspond with the groups that are affected by the policy?

The initial draft of the National Education Policy was developed in consultation with scholars, administrators, leaders of public opinion and representatives of non- governmental organisations. The cabinet reviewed the draft

in detail. The ministry also used print and electronic media to invite ideas and concrete proposals on educational issues. The draft was shared with the provinces and based on feedback, it was revised and the final document that emerged, contain all the proposals that met the criteria laid down by the cabinet sub committee. The policy however doesn't directly involve the effected group of young and adolescents' women in policy making. The policy is now implemented with the help of district government, NGOs & donor bodies.

IS VIOLENCE AGAINST WOMEN A RELEVANT ISSUE?

s4/q8 Is violence against women a factor in the policy/problem?

Life skill education does provide women the means to extract themselves from abusive situations and relationships. Thus is a factor in the problem.

WHAT IS THE IMPACT ON THE AVAILABILITY OF SERVICES, GOODS AND FACILITIES?

s4/q10 Does the policy affect the availability of the relevant services, goods and facilities for (certain groups of) women and how?

Not relevant

WHAT IS THE IMPACT ON THE ACCESSIBILITY OF SERVICES, GOODS AND FACILITIES?

s4/q11 Does the policy affect the *accessibility* of the above-mentioned services, goods and facilities for (certain groups of) women and how?

• What is the impact of the policy on the *physical accessibility* of the facilities, goods and services?

Yes, it does affect the ability of young women to physically access services.

• What is the impact of the policy on the *economic accessibility* of the facilities, goods and services?

Yes, life skill education will lead to better decisions resulting in economic empowerment and thus economic accessibility.

• What is the impact of the policy on the *Information accessibility* of the facilities, goods and services?

It lack access to timely and appropriate information required by the young women and thus effecting their information *accessibility: i.e.*

- Access to information about health, including sexual and reproductive health
- The training and capacity of staff to impart information

• What does the government do to remove the barriers to the enjoyment of women's health rights?

Government is now giving importance to female education and reduction of gender disparities. The ministry of women development is particularly working on women rights. Asian Development Bank has funded development of Gender reform Action Plan (GRAP) to mainstream gender into the health and education sectors.

WHAT IS THE IMPACT ON THE ACCEPTABILITY OF SERVICES, GOODS AND FACILITIES?

s4/q12 Does the policy affect the *acceptability* of these services, goods and facilities for women and how?

Not relevant

WHAT IS THE IMPACT ON THE QUALITY OF SERVICES, GOODS AND FACILITIES?

s4/q13 Does the policy affect the *quality* of these services, goods and facilities and how?

Not relevant

DOES THE POLICY HAVE DISCRIMINATORY EFFECTS?

s4/q14 Is the impact of the policy -as analysed in the previous questions- equally felt by all groups, or are some groups affected stronger than others?

It is affecting adolescent/young girls more than other groups.

s4/q15 **What is the impact of the policy on stereotype gender roles?**

The lack of life skill based education promotes stereo typical gender roles. The policy is silent about it.

s4/q16 **Considering the above, does the policy have discriminatory effects?**

• On which grounds for discrimination? • Direct or indirect?

Yes, it limits the young woman's opportunity to develop skills that can help her practice positive health behaviours.

4.5. STEP Five: State Obligations

4.5.1. Preparing for the Process

The questions in step five were answered by analysing the information gathered in the previous steps.

4.5.2. Key Questions

WHO IS RESPONSIBLE?

s5/q1 **Who are the main actors responsible for the violations, which were noted in step 4?**

- If it is not the government, what is the relation between the violators and the government?
- Has the government taken any measures to regulate the activities of the violators? Are these measures adequate?

The main actors responsible for the violation through acts of omission are the Government of Pakistan, concerned wing of the Education ministry and the implementers of the policy. There is a failure on the part of the government and concerned ministry to take appropriate steps to fulfil health rights, to enforce legislation or implement policy provisions in real sense necessary for the enjoyment of health rights, and removal of obstacles in this respect. Moreover, our government is not meeting the internationally accepted minimum budgetary allocation for education i.e. 4%.

s5/q2 **What is the role of other governments or international actors in relation to the violations?**

The international actors are building the government capacity to implement the policy in true sense and they have significance influence on our policy makers and implementers. They are assisting our government in financial and technical terms. Most of our programmes reflect the concerns and recommendation of foreign donors, EFA is one such example. Thus they are positively influencing the education policy and its programmes for addressal of certain issues like health or population.

IS LACK OF RESOURCES A MAJOR OBSTACLE?

s5/q3 **Is lack of resources (rather than, for example, lack of political will) a major cause of the weaknesses of the policy and its implementation?**

Although lack of resources is a limiting factor affecting the capacity of government to implement the policy but it is not the major cause rather lack of political will is the major constraint in inclusion of Life skills and quality based education in the curricula. Education is not the top priority evident from our budgetary allocation, most of our government representative are from a feudalistic background and access to education especially life skills and quality education is perceived as a threat to their power and authority.

s5/q4 **Did the government attempt to obtain international technical and financial assistance?**

No, rather the government has been approached for technical and financial assistance from international donors like UNICEF, UNFPA, USAID, UNESCO etc.

s5/q5 **Did other (donor) governments or international institutions extend the necessary assistance?**

Yes, Pakistan is receiving considerable international assistance for education from various donor bodies like JICA, UNFPA, UNICEF, UNESCO etc.

For example: under the USAID program, USAID plans to spend \$624,500,000 in Pakistan in FY 2002 and requests \$250,000,000 in FY 2003. USAID is establishing a field mission in Pakistan. Until now, USAID has provided modest assistance under U.S. legal provisions that allow assistance to, and through, nongovernmental organisations (NGOs) for humanitarian purposes. USAID's Pakistan NGO Initiative (PNI) was launched in September 1994, extended in November 1997, and will terminate in 2002. PNI has implemented activities related to economic development, girls' education, women's and children's health, child labour, and micro enterprise development.

In addition to its programs in basic education, democracy, agriculture, and health, USAID provided a cash transfer of \$600,000,000 in FY 2002 to the Government of Pakistan from funds made available under the Emergency Supplemental Appropriations Act (P.L. 107-38). USAID plans to make a \$200,000,000 cash transfer to the Government of Pakistan in FY 2003^{xxiii}.

DOES THE GOVERNMENT MEET ITS CORE OBLIGATIONS?

s5/q6 **To which of the above mentioned core obligations does the policy relate?**

The policy relates to the following core obligation of the government;

- Education and access to information concerning health;
- Training for health personnel, including education on health and human rights.

s5/q7 **Does the policy contribute to meeting the core obligation (s)?**

No, the policy lack the provision for life skills based education, thus showing inability on the part of the government to meet the above mentioned core obligations.

DOES THE OBLIGATION OF PROGRESSIVE REALIZATION APPLY?

s5/q8 **Could the government achieve more towards women's health rights, by changing this policy or by developing additional policy?**

Yes, the government can contribute more towards fulfilment and realization of women health rights, if it amends the policy and include life skills based education as a component of policy and its programmes.

DOES THE OBLIGATION OF NON-RETROGRESSION APPLY?

s5/q9 **Does the policy result in or contribute to an avoidable deterioration of women's health rights?**

Yes, it is contributing to an avoidable deterioration of women health rights because inclusion of life skills based education in curricula is possible if the government shows willingness to do so. But the government has not done all it can to give priority to LSBE and realize it as important factor contributing directly towards women health and rights.

s5/q10 **Has the government done all it can to prevent this deterioration, including asking international technical and financial assistance?**

No, a lot can still be done to prevent deterioration. In fact the international assistance and donors are offering financial and technical assistance directly or indirectly through NGOs, for inclusion of life skills based education in the education system.

s5/q11 **Has the government sufficiently protected vulnerable groups?**

No, not at all

DOES THE GOVERNMENT MEET ITS OBLIGATIONS TO RESPECT, PROTECT AND FULFILL HEALTH RIGHTS?

44a Government obligations to respect, protect, fulfil	b Why and how, in key words	c Violation/ rights affected	d Government commitment
s5/q12 Does the policy fail to respect women's health rights?	Yes, weak and discriminatory laws regarding women's health and rights.	Right to health	Weak commitment
s5/q13 Does the policy fail to protect women's health rights?	Yes, because of weak participatory and redress mechanisms.	Right to participate Freedom of expression	Some commitment
s5/q14 Does the policy fail to fulfil women's health rights?	Yes, by not including LSBE in the curricula, restricting women from making informed choices and affect their decision making powers and empowerment.	<ul style="list-style-type: none"> a. Access to information, to make informed choices about health and sexuality b. Right to control their fertility and sexuality c. Right to security of the person, including the right to be free from abuse d. Right to non-discrimination e. Right to equality f. Right to health g. Right to education 	<ul style="list-style-type: none"> a. Ratified CEDAW, CRC, CERD etc. b. Signatory to consensus documents like ICPD, MDGs etc. c. 1.8 % budgetary allocation for education
s5/q15 Is there discrimination, in the implementation of the policy itself or in the (indirect) impact of the policy?	Yes, as the policy is silent about gender stereotyping although it considers education of women a way to reduce gender disparity. It is affecting adolescent/young girls more than other groups. It limits the young woman's opportunity to develop skills that can help her practice positive health behaviours.	<ul style="list-style-type: none"> 1. Right to equality, 2. Right to non discrimination 	Refer to Constitutional legislative provisions and cultural practices mentioned in step 2 (s2/q5-s2q8)
s5/q16 Does the policy include measures to ensure influence and participation by women?	Weak participatory mechanisms	It affects the rights of participation and freedom of speech	Under the policy, various treaties and consensus documents government committed and realized the participation and representation of the women.
s5/q17 Do these measures result in	No, its just an eye wash	Effect the right to equality, participation etc	Ratification of international treaties and consensus

real participation by women?			documents affirming the women rights
s5/q18 Does the policy include mechanisms for people to complain if their rights are violated?	Yes but weak redress mechanisms	Right to participate	Government need to revise the current redressal mechanism.
s5/q19 Are these mechanisms used effectively to address violations of women's health rights?	Although on papers the government has mentioned the mechanism for redressal but it's not known to the general public. Therefore hardly anyone uses it. Even if anyone uses it, it is not effective. During the in-depth interviews individuals in the district education department thought that , the mechanism for redress was more effective in the past as complaints or suggestions from implementers were acknowledged and addressed by even the secretary but no such incidence can be quoted nowadays. However, interviews with policy makers revealed that they are aware of this gap and intend to review and design a proper mechanism for redressal.	Right to participate Freedom of expression	Identify gaps, review current mechanism and design proper and effective mechanism.

4.5.3. Conclusion

The above analysis shows that women in Pakistan have a long way to go in order to reap the benefits of an education system that focuses on providing the necessary skills and information needed to foster better health outcomes for themselves. The magnitude of the task in terms of realizing the objectives of the CEDAW or the EFA goals or the Millennium Development Goals is great. On the face of it Pakistan has made some progress in the provision of basic infrastructure as attested to by nearly 170,000 schools. Yet these schools suffer from lack of priority given to improving the quality of teachers' training and curriculum in order to discharge their functions in a meaningful manner. Furthermore they are lacking in infrastructure facilities, as many do not have compound walls or lack running water and toilet facilities. All of these factors impact greatly on enrolment, particularly of girls. The budgetary allocation for education must also be increased. The budgetary allocation can be improved by planned advocacy efforts directed towards the government. Also, technical and financial assistance received by the government each year from international donor community holds promise to improve the situation.

In relation to the government's capacity to deliver health rights to women, the performance of the health sector in Pakistan needs to be vastly improved. Despite a steady increase in the number of health facilities, these still fall short of providing the population with adequate health cover. While all citizens of the country suffer the adverse

impact of the quantitative and qualitative inadequacy of the system, women and girls can be said to suffer more on account of their special health needs and requirements.

Life Skill Based Education package for young girls will ensure that girls exercise their right to health and access optimal services and goods to ensure good health outcomes. Whereas on the other hand it also ensures that the government stays true to its commitments and obligations spelled out by the international treaties and documents.

5. STAGE THREE: PROVIDING ALTERNATIVES

5.1. Step Six: Recommendations And Action Plan

5.1.1. Preparing for the Process

This step was conducted at WPF office through a team meeting in which each question was addressed one by one and recommendations regarding the issues identified and action plan was devised keeping in mind the activities and capacity of WPF.

5.1.2. Key Questions

WHAT WILL BE YOUR RECOMMENDATIONS OR DEMANDS TO THE GOVERNMENT?

s6/q1 Compile a summary of the information collected in the previous steps.

- The lack of policy provision for LSBE is affecting health determinants.
- Absence of Life Skill Based Education within the curriculum of formal as well as the non formal education sector, affects the ability of young Pakistani women to negotiate their basic human rights to education as well access to information needed to make informed choices about health and sexuality.
- Violation of the basic human rights to education, health and equality leads to problems such as sexual abuse, early marriages, early child bearing, and large family size. These issues increase the burden of disease thus worsening indicators like MMR, IMR.
- The priority for the National Education Policy is to provide universal access to literacy.
- Although life skill education is mentioned in the mandate of ESR as well as EFA but it is interpreted and communicated as vocational skills only.
- The constitution of Pakistan does have provisions to ensure rights for women, these provisions are weakened by acknowledging the tribal customs and practices as well as patriarchal interpretations of Islam. The situation further worsens due to the presence of discriminatory laws such as the adultery law and weak abortion law promoting practices detrimental to women's health.
- The Pakistan government has moral and legal obligations, under the various treaties and consensus documents signed/ratified, that can be used by to enforce it to make amendments to the discriminatory laws, in favour of women's health and their concerns. This is most strongly addressed by CEDAW and ICPD.
- The government is constantly trying to develop participatory mechanisms of policy formulation but these have not proved effective till date and need further improvement.
- Same is the case for mechanism for redress. The existing system is not known to the public and even if it is known, it is not effective.
- The civil society organisations are of the view that the current participatory and redress mechanisms under the education as well as other policies are just tokenism.
- Budgetary allocation for education sector in Pakistan is far below the recommended level.
- Over the years budgetary allocation for education has increased but it is not sufficient to keep up with population growth.
- The programmes flowing out of the policy, do mention life skills but interpret it as vocational skills and even for that there is no budget available. These factors lead to very scarce resources including human resources.
- Teachers, who are the main actors implementing the policy are low paid and are working in very poor conditions especially in far flung areas.
- There is a general lack of administrative staff leading to poor management and administration.
- The situation is worsened by restrictive social and cultural factors (poverty, feudalism, patriarchy etc) which create hurdles in implementing the policy.
- The donor organisations are willing to offer the government financial as well as technical assistance that will increase the government's capacity to utilize the budget efficiently. The technical assistance offered by international agencies like WPF, UNICEF and UNESCO also offers an opportunity to improve issues

of curriculum design, under utilization of financial resources, clarity regarding the role of district representatives etc.

- The political environment does not seem conducive to facilitating the education policy, plans and measures initiated by the Government. But increased representation of women in the legislative bodies is a welcome change in this bleak situation.
- Devolution of power to the district government needs to be fully explored, but distribution of power between the provincial and district governments needs to be sorted out.
- The international pressure on the government to increase its spending on health and education is gradually increasing.
- Education planning needs to address the local needs, priorities and problems. Thus the current "top down" approach needs to be changed. Thereby promoting accountability and transparency.
- No mechanisms for budget tracking exist in the current system.
- There is a dearth of strong alliances between public and private sector, hence, a pressing need to establish/strengthen them.
- The government can contribute more towards fulfilment and realization of women health rights, if it amends the policy and include life skills based education as a component of policy and its programmes.

s6/q2 For each of the violations and unwanted effects, try to formulate a recommendation to change the policy in such a way that it has a better impact on women's rights.

- Events to promote understanding of LSBE
- Internal and external lobbying to increase spending on health and education
- Review of present curriculum and incorporation of LSBE into the national curriculum.
- Administrative and financial reforms in education sector.
- Developing public private partnerships to build the capacity of the government to deliver services.

s6/q3 If a change in the policy is not the solution, what action should the government take?

1. Review of curriculum & its implementation
2. Events to promote understanding
3. Lobby to increase spending on health and education. Internal advocacy and lobbying should be facilitated by NGOs so that there is build up of pressure on the government to modify policies from within the education sector.

s6/q4 Which benchmarks will help to measure the (improved) impact of the policy?

- Increased budgetary allocation to education
- Inclusion of LSBE into the curriculum
- Policy is revised to include a provision for LSBE

s6/q5 To what extent is your organisation willing and able to assist the government in the further development and implementation of the recommendations?

WPF is currently working on dissemination of life skills based education in its various programmes (EAHLS, NACP, EC, and UNESCO).

WPF can offer technical assistance to the government in order to design, implement and monitor LSBE curriculum.

WHAT WILL BE YOUR ACTION PLAN TO LOBBY FOR IMPROVEMENT OF THE POLICY?

s6/q6 Which national government department, person or procedure will be most helpful to achieve the implementation of the recommendations and demands?

- Ministry of education- curriculum, policy and planning wing
- Minister
- Federal Secretary
- Provincial Secretaries
- NACP

s6/q7 Which other governments, funding agencies or other actors do you want to approach, to point out how their funding or actions should/could contribute to women's health rights?

- UNESCO
- UNAIDS
- UNFPA
- UNICEF
- EC

s6/q8 What is the most suitable time to present the findings?

The most appropriate time would be when policy review process or reforms in the current policy are initiated.

s6/q9 Which approach will be most effective?

1. Coalition building
2. Involvement in review process
3. UNESCO offers an excellent opportunity for WPF to develop links, by asking it to translate, adapt, review and present an advocacy tool kit developed by UNESCO in a meeting with technical experts from the education sector.

s6/q10 Which options are available to increase the pressure on the government, if needed?

Based on the above findings and recommendations, WPF will to generate internal discussions within our head and regional offices to develop a concrete advocacy plan to strategise international and national pressure on the Pakistan government to offer Life Skill Based Education to Pakistani adolescents.

s6/q11 When and how will you know if the government has responded to the recommendations?

Budgetary changes

Curriculum changes/ adoption/ trainings

s6/q12 When and how will you check if the changes have really led to an improvement of women's enjoyment of their right to health?

By evaluation of changes in health and education indicators in long term (MMR, IMR, primary and secondary school enrolment)

WHICH AWARENESS RAISING ACTIVITIES DO YOU PLAN?

s6/q13 How will the community be informed about the findings and recommendations?

Through local partners and networks

WHAT DOES YOUR ORGANISATION NEED TO IMPLEMENT THE ABOVE PLANS?

s6/q14 How much time and which resources (financial and in terms of skills) does your organisation need to implement the action plan? Can these be made available?

To be developed

ANNEXURES

Annexure 1

Interview Guidelines

1. Clarify the relation between information and 'skills to use information' within the current education system.
2. Do you think that our current education system is providing the 'skills to use information' adequately?
3. 'Life Skills' is mentioned in the EFA plan as the third priority. How do you perceive 'Life Skills'?
4. Do you think that there is a political will on the part of the government to impart quality education?
5. In your opinion, what is the main focus of the education policy in general and its programmes in particular?
6. Do you think that the change in focus of the policy consistent with the change in budgetary allocations?
7. In your opinion, which social, cultural and administrative factors affect the implementation of the education policy and its programmes?
8. Are you aware of the current budget allocation for education?
9. What is your observation? Has the total budgetary allocation for education increased or decreased, over the last decade?
10. Do you think that the Pakistan government is currently receiving help from international donor agencies in the education sector?
11. What kind of assistance is being provided by the donor agencies?
12. In your opinion, this assistance from international donors and agencies in the education sector has expanded or limited the implementation capacity of the government?
13. How many staff members are involved in the implementation of the education policy and programmes at the district level?
14. Are you aware of the GRAP document?
15. Is gender sensitivity or human rights included in the training curriculum of staff (Administrative/implementing) working in the education department?
16. In your opinion, individuals, NGO's and other civil society groups were involved in the development of the education policy?
17. What was the mechanism for participation in the policy development process?
18. Are you satisfied with the effectiveness of the current mechanism?
19. If not, then what kind of changes do you propose to improve the mechanism?
20. Is there a mechanism for redressal in case of any complaints regarding the policy provisions or implementation?
21. Do you think that the stakeholders at all levels aware of the redressal mechanism?
22. Are you satisfied with the effectiveness of the current redressal mechanism?
23. If not, then what kind of changes do you propose to improve the mechanism?

Bibliography

1. Pakistan ratification history http://www.bayefsky.com/.pdf/pakistan_t1_ratifications.pdf last accessed Tuesday, April 19, 2005
2. Haq, Mahbulul. 1997. *Human Development in South Asia 1997*. Karachi: Oxford University Press.
3. Ahmed, Syed Jaffar. 1999. "Persistent Crisis of Education." *The News International*. 14 August.
4. Schools, Syllabuses, and Human Rights: An Evaluation of Pakistan's Education System Syed Jaffar Ahmed
5. The Right to Reproductive and Sexual Health <http://www.un.org/ecosocdev/geninfo/women/womrepro.htm> last accessed April 25, 2005
6. Education for All, National Plan of Action <http://www.moe.gov.pk/hpamain.htm> last accessed March 24, 2005
7. Skills for Health, Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School <http://www.unicef.org/lifeskills/SkillsForHealth230503.pdf> last accessed 27 April, 2005
8. UNDP Annual Reports on Human Development available at <http://hdr.undp.org/> last accessed 5th May , 2005
9. UNESCO Education Report 2000, available at <http://www.unesco.org/education/information/wer/index.htm> last accessed 27 April, 2005
10. Customary Practices Affecting Women's Health Linked To Poverty available at <http://www.un.org/News/Press/docs/2001/gashc3641.doc.htm> last accessed 13 May, 2005
11. Country Briefing Paper - Women In Pakistan available at http://adb.org/Documents/Books/Country_Briefing_Papers/Women_in_Pakistan last accessed 15 May, 2005
12. Aims and objective of National Education Policy 1998-2010 available at <http://www.moe.gov.pk/nep/Chapter2.doc> last accessed 15 May, 2005

End Notes

- ⁱ *At a Glance: Pakistan Statistics* available at http://www.unicef.org/infobycountry/pakistan_statistics.html last accessed 23 May 2005
- ⁱⁱ National Education Policy 1998-2010, Education Sector Reforms, Ten Years Perspective Plan, PRSP
- ⁱⁱⁱ *CEDAW Report* available at http://202.83.164.7/divisions/ContentInfo.jsp?DivID=20&cPath=185_191&ContentID=2340 last accessed 29 April, 2005
- ^{iv} Education for All, National Plan of Action available at <http://www.moe.gov.pk/npmain.htm> last accessed March 24, 2005
- ^v *Education sector reforms* available at <http://www.moe.gov.pk/esrmain.htm> last accessed March 24, 2005
- ^{vi} *National Education Policy 1998-2010* available at <http://www.moe.gov.pk/nepdocs.htm> last accessed March 24, 2005
- ^{vii} *The Human Right to Health, The People's Movement for Human Rights Education*, available at <http://www.pdhre.org/rights/health.html> last accessed April 25, 2005
- ^{viii} *Reproductive Health & Education: The mutual Relationship* available at <http://www.unfpa.org/intercenter/cycle/education.htm> Last accessed, April 25, 2005
- ^{ix} *The human right to education* available at <http://www.pdhre.org/rights/education.html> last accessed, April 25, 2005
- ^x Haq, Mahbubul, and Khadija Haq. 1998. *Human Development in South Asia 1998*. Karachi: Oxford University Press. *Project*. Turin: ILO International Training Centre.
- ^{xi} Haq, Mahbubul. 1997. *Human Development in South Asia 1997*. Karachi: Oxford University Press.
- ^{xii} *Protection for a Life Time: A Qualitative Assessment of Adolescent Health and Life Skills Need in Pakistan*-WPF, EAHS Programme
- ^{xiii} *Life Skills Approach to Child and Adolescent Healthy Human Development* available at <http://www.paho.org/English/HPP/HPF/ADOL/Lifeskills.pdf> last accessed, April 27, 2005
- ^{xiv} *ESRA: Assisting Educational Reform In Pakistan* available at <http://esra.rti.org/esra/index.cfm> last accessed, April 24, 2005
- ^{xv} *Policies and Plans* available at <http://www.moe.gov.pk/Policies.htm> last accessed, March 24, 2005
- ^{xvi} World Health Organisation, Skills for Health: Skills-based health education including life skills: An important component of a Child-Friendly/Health-Promoting School. WHO. Geneva. 2002.
- ^{xvii} *Constitution of Pakistan*, available at http://www.pakistan.gov.pk/divisions/ContentInfo.jsp?DivID=19&cPath=175_180&ContentID=557, last accessed March 28, 2005
- ^{xviii} *PAKISTAN, Honor killings of girls and women* available at <http://web.amnesty.org/library/Index/engASA330181999>, last accessed May 16, 2005
- ^{xix} Pakistan ratification history available at http://www.bayefsky.com/.pdf/pakistan_t1_ratifications.pdf last accessed Tuesday, April 19, 2005
- ^{xx} *CEDAW Report*, available at http://202.83.164.7/divisions/ContentInfo.jsp?DivID=20&cPath=185_191&ContentID=2340 last accessed 29 April, 2005
- ^{xxi} Committee on Economic, Social and Cultural Rights available at <http://www.unhcr.ch/html/menu2/6/cescr.htm>
- ^{xxii} Simi Kamal, Asma Khan: *A study of the interplay of formal and customary laws on women*, vol.I, 1997, p.ii.
- ^{xxiii} *Pakistan* available at <http://www.usaid.gov/pubs/cbj2003/ane/pk/> last accessed May 13, 2005