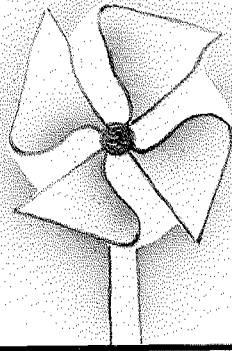


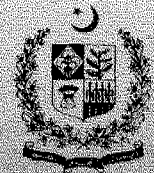
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MASTER PLAN OF COOPERATION



Government of Pakistan
UNICEF
COUNTRY PROGRAMME
OF COOPERATION
1996-98



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**GOVERNMENT OF PAKISTAN AND UNICEF
COUNTRY PROGRAMME OF COOPERATION
1996 - 1998**

**MASTER PLAN
OF
COOPERATION**

May 1996

UNICEF
COMMUNITY WATER SUPPLY AND
SANITATION
PROGRAMME
FOR PAKISTAN
1996-1998
MAY 1996

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The Mission of UNICEF

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.

UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behaviour towards children.

UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress.

UNICEF mobilizes political will and material resources to help countries, particularly developing countries, ensure a First Call for Children and to build their capacity to form appropriate policies and deliver services for children and their families.

UNICEF is committed to ensuring special protection for the most disadvantaged children victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities.

UNICEF responds in emergencies to protect the rights of children. In coordination with United Nations partners and humanitarian agencies, UNICEF makes its unique facilities for rapid response available to its partners to relieve the suffering of children and those who provide their care.

UNICEF is non partisan and its cooperation is free of discrimination. In everything it does, the most disadvantaged children and the countries in greatest need have priority.

UNICEF aims, through its country programmes, to promote the equal rights of women and girls and to support their full participation in the political, social and economic development of their communities.

UNICEF works with all its partners towards the attainment of the sustainable human development goals adopted by the world community and the realization of the vision of peace and social progress enshrined in the charter of the United Nations.

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VOLUME 1



THE FRAMEWORK

Preamble

The Government of the Islamic Republic of Pakistan, hereinafter referred to as the Government, and the United Nations Children's Fund hereinafter referred to as UNICEF, being desirous of:

FURTHERING their mutual agreement and cooperation in a long term perspective for the attainment of basic rights of children, especially those which will ensure their survival, protection and development in a participatory manner, and equal rights and empowerment of women;

BUILDING upon the experience gained and lessons learned during 1992-1995, which highlight the need for UNICEF to play a catalytic role to help bring together the Government, Donors and Civil Society for sustainable national progress towards improving the situation of children and women.

FOLLOWING-UP on the commitments made by the Government for implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s and the Convention on the Rights of the Child (CRC), and for ratifying the Convention on the Elimination of all forms of Discrimination against Women (CEDAW);

SUPPORTING the commitments made by the Government at the International Conference on Population and Development (ICPD), at the World Summit on Social Development (WSSD), and at the Fourth World Conference on Women (FWCW);

ENTERING into a new period of cooperation, the details of mutual obligations are elaborated in the Master Plan of Operations for the period 1 May 1996 to 31 December 1998, and do hereby declare that these responsibilities shall be fulfilled in a spirit of friendly cooperation;

AND

have agreed as follows:-



BASIS OF RELATIONSHIP

The Basic Cooperation Agreement signed between the Government and UNICEF on 24 May 1995, provides the basis of the relationship between the Government and UNICEF. This Master Plan of Operations shall be governed by this Agreement.

UNICEF Cooperation in programmes in the country shall be provided to the Government and the participating Non-Governmental Organizations consistent with the relevant resolutions, decisions, rules and policies of the Executive Board of UNICEF.

The Country Programming Exercise was conducted in a participatory manner involving key partners - Federal/Provincial Governments, UNICEF, other UN agencies, Donors and Non-Governmental Organizations (NGOs) so as to secure their contribution to the implementation process. The programme strategies were refined and finalized during provincial consultations which culminated in a national strategy meeting in the last week of September, 1995.

The primary purpose of this bridging Country Programme is to synchronize UNICEF's cooperation with the Government of Pakistan's five year planning cycle (1993-1998). By so doing, the UNICEF planning cycle will coincide with that of the agencies of the Joint Consultative Group on Policy (JCGP).

The bridging Country Programme embarks upon a test period to refine strategies and determine an appropriate mix by programme and province for possible wide scale replication in the next country programme period (1999-2003). Hence, emphasis will be placed on monitoring and evaluation including assessment of impact at the household level.

This Master Plan of Operations comprises two volumes. Volume I contains articles describing the Situation Analysis, Goals and Objectives, Strategies, Geographic Scope and Beneficiaries, Monitoring and Evaluation, Cooperation with United Nations and other Agencies, Programme Management, and Contributions of the Government and UNICEF. Volume II contains chapters describing the specific programmes of cooperation and their relation to relevant national policies, objectives, mix of strategies, major activities and indicators to monitor process and impact. Although described in separate chapters, the programmes will be implemented with intersectoral linkages to achieve greater impact through a synergistic effect. The provisions and principles of volume I are applicable to the programmes in volume II.



THE SITUATION ANALYSIS

Conditions of Children and Women

Pakistan is an Islamic Republic with an estimated population of 128 million (Pakistan Economic Survey, 1994-95). The country has four provinces and four territories which are under federal administration. It varies in terms of topographic features, ethnic and linguistic diversity, size and distribution of the population, status of the social indicators, and socio-cultural practices. However, many of the challenges faced by children and women are the same throughout the country.

Pakistan's economy has been growing, with some variations in pace and across sectors. The GDP improved from 3.8% in 1993-94 to 4.7% in 1994-95 (Pakistan Economic Survey, 1994-95). The annual GNP per capita income is estimated at \$ 476 (PES, 1994-95) but disparities lead to 25% to 30% of population living below the poverty line. Pakistan presents a dichotomy between its economic and social indicators, with the latter painting a more somber picture.

There is a general consensus that the present situation of children and women in Pakistan is not acceptable. Although there is considerable debate on the reliability of the available data, which can only be treated as an order of magnitude, it is clear that whatever is known of the situation is cause for serious concern.

Key social indicators

According to Government estimates, the infant mortality rate (IMR) is 100.9 per 1000 live births (Pakistan Economic Survey, 1994-95). The under 5 mortality rate (U5MR) is 137 per 1000 (Human Development Report, 1995). The IMR and U5MR for some urban slums is estimated to be much higher than the national average. Similarly, there are variations among and within provinces, with Balochistan reporting a much higher IMR, at 180-200 per 1000 live births (Situation Analysis - Balochistan, 1995). General malnutrition among children under 5 is estimated to be 51.5% (National Nutrition Survey, 1985-87). The estimates of maternal mortality rates are 300 per 100,000 births (Pakistan Economic Survey 1994-95). The literacy rate is 37% (Pakistan Economic Survey 1994-95). However, the literacy rate for females is much lower than that of men, particularly in the North West Frontier Province and Balochistan. It is estimated that while 49% of males are literate, only 24% of females can read and write. Gender disparities are evident in many other ways. The male/female ratio is heavily tilted in favour of males. There are 100 males for 91 females, an indication of systematic discrimination against women over a long period. The



reported economic participation of women is severely restricted to the formal paid sector. As a result, their role in economic activities is largely under-reported. Less than 2% of members of Parliament are women.

Immediate and underlying causes

The number of children who die before reaching the age of 5 years is estimated to be 700,000 per annum. Of these, almost 250,000 die due to diarrhoeal diseases caused by unsafe water, inadequate sanitary conditions and poor hygiene practices. Other major causes of child death are Acute Respiratory Infections (ARI) and vaccine preventable diseases.

Underlying causes of child mortality include inadequate health care services resulting in low immunization coverage (42% fully immunized 0-11 month age group) as cited in EPI Reports, National Institute of Health, low access to safe water (65% overall, 54% rural, 89% urban) and sanitary facilities (33% overall, 19% rural, 62% urban) as cited in Figures estimated by the Physical Planning and Housing section, Planning Commission, Government of Pakistan. The urban slums fare even worse in terms of safe water and sanitary facilities. The absence of solid waste management and poor hygiene practices act as aggravating factors.

Inadequate food intake, frequent infections and poor caring practices result in a 51.5% rate of general malnutrition (with almost 10 % severe). Many positive social traditions for child care exist, but they compete with other excessive demands on mothers' time. In addition, gender disparities in caring practices impact adversely on the health and nutritional status of girls.

Diarrhoeal diseases, ARI and other infections result in high morbidity, which inhibits children's development to their full potential.

Although average per capita caloric intake is adequate, micro-nutrient disorders are major public health problems, with iodine deficiency disorders (IDD), according to some estimates, affecting close to 50% of the population. IDD hampers overall mental and physical development, resulting in slow learning, lethargy and lowered I.Q. potential. Whether or not Vitamin A deficiency is a public health problem in Pakistan continues to be debated. Some studies, mostly in Karachi, have shown sub-clinical levels of Vitamin A status to be a problem. It is also suspected that this is an unrecognized problem in some parts of the country and may exist in dry areas and urban slums. Anaemia



affects more than 60% of children under five.

Maternal mortality is caused by health consequences of births being at too young an age, too close and too many. Underlying causes include high levels of anaemia due to iron deficiency and poor nutrition. Lack of emergency obstetric care contributes a large share of the problem. Eighty percent of deliveries take place at home (Pakistan Demographic and Health Survey, 1990-91) with untrained help and almost no referral back up support to handle complications. For each woman who loses her life, there are 8 others who face some form of disease or disability. Inadequate attention to the health and nutritional needs of girls, particularly among the adolescent age group, perpetuates the vicious cycle of maternal mortality.

Low levels of literacy are a result of low access to school and high drop out rates, caused by poor quality of education and irrelevant curricula, which do not offer attractive alternatives to poor families. Child labour, absenteeism and nonstimulating teaching practices are also contributing factors. Lack of proper sanitation facilities and inappropriate location of schools contribute to low enrolment of girl students. Lack of participation of the civil society in education planning and management as well as lack of support at home for school-going children are key underlying causes. Similar problems prevail in other sectors.

Although a majority of children live in difficult circumstances, some groups face particularly severe exploitation. According to Government estimates, the number of children in the labour force is 8 million. Independent assessments place it at an even higher figure. One problem with child labour is the lack of reliable information about the numbers and the conditions of working children in different sectors. But, there is a consensus that child labour is a serious problem in the country. While there are laws regulating child labour, they neither prohibit child labour for any age group nor protect children adequately from exploitative and hazardous occupations. In addition, the enforcement of child labour laws is not effective.

Partial information is available on other categories of children suffering from particularly difficult circumstances. One group is children in jails or under-going trials for different categories of offenses. Although the numbers are relatively small, information available indicates acute exploitative conditions, which merit further study. Children in urban slums, where poverty is often worse than national averages, are a group particularly at risk.



Preferential treatment given to boys in every sphere of life, even by mothers, is an immediate cause leading to discrimination against girls, which begins at birth (son preference) and continues throughout their lives. As soon as girls reach puberty, their mobility is more restricted. Many of them are excluded from education, learning skills or simply associating with other girls of a similar age group. They are culturally and traditionally discouraged from striving for a self-sufficient future.

Some of the overall problems are the weakness of the legal system protecting children and women, the lack of awareness of people about their rights and an inadequate monitoring system to report on violations.

Trends and progress towards the Decade Goals for children

Despite this somber situation, there are positive indications of improvement as seen in progress toward the Decade Goals for children. For example, no cases of guinea-worm have been reported for two years. The Convention on the Rights of the Child was ratified. Encouraging trends exist in some areas of the health and water sectors. The country has made good progress towards polio eradication, universal salt iodization and universal access to safe water. Reported polio cases have decreased from 1803 in 1993 to 527 in 1994 (EPI reports, National Institute of Health). However, sanitation, education, nutrition, and protection goals present a serious challenge.

The current environment

The current policy framework and planning environment in the Government is conducive to further positive changes. The Social Action Programme (SAP) which covers basic health, primary education, population welfare and rural water supply and sanitation focusses on improving quality and coverage of services. An overall strengthening of institutional capacity is intended by restructuring social sector priorities. The SAP aims at reducing gender gaps by improving the condition of women through basic education and empowerment of women.

Major donors support the objectives of the SAP, through the Multi-Donor Support Unit as well as through their own bilateral cooperation.

The government has committed US\$6 billion to the SAP for five years (Report to the Pakistan Consortium, 1995-96). Despite this



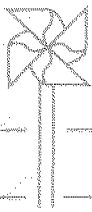
growing political commitment and the Government's stated priorities, the social sector does not receive an adequate share of existing resources.

Within the social sector, spending on infrastructure and salaries represents a larger share than improving the quality of basic services. Funds are invested in sectoral/vertical training of community level workers, with little attention paid to coordination of their efforts in current sectoral programmes and assessment of impact. In the water and sanitation sector, allocations still favour high-cost water schemes, rather than community based, low cost interventions. The sanitation component is quite negligible. There is, thus, considerable further potential to reallocate resources within the social sectors in the direction of basic social services for greater effectiveness of expenditure.

Pakistan has an extensive system to deliver vertical programmes. This includes massive numbers of staff with some well-trained civil servants in the field of administration. In the present set-up, sectoral officials at the district level are responsible for managing service delivery of programmes making them key partners in expanding coverage and monitoring services in order to achieve the goals for the decade. However, these district officials have limited decision-making authority.

The country has a large infrastructural network of 4843 BHUs, 488 RHCs, 123,119 Primary schools (ESP - 1994-95), 7,035 big and 29,911 small rural water supply schemes (RWSGA - World Bank, 1995). Yet only 20% of the people use the government health services. Less than 40% of the children complete primary education through the Government school system. At a given time, more than 35% of the big water schemes are inoperational. Poor quality of services, including non-availability of basic supplies and inappropriate behaviour of service providers are major contributing factors. Cultural barriers related to mobility and segregation of girls and women limit utilization of services. Another factor is an irrational deployment of physical and human resources due to political interference and low understanding of field requirements by high-level decision makers. Lack of adequate authority, non-involvement in the planning process, inadequate management skills and access to information, lack of recognition and accountability create demotivation at the programme manager level.

Further more, adverse inter-sectoral linkages are evident. For instance, low levels of female literacy lead to poor health care practices at the family level as there is little awareness of action that can be taken at home to address health and hygiene issues.



While the SAP includes a focus on involving communities in their own development, at present, the mechanisms for such participation are not fully developed. There is limited participation of segments of the civil society, such as NGOs/CBOs, the media, religious and political forces, and the extended family, and, little involvement of the private sector. As government services are largely inadequate and are not always available, people rely heavily on private sector facilities, even when service quality is poor and sometimes harmful.

The above assessment and analysis identify many challenges, gender disparity being a key issue. Some of the basic causes contributing to this situation of women in society are the feudal power structure, social taboos and inequitable distribution of resources.

Much more needs to be known about disparities and their causes in terms of magnitude, severity, geographical and social concentration. Much more needs to be understood in terms of positive socio-cultural practices which could be built upon.

Understanding opportunities of the current environment will help build the base for planning and implementing the next country programme (1999-2003).

Major lessons learned during the current period of cooperation (1992-1995):

Policy and Planning

- Regular interaction and close working relations between Government and major donors can have significant influence on policy re-formulation in favour of children and women. The major challenge now is to help bridge the gap between policy and action.
- Much more needs to be learned about the situation of children and women, and actual status of key indicators at national, provincial and district levels. Disparities and socio-cultural practices as well as other underlying and basic causes, both positive and negative, need to be better understood at all levels within Government and Civil Society.



- Advocacy and technical assistance can enable the country to meet its own needs for basic supply items through increased financial and budgetary allocations i.e. vaccines or local production and manufacturing i.e. handpumps. This has contributed to increased self-reliance and sustainability.
- Experience to involve the commercial private sector in programmes at the planning stage shows that this can lead to significant mobilisation of resources and increased commitment.
- More deliberate emphasis needs to be placed on hygiene and sanitation education in WES programmes to ensure that these components receive a more balanced allocation of human and financial resources (compared to water).
- Adhoc training of community-level workers results in little change in behaviour and has limited impact at the family level. Therefore, a comprehensive and coordinated training programme including management skills for higher cadres should be developed.
- Little was learned during the past period in terms of cost-analysis. More emphasis needs to be placed on assessment of impact and costs.

Programme Implementation

- Adhoc small scale projects are limited in coverage hence in impact and have not been sustainable. Donor-dependent projects live a short life.
- A country programme composed of vertical disjointed sectoral programmes leads to little impact, duplication of efforts and inefficient use of human and financial resources.
- Major constraints to effective programme implementation included weak links of first level service providers with their referral system, over-centralization of financial and



administrative authority, delayed release of funds, ineffective monitoring systems, weak financial control, lack of accountability and frequent political interference in planning, implementation and personnel issues.

- The organization of National Immunization Days (NIDs) and an Oral Rehydration Therapy (ORT) week proved that positive results can be achieved if support is provided to the district level accompanied by a coherent communication strategy. Effort is needed, however, to strengthen the technical and managerial capabilities of district level officials.
- The education programme was implemented largely by NGOs working on small projects. Successful models were, however, identified and adopted by the Government with new recognition of the role of communities. There is a need to refine these models and make them more sustainable through enhanced community involvement and stronger links with government efforts, if Universal Primary Education is to be achieved.
- Low utilization of government service delivery systems and extensive reliance on privately-owned and operated health clinics and schools, highlights the need to include private professionals in a wider alliance of service providers.

The Role of Communities

- Experience with community involvement in programme planning, implementation and monitoring shows that most families are willing and able to become active partners. Effective community participation can result in country-wide impact in terms of outcome in addition to being essential to a high-quality process.
- Intersectoral coordination towards convergence of basic services at the village/family level increases effectiveness and impact of programmes.
- Experience in the water sector has demonstrated that community-user groups can be effective to plan, implement and maintain services.



- Involvement of women as community workers i.e. teachers, lady health workers/village base and family planning workers, sanitation promoters can have significant results in terms of improving coverage and impact.

On the basis of this analysis of the situation of children and women, and considering Government policies and priorities, as well as opportunities in the current environment and lessons learned from past cooperation, the Government and UNICEF agree to address some of the immediate and underlying causes hampering progress toward the decade goals through a sustainable, national and empowering process. The bridging Country Programme as described, will be based on this process.



GOALS AND OBJECTIVES

This bridging Country Programme has been developed in the context of the SAP and other broad efforts toward human development by national policy makers and civil servants as well as other UN agencies and donors. Pakistani civil society including non-governmental organisations, religious groups, the media, as well as families, are partners in the national development process. The private sector also plays important roles in the provision of services and mobilization of resources. This Master Plan of Operations focusses on the particular concerns of women and children, both as beneficiaries of, and participants in this national development process. Elements of this Master Plan of Operations take into account, and seek to interact with, efforts of other parties to advance the situation of children and women in Pakistan.

This Master Plan of Operations is developed as a follow-up to two major landmarks for children in Pakistan and globally. The first is the ratification by Government of Pakistan of the Convention on the Rights of the Child in November 1990. The second is the Government's endorsement of the World Declaration on the Survival, Protection and Development of Children and its Plan of Action. In its endorsement, the Government adopted the Goals for Children and Development in the 1990s, which were later adopted to suit the particular circumstances of children in Pakistan in a National Programme of Action. Through this Master Plan of Operations, UNICEF will support the Government and the participating Non-Governmental Organizations to address the challenges of making significant progress by 1998 towards selected year 2000 goals for children. Steps toward goal achievement will be steps towards implementation of the Convention on the Rights of the Child. The basic principles of the Convention on the Rights of the Child and of CEDAW will provide an ethical framework.

The country programme proceeds from the understanding that development requires the satisfaction of two conditions: the achievement of specific outcomes and the establishment of an adequate process. Most of the World Summit for Children (WSC) and NPA goals are specific desirable outcomes. Effective development also demands a high-quality process by which the outcome is achieved. Participation, local ownership, empowerment and sustainability are essential characteristics of a high-quality process.

The National Programme of Action encompasses ten major goals and 21 supporting goals. The Government has identified nine major goals as the basis for the country programme covered by this Master Plan of Operations:



By the year 2000 to:

- reduce the infant mortality rate to 50 per 1,000 live births
- reduce the under-5 mortality rate to 70 per 1,000 live births
- reduce the maternal mortality rate to 250 per 100,000 child births
- reduce the prevalence of nutritional wasting in children below 5 years to 7%
- reduce the prevalence of nutritional stunting in children below 5 years to 23%
- increase the provision of safe water supply to 100% of the population in urban and 80% in rural areas
- increase the provision of basic sanitary facilities to 100% of the population in urban and 50% in rural areas
- increase primary education access and completion to at least 80%
- improve protection of children in difficult circumstances

The achievement of human development goals is a necessary, but not a sufficient condition for sustainable development. The goals need to be achieved and the achievement be sustained through adequate processes. Community-based processes are most important, in which poor people are recognized as key actors rather than passive beneficiaries of services. Such processes need to be identified, and strengthened or initiated. Support should be provided from the higher levels of society to ensure that poor people's decision-making is increasingly well informed, as well as to increase the base of human, organizational and financial resources.

Both outcome-focussed and process-focussed approaches, taken alone, must be avoided. A good outcome at the expense of, for example, sustainability (an aspect of a good process) is as useless as a good process without any significant outcome. The realization of human rights requires both that specific goals are achieved and that the achievement is a result of participatory and sustainable processes. The realization of human rights is a key aspect of empowerment.

While most basic needs strategies are outcome- or goal-focused, a rights-based strategy gradually achieves the same goals through an increasingly stronger process, one that ensures sustainability. The



intention of the country programme for Government/UNICEF cooperation (1996-1998) is to support progress toward the above nine goals with a "rights-based approach" as envisaged in the CRC and CEDAW.

The Government and UNICEF understand that a focus on "rights" will place much importance on "how" the goals will be met. It covers the concept of the "best interests of the child", and the necessity to address children's needs in an integrated manner. It proposes support for the participation and empowerment of civil society including families and children themselves. It will address disparity reduction, alliance building and involvement of partners, and mobilization of maximum resource allocation based on the needs of children. It includes a process to empower women as agents of change. This approach will attempt to strengthen ownership of efforts and sustainability. The programme will be an opportunity to better understand the "rights approach" and test ways to operationalise it, so as to prepare the ground for the next five year country programme and the Government's 9th five-year plan for the period 1999-2003.

Eight country programme objectives have been identified as necessary and in the context of the social, political, economic and cultural situation of Pakistan, ready in preparing the conditions for a developmental path as described above. The aims of the Programme are:

- Families and communities taking increasing actions for their own development.
- Women's concerns more systematically addressed in policies and programmes.
- Improved information and knowledge to support decision-making at all levels of society.
- Effective and sustained partnerships between government and civil society.
- Increased capacities at all levels to provide basic services in a sustainable way.
- Human, organizational and financial resources mobilized and effectively utilized.
- Fine-tuned and effective policies in favour of children and women.
- Legislation and its enforcement within the framework of CRC/CEDAW.



These conditions represent intermediate or 'meso-level' objectives of the programme. The first three objectives reflect the need to empower communities and families in their decision-making processes, emphasizing especially the role of women. The fourth objective addresses the need to establish a well-functioning community government partnership, while the next three reflect the need to support communities through resource mobilization and an improved policy and legislative environment.

These country programme objectives set broad parameters within which specific objectives of programmes described in Volume-II are formulated. They provide the framework for actions by government, participating Non-Governmental Organizations and other parties supported by UNICEF at federal, provincial and district levels within the scope of this Master Plan of Operations. The objectives are intended to be broad enough to meet the basic needs of the community. They are sufficiently focussed to provide clear direction and cohesion to the Government and UNICEF joint endeavours during the period 1996-1998 so that significant impact can be achieved.

A rights-based approach thus provides the over-arching framework for linking achievement of the above goals and objectives - outcomes and processes - in the bridging Country Programme. Its key elements are the promotion of equity and participation of people in the fulfillment of their rights. When pursued in an appropriate way, the strategies and programmes will contribute to the empowerment of families, communities and service providers by enlarging the range of choices open to them, promoting their understanding of these choices and enhancing their capacity to make informed decisions.



SUMMARY OF COUNTRY PROGRAMME STRATEGIES

The Strategic Framework

In determining the strategies for the programme of cooperation for 1996 to 1998, various factors have been taken into account. They include the Government's stated priorities as reflected in national development plans and in various policy statements, especially those relating to the Social Action Programme (SAP). Also considered is Pakistan's commitment to the global and regional agenda for children and women as reflected in its ratification or endorsement of international instruments such as the World Summit for Children Declaration and Plan of Action, the Convention on the Rights of the Child, the International Conference on Nutrition (ICN) Declaration and Plan of Action and the South Asian Association for Regional Cooperation (SAARC) Decade Plan for the Girl Child. The selection of strategies further takes into consideration the policies and priorities of UNICEF as articulated by its Executive Board, of which Pakistan is a member on a rotational basis. These strategies have been developed building on the experience and lessons learned from previous programmes of cooperation.

Given the holistic needs of children and women and the indivisibility of rights, a strategic framework has been developed to guide UNICEF support. The framework consists of: (a) a set of general strategies or approaches, common to all UNICEF country programmes, and (b) a set of specific strategies or themes, in response to the needs and opportunities currently identified in Pakistan. These approaches and themes run through all the components of the bridging Country Programme. Although demarcations are needed for programme management purposes, the strategic approach should be seen essentially as a whole. The strategic framework provides the rationale that binds together the programmes described in Volume-II. Intersectoral linkages are cross-referenced wherever possible in the chapters of Volume-II, which should be seen as complementary and synergistic.

The mix of strategies within programmes and provinces will emerge from specific challenges and opportunities. The bridging Country Programme is designed as part of a process to test the appropriateness of the strategies in the context of a rapidly changing environment and to determine their mix and balance for the next five-year country programme (1999-2003).



General programme strategies

The general strategies represent three principal means of UNICEF's action, which are distinct in terms of their technical focus and immediate results:

1. Advocacy and social mobilization, to influence decision-making and promote actions for the benefit of children and women at all levels of society, including:
 - government at all levels,
 - civil society, including families and communities, community-based organizations and NGOs, and
 - the private sector.
2. Capacity building, to increase the information, knowledge and skills at all levels of society to take actions in favour of children and women. Capacity building has three major elements:
 - a. The generation and use of information, both quantitative and qualitative, for assessment of the situation and monitoring of changes;
 - b. Development and use of knowledge for understanding and analysis of the causes of problems and possible solutions.
 - c. Training of government staff and civil society, including at the community and family levels, in specific skills or for general orientation;
3. Support to service delivery, through the provision of supplies and/or materials to meet the basic needs of children and women.

These three strategies are closely inter-related. For example, much of the information and knowledge generated through capacity-building is used for advocacy; skills developed through capacity building contribute to the delivery of services; while social mobilization creates demand for increased and improved service delivery. For this last category in particular, UNICEF does not directly provide services to the population, but instead provides a range of support for improving the quality and increasing the coverage of services delivered through Government and other channels.



In this context, the programme moves away from UNICEF direct involvement in service delivery and stresses its catalytic role to strengthen capacity of Government and civil society to expand and improve service coverage. UNICEF financial and human resources are both limited and decreasing. Faced with the magnitude of the problem, UNICEF direct support to service delivery cannot have a significant impact in terms of coverage increase. Service delivery will be supported primarily in selected, focussed ways for demonstration and advocacy purposes. The concentration of the country programme on capacity building aims at fostering a sustainable national process. The "rights approach" to be tested by this country programme will challenge the Government to address capacity building and service delivery in ways which promote and support people's participation and empowerment.

Specific strategies

In addition to the general strategies or approaches described above, a set of more specific strategies or themes have been identified which focus on particular areas of action or types of objectives. They are organized in their focus from the community and family up to the national level. Each refers to one of the Country Programme Objectives set out above. Each will be carried out through one or more of the general programme approaches of advocacy, capacity building and service delivery. Taken together, they are seen to establish the conditions for achieving programme outcomes through a high-quality process for children and women. The selection of themes reflects UNICEF's comparative advantage, such as strong commitment to rights of children and women, technical knowledge in several social sectors, successful experience in advocacy, extensive knowledge of working with NGOs and CBOs and physical presence at both federal and provincial levels.

The strategies are innovative and bold. The Government and UNICEF recognize that this approach is necessary to help the country to reach its own objectives. The risks involved will be managed through the gradual introduction of the new approach. It will be carefully tested in selected areas, monitored and documented during the bridging period. While some prior programmatic activities will be phased out, systematic efforts will be made to consolidate successful past experience, refocus activities as required and build on them during the bridging Country Programme period.

The strategies have been developed as mutually supportive and reinforcing. The aim is to support the achievement of quantifiable



country programme goals, while ensuring that the processes to do so are empowering and sustainable. The strategies will be implemented in ways that promote the testing of new approaches, learning from experience in different programme areas and settings, and the development of a knowledge base to contribute to human development in the country.

Taking into account the above factors and through a participatory process involving the Government, UNICEF, UN Agencies, other donors and representatives from the civil society, the following strategies have been adopted:

1. Support the organization of communities to take actions for their own development.

The concept of "community" is differently understood. For this programme, "community" refers to a group of people living in a given geographical area, sharing common interests and concerns, and organized to take action. (In this specific sense, different "communities" may be active in a given setting.) In the country, many people may face objectively the same conditions, but they are frequently not organized together for collective action. Organization of communities commonly takes place through the work of "animators", respected persons living in the local setting, and "mobilizers", front-line workers in different sectors such as Lady Health Workers. The mobilizers are in turn supported by "facilitators", higher-level workers who interact with several or more communities. This strategy will promote the above process, increasing the understanding and skills of facilitators, and through them supporting the mobilizers, animators and community groups.

The strategy includes specific actions of social mobilization and capacity building, supported by activities of all the other strategies. Information will be provided to people to create an awareness of "rights" issues, engage civil society to participate in the development process, create demand for better services and promote increased utilization of quality services, the latter helping to ensure their expansion. Knowledge and information will be shared to strengthen the capacity of families and civil society to better meet needs on their own, and to take advantage of services and other available resources.

UNICEF will not work directly with communities, but the strategy will reach communities and families through a broad alliance of facilitators and workers at higher levels, including government workers, NGOs, the private sector, the media, professional bodies and religious



leaders. These partners will work in different ways to help organize communities into groups of common interest. They will support improved planning and management of service delivery mechanisms at the local level. Partners will contribute human and financial resources to improve service delivery, creating synergy and complementarity between Government and non-government efforts. Social mobilization will be carried out to inform and encourage NGOs and CBOs in this process.

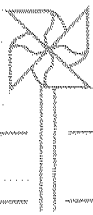
Through effective communication with families, awareness and utilization of services will increase. Families will be able to obtain better knowledge, as a basis for more informed choices about their children's development. They will be provided information on ways to improve their situation. The information component will be based on research and analysis of current caring practices and other traditions. This will be supported by improved communication through mass media to raise awareness, encourage participation and create demand for better services at the district level.

Facilitators in all sectors will be encouraged and trained to work more directly with civil society groups. The cadre of "local mobilizers" including Lady Health Workers, village-based family planning workers, and teachers will be encouraged to develop partnerships with the communities in which they work. A first step will be for mobilizers and facilitators to learn about communities, their organization, their procedures, their knowledge, attitudes and practices.

2. Focus on girls and women.

A focus on girls and women is one of the over-arching themes of the bridging Country Programme. Special efforts are required to help reduce gender disparity and enhance the status of women and girls through support for relevant capacity building, advocacy and service delivery. Women and girls will be involved systematically as change agents. The gender imbalance in various cadres of society will be addressed through advocacy to recruit more female workers from the grassroots to the decision-making levels.

Specific activities will be carried out to increase attendance and improve the quality of primary education. Knowledge about reproductive health will be promoted, and support will be given to increase the quality and coverage of reproductive health programmes. Information, education and social mobilization activities will help to increase women and girls' knowledge of their rights, their capacity to



realize their rights, and the recognition of these rights by other groups in society. The aim is to ensure that follow up of the Fourth World Conference on Women is woven into the fabric of the country programme.

Women's contribution as active participants in community-based groups will be promoted. Information and training will be supported to build the capacity of women in these new roles. To mainstream women's issues, it is also essential that men be helped to understand, accept and support this process. UNICEF will support Government efforts to ensure that data is generated and analyzed by gender and age as recommended in the Beijing Platform For Action, to assess and monitor the situation of women and girls.

3. Strengthen national and local processes for assessment and analysis.

The capability of government counterparts, at the national as well as district levels, will be strengthened to gather, analyze, present, use and share data on indicators to promote progress toward monitoring country programme goals and objectives. Analysis of the information will contribute to an improved knowledge base to help guide future decision-making.

Locally specific information, particularly at the district level, will allow better decisions on human and financial resource allocation based on micro-plans. Disaggregated data will help in better planning and decision making to identify disadvantaged groups and areas, and to locate available financial and human resources, while improving the information flow to decision makers and feedback to communities. UNICEF will support Government efforts in micro-planning as well as in the review and expansion of existing systems to ensure improved quality, relevance and use of data in health and education. District-specific surveys will be carried out on the situation of children and women, including at the household level. Results will be incorporated into mapping and visualization of a district profile, as well as a situation analysis of children and women at the district level. These will provide baseline information that is useful for monitoring purposes and preparation of regular progress reports to be reviewed at federal and provincial levels.

UNICEF will support the Government to involve communities in the monitoring process, ensure feedback for corrective action and develop a system to recognize successful efforts. Building the demand



for information and knowledge is the essential first step, linked to other strategies. At the district level as well, a prerequisite is effort to better understand how decisions are made, using what types of information, and to increase the demand for improved information and knowledge. District officials will be supported through integrated training for improving skills to access and use data, recognizing the significance of intersectoral linkages, better management of resources including monitoring, and setting up a process for active participation of the civil society.

4. Promote and support the institutionalization of partnerships between Government and civil society.

Numerous policy and planning documents provide for an alliance between the Government, the civil society and the private sector. At the regional level, the Colombo Resolution encourages community-government partnerships as a key element of effective action for children and women. However, it is often left to the initiative of people or service providers to set up mechanisms for alliance building. Under this strategy, support for capacity building and advocacy will contribute to the establishment of ongoing partnerships and to learn from this experience.

The aim of the strategy is to promote and support sustainable partnership between people and service providers, at all levels of society. At the district level, information and training will be supported to promote an understanding of participatory approaches, and to guide the incorporation of partnership arrangements into the delivery of different services. Participatory, community-based mechanisms such as integrated village committees for health, education, water and sanitation, as well as Women's Groups and Youth Groups will be developed.

Many small-scale experiences of community participation in Government programmes have taken place in the country, with close linkages between the people and mobilizers. These have often been facilitated by NGOs, and organizational arrangements have, of necessity, frequently evolved in flexible and ad hoc ways. For wider coverage and long-term impact, these need to be consolidated and institutionalized through sustained mechanisms such as community-based organizations (CBOs). Mechanisms should be supported which are based on local situations and needs, and which respect and empower people. Many innovative and successful experiences are on-going with Government support. UNICEF will use its familiarity with government priorities and procedures and its own experience at the local level to facilitate the development or refinement of such mechanisms and to support



increased involvement of people. A first step will be to document, assess and analyze successful models of Village Education Committees and of health, water and sanitation committees. UNICEF will advocate with the Government to give legal status to community-based organizations and community-based committees. Modalities for partnerships will be developed to respect the independence of NGOs and other groups, while ensuring complementarity between their resource mobilization and other efforts with those of the Government.

5. Strengthen country capacity to deliver services of improved quality with increasing coverage.

The existing infrastructure for service delivery in the country is extensive. However, there remains considerable scope to improvements in quality and in the allocation of resources for more effective services and expanded service coverage. The aim of this strategy is to support the process of achieving programme goals in a sustainable and increasingly self-reliant manner.

Under this strategy, carefully selected direct service delivery will be supported for demonstration purposes to complement the advocacy strategy. The aim will be to test approaches which can be replicated on a wider scale with Government resources. Some of these approaches are already known - such as installation of handpumps locally and their maintenance by communities. Other approaches will be identified based on the situation of and experience in the selected districts, and in response to emerging priorities in the country.

Capacity building will include technical support for the strengthening of information, knowledge and skills. Support will be provided to increase the capability of the country to meet its own needs in terms of producing high-quality, basic items such as ORS, vaccines, syringes, safe delivery kits, cold-chain equipment, weighing-scales and handpumps, and local procurement and distribution of iron tablets and Vitamin A and of locally developed and packaged instructional aids. Technical training of Government counterparts and NGO staff will be carried out. Based on analysis of management processes in the social sector, in collaboration with other UN agencies and donors, possible systemic reforms will be suggested to improve the quality and scope of services. These efforts will be linked to the strategies for assessment and analysis, and for support for policy fine-tuning.

Given the significance of the district level in planning and implementation, district level managers will be a focus of the bridging



Country Programme. All strategies will support district level implementation. For example, support for the development, refinement and operationalisation of policies in favour of children and women will include a component on increased authority, resources and recognition for district officials and stress the importance of multi-sectoral linkages.

In addition to these activities at the national level, the Government and UNICEF will take the process one step further in selected districts. This will include strengthening existing mechanisms such as district coordination committees headed by Deputy Commissioners to foster multi-sectoral convergence. Support to sub-district level functionaries and NGOs as well as mechanisms for the active participation of the civil society with a focus on women, will be explored and identified by the Government and UNICEF. The process will be tested, closely monitored and documented to refine and enrich the strategies of the programme. It will also build a knowledge-base for wide-scale replication during the next country programme, by the Government in collaboration with other donors.

6. Broaden and mobilize the resource base for actions for children and women.

Improving the quality and coverage of services and increasing the capabilities of people to work more effectively for their own development raises significant requirements for human, organizational and financial resources. In view of the extent of unmet needs in each of these areas, it is necessary both to broaden the resource base for achieving national objectives in the social sector, and to improve the utilization of existing resources. This strategy will directly support these aims through advocacy and capacity building.

A major focus will be to develop an improved understanding of Government financial allocations to the social sector, and to advocate on this basis with Government and other partners both for increased resources and for greater effectiveness in their use. Issues to be examined will include: increasing the priority of the social sectors within budgetary allocations; rationalizing allocations between development and non-development budget items; promoting increased emphasis on basic versus specialized services, such as primary versus higher education and primary health care vs. tertiary hospitals; improving service quality versus construction and physical expansion; and improving the cost-effectiveness of programmes. Allocating expenditures for priority to disadvantaged groups, including girls and the urban poor, will also be stressed. Cost analysis will provide better knowledge of the economic



consequences of programme and policy choices by Government and donors, and help guide and monitor resource allocation. It will also contribute to the development of simple policies for lowering costs, where applicable, to meet the needs of the economically vulnerable groups. It is aimed to establish, in connection with the Social Action Programme (SAP), a consultative process with government, donors and UN Agencies to advocate and assist a focusing of expenditures on cost-effective actions most directly related to human development.

This strategy will also include support in different areas to improve access to currently available and new human and organizational resources, as well as financial resources. At the local level, social mobilization will emphasize the potential for, and gains from, affordable participation by communities and families in the form of facilities, materials and labour. In the area of financing, experience has shown that if adequate services are provided to communities they are willing to contribute their own resources. UNICEF will support Government efforts to consolidate, document and analyze past experiences of community cost-sharing models to identify those which are fair, do not marginalise the poor, and ensure sustainability.

District level officials will be trained and other approaches will be explored to increase their effective use of budgets. At least as important, information and advocacy will be needed to sensitize them also to the benefits from concrete participation by communities, and training will be supported on modalities to incorporate participatory approaches into programmes. Involving the private sector in resource mobilization and training NGOs in fund raising techniques will further broaden the resource base.

7. Support the development, refinement and operationalization of policies in favour of children and women.

The country has a policy framework conducive to positive change, including SAP. However, there is a need for greater specificity and harmonization of policies in the social sector. This strategy will promote an ongoing dialogue of children and women's issues at the level of policy makers to keep them prominent on the political agenda, through advocacy supported by capacity building.

The aim of this strategy is to help ensure that future Government policies reflect health, nutrition, basic education, safe water, clean environment and adequate sanitation in the context of rights. In addition, future Government policies will promote primary health care



and universal primary education; strengthen the role given to sanitation and hygiene education, while clarifying the significance of linkages between and among sectors. Reinforcement of the role of NGOs and other groups of civil society as important partners is needed. Guidelines for mutually supportive physical and social services for children and women in poor urban areas are required. Gender imbalances must be reduced. Support will be provided to develop policy briefs and background materials; for assistance in drafting of policy documents; and to fora for debate and discussion of policy options.

Once policies have been established, they usually must be fine-tuned and made operational. Information will be generated and presented concerning the effectiveness of policy implementation, and specific problems, gaps and bottlenecks needing to be addressed. Training and the generation of knowledge will be supported to improve understanding of implementation requirements, as a basis for developing effective rules and procedures. This will be complemented by advocacy with officials to promote a supportive environment for the implementation of policies and strategies. The results will be of particular importance in support of implementation at district and sub-district levels, and for delegation of adequate administrative and financial authority while focussing more on accountability. UNICEF will encourage the government to recognize the work being done.

8. Promote legislation and its enforcement in conformity with the CRC and CEDAW.

Ratification of the Convention on the Rights of the Child (CRC) and forthcoming ratification of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) places an obligation on the state to carry out a thorough review of laws to ensure their conformity with these international instruments. Beyond this, the Government and UNICEF recognize that laws alone are not sufficient to bring about change. This strategy will also be used as a step toward their effective implementation and enforcement, through a combination of capacity-building and advocacy.

UNICEF and the Government have agreed to prioritize key elements of a more supportive legislative framework during the bridging Country Programme. Important legal issues within health and nutrition include essential drugs, Vitamin A, breastfeeding, and banning of non-iodized salt; and in education, compulsory primary schooling. Other basic legal issues requiring attention are child labour including bonded labour, juvenile justice and registration at birth. While reviewing and



revising laws in these areas, the removal of gender disparities will be a guiding principle. The issue of lease-hold land rights for the urban poor will be considered under this strategy.

Information will be generated and presented concerning the appropriateness of existing legislation, the areas needing to be improved and the status of implementation of laws. Knowledge will be developed and training will be carried out to support the redrafting of legislation, enforcement of laws, and monitoring of implementation. Laws and socio-cultural practices affecting women will also be studied. Education will improve the knowledge about rights of government officials, NGOs, the media and other people at all levels of society.

A range of advocacy and social mobilization activities will be carried out to increase awareness and national debate on children's and women's issues, including involvement of people in Federal and Provincial Commissions on Child Welfare and Development, and dissemination of the results of these discussions.

Programme structure

The substantive work of the bridging Country Programme will be organised in seven programmes, which have been selected based on the "sectoral" fields of UNICEF's work, and the needs identified for specific, cross-cutting action.

The programmes are:

- Planning, Monitoring and Evaluation
- Advocacy and Communication
- Health
- Nutrition
- Basic Education
- Water and Environmental Sanitation
- Focus District Programme

Each programme includes actions under one or more of the specific strategies set out above, to contribute to the achievement of relevant programme objectives. Work towards each strategy is organized as a project, which is the main unit of management within a given programme. Within each project, groups of activities (or project components) are defined and organized in terms of the general strategies of advocacy, capacity building and service delivery.



Activities at the provincial level have been selected according to the needs, resources and opportunities in the specific settings, so as to best contribute to the strategic approach of the Country Programme. Some actions form an integral part of the national level activities, while others are relatively more province-specific. They are expected to evolve over time, as will occur also at the national level. The provincial level actions are organised according to the same structure of programmes, projects and groups of activities within the overall Country Programme.

Operational management at federal and provincial levels is organized based on Plans of Action agreed between UNICEF and the key government counterparts. Provincial Plans of Action will include specific sets of the activities listed in each PPO, to respond to particular provincial issues and opportunities as well as to contribute to and complement the government's existing Annual Development Plans. Plans of Action are supplemented by Project agreements signed between UNICEF and each principal implementing agency. Annual workplans will be developed, showing the sequencing of activities and specific responsibilities within government and UNICEF.



GEOGRAPHIC SCOPE AND BENEFICIARIES

The bridging Country Programme of Cooperation is formulated as a national programme. During its first phase, efforts will be made to move away from fragmented activities and small scale projects which reached limited beneficiaries in previous periods of cooperation. Given the decreasing scope of UNICEF's human and financial resources, and the magnitude of the challenge, significant impact through direct support to service delivery is neither possible nor cost effective. UNICEF's particular contribution will be to act as a catalyst, assisting the Government to bring together all forces of society to meet the challenge of improving the situation of children and women throughout Pakistan. Hence, the programme will move away from a project approach. It will embark upon a developmental empowerment approach, contributing to wider systemic reform, which can lead to long-term, sustained social change.

The national programme will attempt to achieve carefully-selected objectives. Specific strategies have been identified taking into account UNICEF's comparative advantage. The mix and balance of specific strategies will be finalised in consultation with Government counterparts and other allies down to the provincial and district levels.

Most of the strategies have national scope as described above and hence will affect all districts even in the early stages of the programme (policies, legislation). Assessment and analysis will be carried out in all districts also but through a phased approach during the bridging Country Programme, including mapping of district profiles, and integrated training for district officials.

The Focus District Approach

The Country Programme will also include an integrated approach in selected districts where synergy among all the strategies will be promoted and the process will be supported more in depth. This will include strengthening of existing District Co-ordination Committees headed by Deputy Commissioners to foster multi-sectoral convergence. Assistance will be extended to sub-district level facilitators, including NGOs, to ensure appropriate support to mobilizers with a focus on women. The aim is to learn from the experience of participatory approaches in the focus districts to derive knowledge and lessons both for strengthening these processes in the country, and for the preparation of the next country programme.

This approach will be tested in a small number of districts to be selected during the bridging Country Programme period. A total of 5



districts are expected to be selected during the programme. Support will begin in one or two districts initially, with the others phased in during the bridging programme based on experience and opportunities. Additional districts could be considered for support if the initial experiences prove to be successful.

Selection of the districts for intensive support and testing of approaches during the bridging Country Programme will consider:

- representation of provinces/territories;
- different mixes of urban/rural population;
- mix in terms of existing services, resources and status of social indicators;
- UNICEF's experience in the district;
- interest of district officials;
- presence of other donors;
- assessability; and
- law and order situation.

The selection will be finalised in consultation with Government and NGO counterparts.

In the past, a number of small pilot projects supported by UNICEF, other donors and NGOs have successfully demonstrated effective participatory approaches. Yet their replicability at the national scale has proven difficult due to extensive human and financial inputs required in the project areas. During the bridging Country Programme, all strategies and programmes will be implemented with a concern for cost-efficiency to ensure national capacity to sustain and expand the experiences. Efforts will be made to pursue an empowering approach, relying as much as possible on resources available in the districts, so as not to create long term dependence on UNICEF financial or staff support.

Disparity reduction

Disparity reduction will be a key concern of the new programme, in terms of the need to respond to differences in the situation of children and women between geographical regions of the country, and to work to overcome social inequalities. Systematic efforts will be made to reach girls and women, building their capacities to promote their own development and empowering them to act as agents of change.

The focused approach in selected districts will enable the



identification and geographical location of other hard-to-reach groups, such as the urban poor and working children. The experience will develop a knowledge-base to address specific disparity reduction in the next country programme period.





MONITORING AND EVALUATION

The Master Plan of Operations describes Government/UNICEF cooperation during a three year bridging programme which emphasizes support to set-up national processes. The Programme will therefore aim at supporting monitoring systems under the SAP to ensure that such systems become essential components of the Government's long term development plans. This process will require that participatory monitoring and evaluation, stressing recognition, regularity, accountability and feedback become the cornerstone of the bridging period so as to allow for a better understanding of the situation of children and women thereby laying the foundation for the next five-year country programme. The Programme will focus on assessing and documenting the situation, beliefs, attitudes and practices affecting children and women. Emphasis will be placed on collecting and recording information in a disaggregated manner to better understand disparities in terms of gender, ethnic and religious lines and geographical location. It will facilitate understanding and analysis of the underlying and basic causes of the situation. It will allow testing of the "rights approach" while measuring the selected strategies and their respective impact down to the family level.

The bridging period will be used to build national concern and capacity for monitoring and evaluation, leading to corrective action to further progress toward the Country Programme goals. Effective monitoring and evaluation will be promoted as essential tools to plan and manage programmes down to the district level. District-specific multiple indicator cluster surveys will be carried out to establish the situation of children and women. This will be an important exercise to improve the capacity of district officials to collect, comprehend, present and use information and will reinforce the strategy on **building country capacity to deliver better services to more people**. District maps will be prepared to record data from all ongoing monitoring processes, in particular the multiple indicator cluster surveys. This will help visualize the status of indicators in each district. Emphasis will be placed on encouraging linkages among various sectoral monitoring and evaluation efforts. NGOs, CBOs and families will be involved in the monitoring and evaluation processes .

The bridging Country Programme will focus on the development and refinement of indicators to assess progress in the processes fostered by each strategy and to evaluate the impact of interventions.





COOPERATION WITH U.N. AND OTHER AGENCIES

The Government will continue to work closely with bilateral and multi-lateral development organisations, UN agencies and international financial institutions. Many of them were actively involved at all stages of development of the strategies. The World Bank and other donors are increasing their investment in the social sector. Collaboration with UN Agencies, multi and bilateral donors and financial institutions will contribute to the formulation of appropriate operational policies benefitting children and women. Such collaboration will help direct significant resources to achieve country programme goals.

Progress in the Social Action Programme with increased resource allocation to basic services will help reach some targets of the programmes covered by this Master Plan of Operations. Each Provincial Government prepares annual operational plans providing details of implementation mechanisms within as well as across the Social Action Programme sectors. The challenge is to take advantage of the complementary strength of UNICEF as an operational agency. Its experience in working with civil society can contribute to an improved implementation of the Social Action Programme.

Collaboration among donors was accelerated through the Multi-Donor Support Unit for the Social Action Programme. UNICEF is a member of the Multi-Donor Steering Committee and of the task forces on education, health, population and rural water supply and sanitation. Each task force has prepared guidelines for SAP operational plans both for implementation and resource allocation. UNICEF, in collaboration with other donors has offered to contribute at the conceptual level in the preparation of SAP II. UNICEF will support Government efforts to bring about increased coordination in operational areas.

UNICEF collaboration will continue with WHO, the World Bank, the Asian Development Bank, Canadian International Development Agency and Overseas Development Agency in major child health projects. For example, UNICEF co-chaired a UN-Working Group on Health and Nutrition with WHO. UNICEF is a member of the Donors Population Group which includes UNFPA, European Community, World Bank, Overseas Development Agency and Asian Development Bank. The UN Resident Coordinator has invited UNICEF to chair a working group on Education For All follow-up.

Besides inputs in the Social Action Programme, the World Bank and ADB finance primary education in the provinces. In this bridging Country Programme, the Government, UNICEF and the World Bank will expand on their past collaboration, particularly in Balochistan and the



North-West Frontier Province to improve access, equity, efficiency and strengthen community participation in basic education. UNICEF will continue to contribute to the UN System Support Programme for Basic Education. Partnerships with other bilateral donors will be explored.

UNICEF's participation in various multi-donor missions will increase to mobilize support for the objectives of the Master Plan of Operations.

In water and sanitation, UNICEF will continue to work with the World Bank, ADB, UNDP, GTZ and the Dutch Government and other Bilateral Donors to support Federal and Provincial Government efforts outside of the SAP. Donor inputs are being coordinated through a Federal Support Unit under the Ministry of Local Government & Rural Development. UNICEF will continue to use this coordination mechanism to influence positive policy changes in favour of low-cost water supply schemes as well as increased sanitation and hygiene education components.



PROGRAMME MANAGEMENT

The Ministry of Health is responsible to coordinate this Master Plan of Operations, in line with its role as nodal Ministry for UNICEF cooperation with Pakistan. The Ministry of Health will ensure the cooperation of the different Government ministries and departments concerned with the implementation of the Master Plan of Operations as outlined in the corresponding programmes and chapters of Volume-II of this document. It will promote the exchange of information as required between the various programmes. The Ministry of Health shall convene annual programme reviews.

The Planning Commission is the agency of the Government responsible for the preparation and coordination of national development plans, for follow-up to the National Programme of Action for Children, for coordination of the Social Action Programme and as focal point for nutrition activities. It will provide general guidance to line ministries on monitoring and evaluation of this Master Plan of Operations and on policies and priorities of the Government. It will facilitate linkages between the current bridging period and the next five year programme of UNICEF cooperation proposed for 1999-2003.

Within the framework of this Master Plan of Operations, UNICEF will assist in the development of Plans of Action with line ministries, departments and participating Non-Governmental Organizations at the federal, provincial and territory level as indicated in Volume-II of this document. The concerned ministries, departments and non-governmental organizations will be responsible for programme planning, implementation, monitoring and evaluation. The responsibilities of the four provinces, Federally Administered Northern Areas, Federally Administered Tribal Areas, Azad Jammu and Kashmir and the Islamabad Capital Territory have been specified in the related chapters of Volume-II and have been, or will be, documented where appropriate, in plans of action within the framework of this Master Plan of Operations.





COMMITMENTS OF UNICEF

The UNICEF Executive Board has approved a total commitment from General Resources not exceeding the equivalent of US \$34,320,000 to support the programme activities described in this Plan of Operations for the period beginning 1 May 1996 to 31 December 1998. The Executive Board has also authorized the Executive Director to seek specific purpose contributions for this Plan of Operations to an amount equivalent to US\$ 35,038,000.

(a) UNICEF FINANCIAL ALLOCATIONS, 1996-98

(US\$ in '000s)

PROGRAMMES	GENERAL RESOURCES	SUPPLEMENTARY RESOURCES	TOTAL
Planning, Monitoring & Evaluation	3,266	--	3,266
Advocacy and Communication	4,696	4,500	9,196
Health	6,033	6,768	12,801
Nutrition	3,181	6,255	9,436
Basic Education	5,998	7,015	13,013
Water & Environmental Sanitation	4,664	10,500	15,164
Focus District Programme	1,523	--	1,523
Programme Support	4,959	--	4,959
TOTAL	34,320	35,038	69,358



(b) UNICEF GENERAL RESOURCES, YEARLY

(US\$ in '000s)

PROGRAMMES	1996	1997	1998	TOTAL
Planning, Monitoring & Evaluation	1,269	1,088	909	3,266
Advocacy and Communication	1,812	1,570	1,314	4,696
Health	2,308	2,010	1,715	6,033
Nutrition	1,226	1,060	895	3,181
Basic Education	2,298	2,000	1,700	5,998
Water & Environmental Sanitation	1,784	1,560	1,320	4,664
Focus District Programme	600	508	415	1,523
Programme Support	1,573	1,644	1,742	4,959
TOTAL	12,870	11,440	10,010	34,320

(c) UNICEF SUPPLEMENTARY RESOURCES, YEARLY

(US\$ in '000s)

PROGRAMMES	1996	1997	1998	TOTAL
Advocacy and Communication	1,800	1,800	900	4,500
Health	2,100	2,300	2,368	6,768
Nutrition	2,455	1,900	1,900	6,255
Basic Education	2,070	2,300	2,645	7,015
Water & Environmental Sanitation	3,700	3,400	3,400	10,500
TOTAL	12,125	11,700	11,213	35,038

(not including MEENA, regional stand alone)



(d) TOTAL UNICEF RESOURCES, YEARLY

(US\$ in '000s)

PROGRAMMES	1996	1997	1998	TOTAL
Planning, Monitoring & Evaluation	1,269	1,088	909	3,266
Advocacy and Communication	3,612	3,370	2,214	9,196
Health	4,408	4,310	4,083	12,801
Nutrition	3,681	2,960	2,795	9,436
Basic Education	4,368	4,300	4,345	13,013
Water & Environmental Sanitation	5,484	4,960	4,720	15,164
Focus District Programme	600	508	415	1,523
Programme Support	1,573	1,644	1,742	4,959
TOTAL	24,995	23,140	21,223	69,358

UNICEF's support to the development and implementation of this Plan of Operations will remain flexible, but will largely concentrate where UNICEF has a comparative advantage. UNICEF's inputs will include:

- (a) the design and support of training programmes;
- (b) the design and support of communication components;
- (c) the identification and recruitment of technical assistance expertise;
- (d) the development and dissemination of information;
- (e) the identification and implementation of action oriented research and evaluation;
- (f) the provision of supplies and equipment through offshore and local procurement.

The nature of UNICEF cooperation is changing. As Pakistan continues its successful economic development, UNICEF's role will



increasingly be to act as a catalyst to changes benefitting children, rather than as a source of material support. Given Pakistan's growing economy, UNICEF will also be engaged in the mobilisation of private sector and Government funding for use in programmes benefitting children in Pakistan. Financing from UNICEF, is expected to decline over time. This in no way implies a lessening of UNICEF's commitment to the improvement of welfare of children and women in Pakistan.

UNICEF may lend support to a limited number of Government posts at various administrative levels, if essential for the implementation of projects developed within the framework of this Plan of Operations. Support to these posts shall be for prescribed periods of limited duration and shall normally only cover bridge financing pending inclusion of the post in the Government's next budget cycle. To the extent possible within the budgetary constraints facing the Government, UNICEF will progressively phase out ongoing support to the salary and other costs of government project posts. Bridge financing of new posts within Government will be minimized in favour of seeking ways and means to maximize the contribution of existing cadres of Government personnel towards the programme objectives.

UNICEF will support the costs of inputs of supplies and equipment including transport that require foreign exchange within the framework of this Plan of Operations. In the interests of sustainability, UNICEF will progressively phase out support to recurrent or other local level material cost, which can be met from community or user contributions.

In addition to the UNICEF Country Office in Islamabad, UNICEF will continue to maintain and operate sub-offices in the capitals of the four provinces adequately staffed to assist the provincial Governments in the planning, implementation, monitoring and evaluation of programmes executed at the provincial level as covered by this Plan of Operations. UNICEF will also engage project officers, both national and international, for time-bound periods to meet the technical and operational requirements of specific areas of the programme of cooperation. Project officers relating to a specific programme are budgeted for in the respective chapter of volume 11. Provincial programme support costs are budgeted for in the Programme Support line of UNICEF's commitments.

Subject to the annual and mid-term programme reviews, the funds committed by UNICEF shall be disbursed by calendar year to each programme sector. By mutual consent between the Government and UNICEF, if the rate of implementation in one of the sectors or



geographic areas is substantially below the annual estimates, funds may be applied to other programmes/geographic areas achieving a faster rate of implementation.

Over and above inputs of UNICEF covered in this Plan of Operations, UNICEF will avail to the Government its international procurement services, on a reimbursable basis, and shall accept local currency for such transactions, as authorized by the UNICEF Comptroller, in amounts that can be utilized locally without exchange loss and undue accumulation of non-convertible currency. Such transactions shall be governed by UNICEF's standard rules and procedures.

UNICEF will consult with the ministries and agencies concerned on the timely call-forwards of supplies, equipment and cash grants. It will keep concerned officials informed on the movement of commodities in order to facilitate efficient clearing, warehousing and timely distribution.

UNICEF maintains the right to request the return of any equipment, supplies or transport furnished by it, which is not used for the purpose specified in this Plan of Operations or subsidiary project plans of action.



COMMITMENTS OF GOVERNMENT

The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the agreed programme and will cooperate with UNICEF by :

- a) encouraging potential donor governments to make available to UNICEF the funds needed to implement the supplementary funded components of the entire Country Programme approved by UNICEF;
- b) endorsing UNICEF's efforts to raise funds for the programme from the private sector both internationally and in Pakistan;
- c) permitting contributions from individuals, corporations and foundations in Pakistan to support this programme for children which will be tax exempt.

The Government will provide all personnel, premises, supplies, transportation costs, petrol/oil/lubrication, available technical assistance and funds for recurring and non-recurring expenditures required by the programme, except as provided by UNICEF/other United Nations or International Agencies. Details of Government contribution in the bridging Country Programme are provided in the relevant programme chapters in Volume-II of this Master Plan of Operations.

The Master Plan of Operations describes types of contributions expected from NGOs, CBOs and local communities. To the extent possible, these will be described in the Plans of Action.

With respect to supplies and equipment made available offshore by UNICEF, the Government will, unless otherwise stipulated for a particular programme in Volume-II of this Plan, be responsible for, and shall bear the costs of associated with the clearance, receipt, unloading, storage, insurance, transport and distribution after their arrival in the country. In this respect, Government will make adequate provision in their budget to meet the clearance costs to avoid any hold ups at the port resulting in heavy demurrages. The Government will also streamline and reinforce the UNICEF section of the warehouse at Karachi adequate manpower and budgetary support for better handling of supplies in transit. For supplies and equipment procured locally, transportation and handling from factory/procurement site to the project site shall be the responsibility of the projects unless otherwise specified in the project plans of actions. Ongoing UNICEF support in this respect will be gradually phased out.



In accordance with UNICEF financial rules and regulations, the Government will provide certificates of expenditures or accounts (as will be predetermined), for cash grants made within the framework of this Plan of Operations, on a quarterly basis or on conclusion of activity if earlier, but not exceeding six months of transfer of cash grant by UNICEF.

The concerned Government body will be responsible for establishing a monitoring and reporting system within each programme for information on the use of supplies and equipment and cash advances provided by UNICEF and to provide UNICEF with complete substantive and financial reports within 3 months of completion of any activity.

The Government will provide quarterly status reports to UNICEF on each UNICEF assisted programme activity, such reports will be required in a timely manner to allow necessary follow-up action. Key indicators of physical and financial progress will be developed for each activity and the changes will be monitored over time. UNICEF and Government will mutually agree on the proforma to be used. The information compiled will be used to make improvements in the programme on an ongoing basis. The information will also provide a basis for any needed revisions in time schedules and areas of investments, as will be decided through mutual agreements at annual reviews between Government and UNICEF.

During the course of the bridging Country Programme, regular evaluations will be carried out by the Government or designated agency to assess impact on communities, especially children and women. The evaluation reports will be made available to all partners, and will help guide corrective action by the Government as well as further cooperation between the Government and UNICEF.

The Government and UNICEF will authorize national and international media to publish the results of the bridging Country Programme, and the experience derived therefrom.

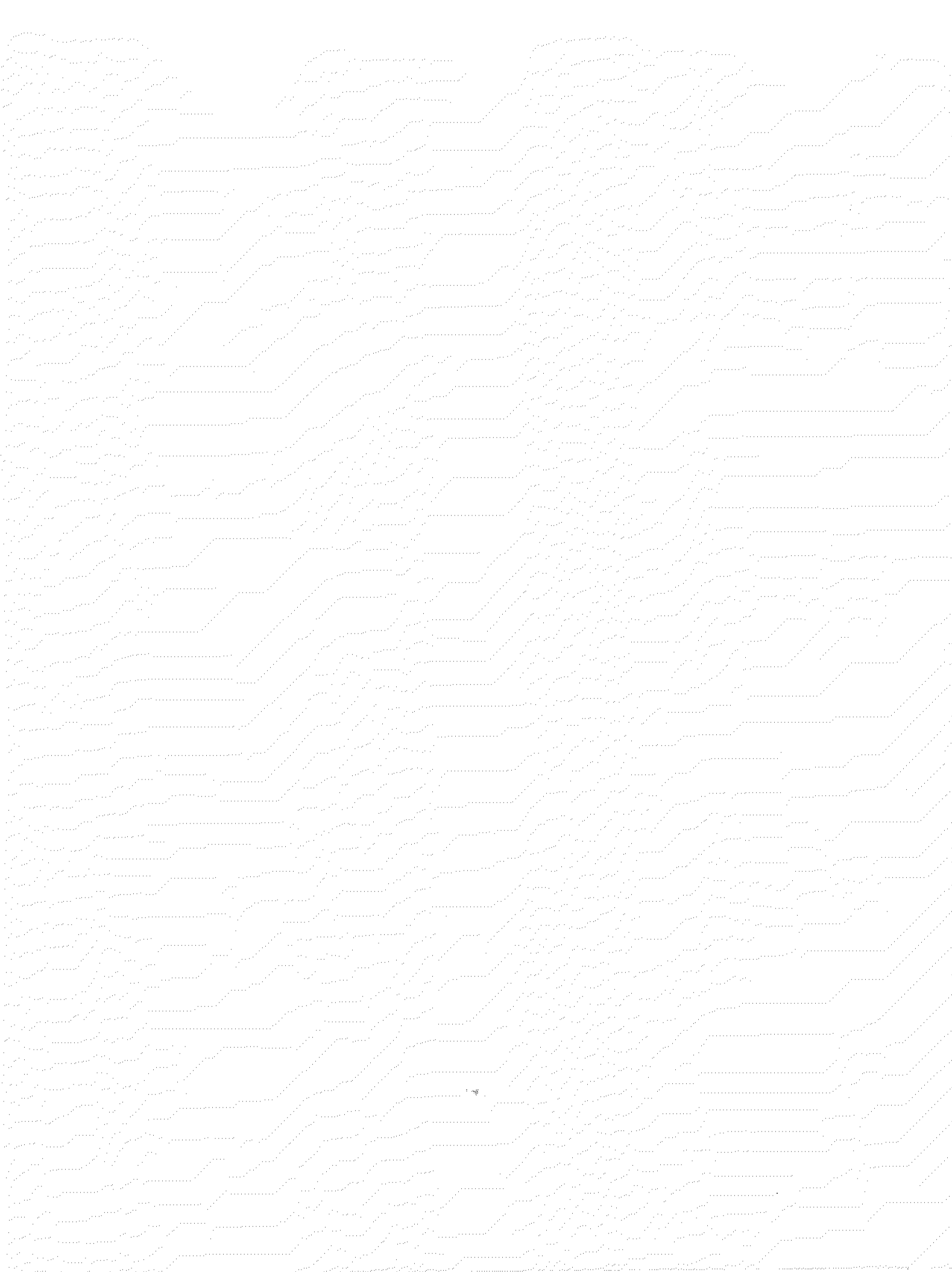
The Government will provide resources to sustain the programmes after the period defined in this Master Plan of Operations.

UNICEF and its employees, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement. The Government shall be responsible for dealing with any claims which may be brought by third parties against UNICEF, its employees, advisors and agents, except where it is mutually agreed by



Government and UNICEF that such claims or liabilities arise from the gross negligence or misconduct of such employees, advisors or agents.

Without prejudice to the generality of the foregoing, the Government shall ensure or indemnify UNICEF civil liability under law of the country in respect of project vehicles.





FINAL PROVISIONS

This Master Plan of Operations comprising Volumes-I and II is construed to be a comprehensive country programme. The general provisions of the framework in Volume-I are applicable to each component detailed in the chapters of Volume-II.

This Master Plan of Operations becomes effective upon signature, but will be understood to cover the period from 01 May 1996 through 31 December 1998, subject to availability of funds.

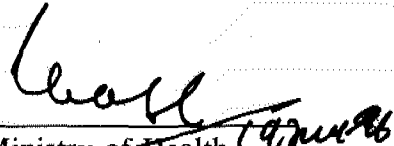
This Master Plan of Operations may be modified by mutual consent of the Government and UNICEF.

Nothing in this Master Plan of Operations shall be construed to waive the protection to UNICEF within the content and substance of the United Nations Convention on Privileges and Immunities to which the Government of Pakistan is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Master Plan of Operations.

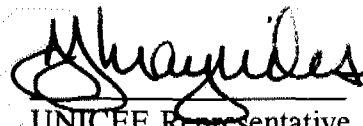
Done in three copies in English at Islamabad.

For the Government of Pakistan

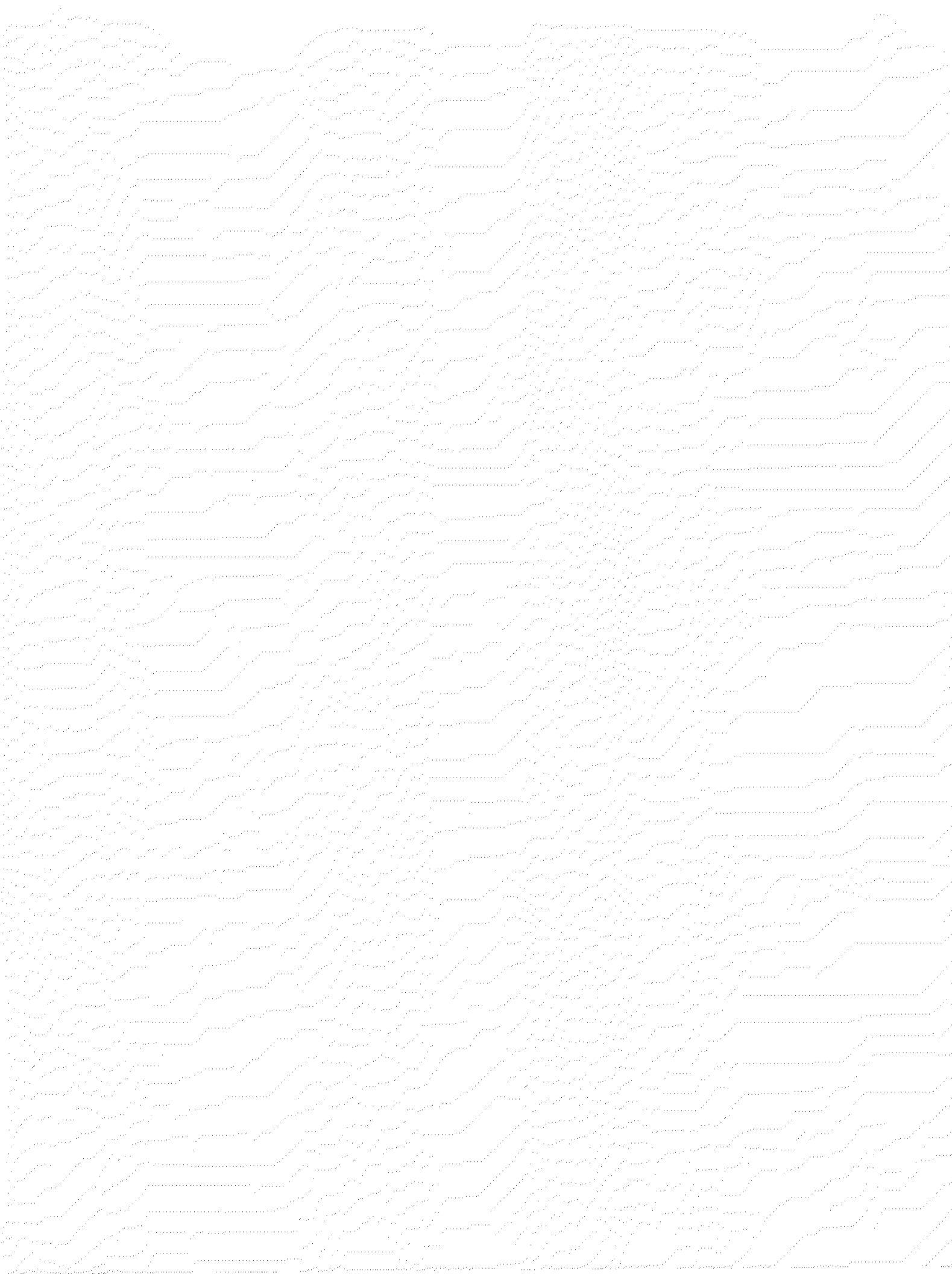

Ministry of Health
Government of Pakistan
MUEEN AFZAL
Secretary
Ministry of Health
Government of Pakistan
ISLAMABAD
Tele: 821782-211022

Date: _____

For the United Nations Children's Fund


UNICEF Representative
to Pakistan

Date: _____





VOLUME 2





PLANNING, MONITORING AND EVALUATION

EXECUTIVE SUMMARY

The current policy framework and planning environment in the Government of Pakistan is conducive to positive change. This is a major development for improving the status of the social sector in the country. There are hurdles in the way of implementation, as evident in particular at the district level. The planning and management capacities of Government functionaries need to be enhanced and appropriate levels of authority delegated to them for effective programme implementation. Existing data is often unreliable and outdated. Programme monitoring is limited to inputs and outputs, while little is known about actual impact and changes in the situation of children and women.

The overall programme objective is "Processes at all levels to stimulate a dialogue on the situation of children and women based on assessment and analysis of trends and the measurement of programme impact as well as better allocation and more appropriate use of financial, human and organizational resources for children and women". This will be done through monitoring of the processes fostered by the bridging Country Programme, evaluation of impact of strategies to determine the right mix and balance, impact monitoring, capacity building initiatives, surveys and documentation and support to ongoing information systems. The projects include 1) Strengthen national, provincial, district and community level processes for assessment and analysis 2) Broaden and mobilize the resource base for actions for children and women. The major types of activities fall within the categories of advocacy, social mobilization and capacity building and include advocacy workshops and meetings, training, programme reviews, research and documentation, support to existing monitoring systems, impact monitoring especially at the district level, district mapping and district-based surveys and support to feedback mechanisms for corrective action. Community involvement will be encouraged in programme planning, implementation and monitoring, as experience has shown that most families are willing and able to become active partners. A number of process and impact indicators will be used to assess the situation of children and women. The Planning, Monitoring and Evaluation Programme will be key to guiding the process of the bridging Country Programme through testing the relevance and usefulness of the strategies chosen. Process monitoring systems will be refined and expanded, and regular evaluation will be carried out to assess impact on communities. Much more needs to be known about disparities in terms of magnitude, severity, geographical and social concentration, as well as causes of the problems. In view of the unreliable data base as indicated above, it is



important to compile information on the situation of children and women and to update it on a periodic basis. The programme will also guide the formulation of the next Country Programme (1999-2003).

SUMMARY OF SITUATION ANALYSIS AND RELEVANT NATIONAL POLICIES

UNICEF has been a close partner of the Government in conceptualizing the strategic issues and policy initiatives stated in the Eighth Five Year Plan and the operational plans of the Social Action Programme (SAP). Besides supporting various situation analyses, baseline studies and research, UNICEF was closely involved in the planning and organization of a multiple indicator cluster survey on mid-decade goals. The findings are nationally and provincially representative and will be useful in planning steps towards the attainment of decade goals.

Most social sector planning is carried out at household level, in isolation from government activities at the provincial and district levels. Social sector planning is the responsibility of provincial governments. Beyond this however, a traditional top-down approach has been followed with hardly any involvement of district functionaries in planning of development programmes, which they are responsible to implement and monitor. This naturally results in lack of ownership and low levels of commitment. Community involvement in government development planning has also been limited to small-scale projects and confined in nature.

Non-availability or non-reliability of social statistics have been major issues in planning and monitoring of programmes. Data is often outdated or not available to estimate or forecast changes in trends. While responsibility for programme implementation lies at the district level, there is an acute paucity of district-specific data. Management information systems have been devised to plan, manage and monitor the government's facility-based health and education programmes. These systems are valuable in providing detailed facility level information. However, the information derived from these systems is limited to the public sector institutions. Efforts are currently being made in the health management information system to include household level information. While a lot of data is being generated, it is not being consolidated for further use.

The Government has committed \$ 6 billion to the SAP for five years. For overall development planning, resources are controlled by



the provincial and federal governments, donors and the private sector. On the other hand, little is known about the availability of other resources at the community level, especially those in favour of children and women. A large proportion of financial resources spent on the social sector are controlled at household and community levels. However, the use of these resources is not reflected in the improvement of the situation of children and women.

Government monitoring initiatives focus largely on budgetary aspects. Monitoring of programmes is carried out sectorally and primarily focuses on inputs and outputs. The challenge is to introduce long-term impact monitoring systems in a manner that can reflect the changing situation of children and women.

The Pakistan Integrated Household Survey (PIHS) has been designed to cater for monitoring of the four programmes under the SAP viz. primary health, basic education, rural water supply and sanitation, and population welfare. The Federal Bureau of Statistics has been assigned to conduct this survey on an annual basis. The first round of the PIHS covers education related issues. Field work is much behind schedule and completion of this first round and its report have been considerably delayed.

The National Health Survey of Pakistan has been undertaken with the joint collaboration of the Pakistan Medical Research Council, the Federal Bureau of Statistics and the National Centre for Health Statistics of the Centre for Disease Control, U.S.A. The field work of the survey was started in 1990 and completed in 1994. A preliminary report was presented by the Pakistan Medical Research Council in February 1996 and the final report is awaited.

Several series of demographic surveys have been conducted in the country since the early sixties. The main objectives of these surveys are to collect statistics of births and deaths, estimate rates of natural population growth and collect information on selected characteristics of population and other socio-economic development programmes. A reinterview survey of the Pakistan Demographic Survey, carried out in 1994 reported inconsistency in a wide range of variables.



OVERALL PROGRAMME OBJECTIVE

Processes at all levels to stimulate a dialogue on the situation of children and women based on assessment and analysis of trends, and the measurement of programme impact as well as better allocation and more appropriate use of financial, human and organizational resources for children and women.

PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Planning, Monitoring and Evaluation programme will be as follows. (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: STRENGTHEN NATIONAL, PROVINCIAL, DISTRICT AND COMMUNITY LEVEL PROCESSES FOR ASSESSMENT AND ANALYSIS.

Objective: Adequate information and knowledge to support decision making at all levels, enabling better control over development.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: The situation of children and women known, understood and discussed at various levels of the Government and civil society including communities.

Activities:

- i) Multi-sectoral seminars and workshops to highlight the need to measure trends in the situation of children and women, programme impact and costs. (federal, provincial, selected districts)
- ii) Sensitization workshops on the status of educational data and implications for planning, management and monitoring with a view to create a more reliable educational data base (federal, provincial, selected districts)
- iii) Advocacy workshops and meetings with SAP and other agencies for strengthening programme monitoring plans and systems covering the situation of children and women (federal, provincial, all districts, selected districts)

Sub-Project 2: Capacity Building

Objective: Strengthened capacities to plan, budget, monitor and evaluate programmes and improved knowledge of caring practices and other traditions as well as conditions of children in disadvantaged areas.



Information activities:

- i) Assessment of community awareness, demand and utilization of services to establish differences in levels between the selected and control districts (selected districts, all districts)
- ii) Review of and support to ongoing/planned assessment and analyses systems in Government programmes for health, nutrition and education to improve their ability to address key issues of children and women (federal, provincial, all districts).
- iii) Gender based review of EMIS indicators(federal,provincial)
- iv) Review and revise education indicators using available information (federal, provincial)
- v) Provide technical support for establishing a system to monitor coverage of the water and sanitation programme (federal, provincial, all districts)
- vi) Periodic programme reviews on monitoring systems, results and follow up action plans (federal, provincial, selected districts)
- vii) Provide technical support to monitor the role of advocacy, social mobilization and programme communication components of programmes (federal, provincial, all districts)
- viii) Preparatory work for Country Programme evaluation (federal, provincial)
- ix) Research and documentation (all districts, selected districts)
- x) Sample survey of societal attitudes towards girls' education (selected districts)
- xi) Rolling situation analyses, district surveys, baselines
- xii) District profiles of female service deliverers (DEOs, female teachers) (provincial, all districts)
- xiii) Analyses and production of reports (provincial, all districts, selected districts)

Training activities:

- i) Development of training packages for communities in selected districts to measure and monitor trends in goals for children and women (selected districts)
- ii) Organization and training of selected communities in simple programme monitoring, planning and reporting techniques (selected districts)



- iii) Training to improve existing M&E systems to address information needs for planning, including establishment of a database built upon the nutrition conceptual framework covering assessment, analyses and action, and visualization and dissemination of data and information (provincial, all districts)

PROJECT: BROADEN AND MOBILIZE THE RESOURCE BASE FOR ACTIONS FOR CHILDREN AND WOMEN

Objective: Human, organizational and financial resources mobilized and more effectively utilized for children and women.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Improved advocacy on resource requirements and allocations for an expanded resource base for children and women.

Activities:

- i) Advocacy meetings and workshops with all important partners, including political leaders for adequate allocation of financial resources to respond to the needs and rights of children and women (federal, provincial, all districts)
- ii) Document and advocate low cost experiences in the water and sanitation programme for sharing with the Government, donors, non-governmental organizations etc. (federal, provincial, all districts)

Sub-project 2: Capacity Building

Objective: Improved and enhanced capacities at the federal, provincial, district and community levels to plan, accede, use, monitor and report on resources available.

Information activities:

- i) Study to generate information on the allocation of financial resources by Government at the federal and sub-national levels, the donor community, NGOs and the private sector, with focus on the social sector (federal, provincial, all districts)
- ii) Study of community participation models showing cost-sharing and cost-effective methods (all districts, selected districts)
- iii) Information sharing and meetings with SAP partners and other major donors (World Bank, Asian Development Bank, Government of Netherlands, GTZ) to achieve complementary sector policies and approaches in order to influence the resources available for the water and sanitation programme (federal, provincial)
- iv) Information inputs for the development of communication strategies and material (federal, provincial, all districts)



- v) Periodic programme reviews on the status of existing resources and needs (federal, provincial, selected districts)

Training activities:

- i) Training to improve the mobilization, allocation and management of resources at different levels of the programme, including the private sector and communities (federal, provincial, all districts)

UNICEF FUNDING (GR) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
Strengthen national, provincial, district and community level processes for assessment and analysis	1,000	767	634	2,401
Broaden and mobilize the resource base for actions for children and women	201	250	200	651
Programme Support	68	71	75	, 214
Grand totals	1,269	1,088	909	3,266

INDICATORS TO MONITOR PROCESS AND IMPACT

Indicators

The indicators listed below are a few of the major ones to be incorporated into the Programme. More will be added as required, while formulating programme details.

Process Indicators

- Periodic programme reviews and meetings;
- Regular field visits by programme managers, supervisors, etc. to oversee programme implementation and identify/resolve issues;
- Trained staff by category, number, location, gender, etc;
- Active community collaboration in programme planning, implementation and monitoring.
- Prominent position of children's and women's issues in Government development plans;



- Regular inclusion of M&E systems in Government programmes;
- Appropriate reallocation of Government resources to meet social sector needs;

Impact Indicators

- Percentage change in impact indicators of selected outcome goals as described in Article 3 of Volume I of the Master Plan of Operations;
- Percentage change in allocation of Government, donor and NGO resources at all levels of the programme;
- Changes in effectiveness of resource use at all levels of the programme, in particular the district;

GOVERNMENT/OTHER AGENCIES AND COMMUNITY INPUTS OVER THE SAME PERIOD

The Programme will demonstrate innovative ways for improved programme implementation. In the process, the Government will provide human and financial resources for programme expansion. The Government will be an active partner in planning, designing and monitoring the programme. Others donors and UN agencies will be closely involved in co-planning and co-funding of activities under SAP. The communities will provide time, knowledge and efforts to support the Programme to become sustainable.



ADVOCACY & COMMUNICATION

EXECUTIVE SUMMARY

Pakistan has made commitments at many international fora to change the situation of children and women in the country. Some good policies and plans have been developed, but in certain areas there are some inconsistencies and in other areas more specificity is needed. Some times, policies and plans are not supported with appropriate rules and procedures so that implementation remains inadequate. Participation of people in meeting their own needs and in the planning and design of services is limited. Hence the situation of children and women does not improve. Government service delivery mechanisms are unable to meet the needs of the people both in terms of access and quality. Service providers work in isolation from the civil society and suffer from resource constraints and lack of adequate authority resulting in de-motivation and poor implementation. People's ability to take collective action and to make improved choices to improve their own situation must be enhanced.

There are several underlying and basic causes leading to poor situation of children and women, some of which can be addressed through improved Advocacy and Communication. For example, advocacy with parliamentarians and policy makers can help in policy fine-tuning, raising awareness on rights issues as well as in ensuring that procedures give more authority, resources and recognition to service providers. Social mobilization with NGOs, the private sector and influentials (people respected in their communities) can build an alliance which can involve people in service delivery including, through resource mobilization. Programme Communication with communities and families can change behaviour for increased participation in the development process and inform people of what they can do and strengthen people's ability to make informed choices create demand for effective services and improve their utilization. Capacity building of service providers through training in improved communication and management skills can improve attitudes, behaviour and motivation of staff. It can also provide them skills for involving civil society in the development process. Another step to support this process is improving the legislative framework. This process includes a review and revision of laws from a rights perspective, improved enforcement of laws, monitoring of violations and raising general awareness on rights.

This programme will ensure that the situation of children and women improved in the areas of health, education, nutrition, disparity reduction and enhancement of status of women, through a process which empowers people to participate in their own development, ensures



quality and sustainability of services with the help of the civil society and eliminates gender disparities.

During the bridging Country Programme, these types of interventions will be developed and implemented with a view to learn more about the existing situation and test approaches for long term, sustained changes. The process will be closely monitored and documented. It process will help to fine-tune the approaches for the next country programme during 1999-2003.

Summary of Situation Analysis and relevant National Policies

Pakistan ratified the CRC in 1990 but implementation is slow. Although the Government started toward implementation, social indicators show that the status of most Pakistani children has not changed significantly, and, that most children do not enjoy the rights envisaged by the CRC. Pakistan is not yet a signatory to CEDAW, however, the Federal Cabinet signed and approved its ratification. In the mean time, discriminatory legislation and socio-cultural practices create disparities and perpetuate discrimination against women and girls.

The State has tried to meet its obligations to provide basic services to people, but the approach is based on welfare and charity. As a result, services are not provided in a sustainable and empowering manner. There are few opportunities for participation in the development process of the civil society, particularly women. Few attempts have succeeded to reach the disadvantaged and reduce disparities.

Generally, policies are well-defined and documented. However, there are policies which need to be fine-tuned to bring them in line with the provisions of the Convention on the Rights of the Child and to reflect women's and human rights. In some cases, a change in focus is required. For example, article 24 of the CRC requires the State to take appropriate measures for provision of clean drinking water and to support families in the use of basic knowledge on hygiene and environmental sanitation. Accordingly the Water and Environmental Sanitation programme policy needs to focus on low cost technology, hygiene education and sanitation. For the health sector, article 24 of the CRC states that ' States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilitate the treatment of illnesses States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services" Policy fine-tuning is therefore needed to promote primary health care and improved delivery of preventive and curative health



services. On the topic of education, according to article 28 of the CRC 'States Parties recognize the right of the child to education (and) they shall in particular (a) make primary education compulsory and available free to all;...' For education, the focus will be to advocate for appropriate policies on Universal Primary Education. The significance of intersectoral linkages to achieve greater impact also needs to be part of the new policy framework. Focus on women as a target group and as agents of change is another area to be reflected more specifically.

While there is a need to fine-tune policies, the quality and pace of implementation is a cause for serious concern. Despite a substantial network of infrastructure, service delivery remains inadequate both in terms of coverage and quality. As a result, only 20% of the people utilize government health services.

For health, education or water & sanitation, vertical programmes have been instituted. At the federal level, ministries develop policies and allocate provincial budgets. Planning and implementation for social sector programmes is done at the provincial level. At the divisional level, senior officials are posted in each sector to oversee the work of the districts under their jurisdiction. The actual task of implementation of sectoral programmes is undertaken at the district level. Each sector has an officer(s) responsible for service delivery within the district. Shortage of resources, lack of adequate authority and accountability, lack of management and communication skills as well as, inadequate recognition have resulted in making the task of district officials very difficult.

Lack of reliable data on social indicators at district level (particularly disaggregated by age and gender) is an inhibiting factor for district officials and functionaries.

The verticality of the programmes encourages managers to look at each sector in isolation leading to wastage of resources and decreased impact. Many programme managers do not have confidence in civil society's ability to take an active part in solving its own problems. They do not recognize the potential advantage of involving NGOs, the private sector, politicians, other organized groups and communities in human development programmes.

On the other hand, the civil society relies heavily on the government to implement social sector programmes. Many issues that could be handled by NGOs, communities and families are considered to be the responsibility of government.



The commercial private sector has been afforded only a limited role in human development issues. The professional private sector (general practitioners, hakims, private school teachers) runs a parallel service delivery system with little or no coordination with government systems. As a result, government systems cannot benefit from resources available in the private sector which operates in isolation or in competition.

NGOs have limited financial resources of their own. Due to lack of support from the private sector and communities, they are unable to raise adequate funds. A number of NGOs function as contractors to donors or government to implement programmes. NGOs are often unable to work in sectors where donor or government funds are not available. As their main funding sources are derived from the government and donors, the resource base is severely restricted. The vast resources available within the private sector and communities remain un-tapped. Since the communities and private sector are not involved in the government service delivery system, they remain passive observers with no ownership or stake to contribute to and improve the system. This results in under-utilization of available services. One exception is in the water sector where concerted efforts to involve communities in their own development has led to local resource mobilization as well as to sustainability and greater ownership of the programmes.

National policies and reasons for mix and balance of strategies/projects:

National policies dealing with the social sector are beginning to reflect the need to focus on human development. The Social Action Programme does not refer to rights specifically, but it focusses on improved service delivery in areas of primary health care, population, primary education, rural water and sanitation for children and women. The need to involve women as change agents is reflected in these policies. The significance of involving communities in programme implementation, including operation and maintenance of services, is highlighted.

In view of the situation and changing policies of government, it is important to ensure that the basic principles of the CRC and Women's Rights be integrated in all sectoral programmes.

Improved communication can make an impact at different levels. Advocacy, social mobilization and programme communication through



concerted strategies can bring about significant changes and create a link between service providers and the civil society. Capacity building of service providers can change perceptions and provide skills to improve delivery.

Improvement of the legislative framework and increased awareness on rights issues can support this process, leading to increased protection of children and women, reduction in disparities and discrimination against girls and women.

OVERALL PROGRAMME OBJECTIVE

Families, service providers and policy makers are empowered to improve the situation of children and women, especially in the areas of health, education, nutrition, reduction of gender based disparities and enhancement of status.

PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Advocacy and Communication programme will be as follows. (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: PROGRAMME COMMUNICATION

(for supporting families and communities for taking increasing actions for their own development)

Objective: Families and communities empowered to act, to make informed choices, to organize themselves in groups for action.

Programme Communication with communities and families will raise awareness on the rights of children and women, empowering them with knowledge and confidence on key actions that they themselves can take to create an environment in which government, the private sector, NGOs and communities can work together for human development. For Health, efforts will be made to explore innovative ways to interact with families on improved caring practices for children and women. Efforts will also be made to create demand at the family and community level for quality services of immunization, disease prevention, promotion of safe delivery practices and consumption of iodized salt and foods fortified with vitamin A and iron. Families will be provided with basic information on health and nutrition through "Facts for Life" messages. Teachers will be involved in dissemination of Facts for Life messages and trained to detect handicaps, anaemia, dehydration, etc., and to understand linkages between IDD and mental retardation or blindness and vitamin A deficiency. Programme communication for the Education



Programme will aim to increase parental and community support for primary education, with a focus on participation and retention of girls. For WES the focus will be on improved household hygiene and promotion of low-cost latrines. Training packages will be developed for Facilitators and mobilizers for improved interpersonal communication with families. The package will also include community organization and mobilization skills.

Sub-Project 1: Capacity Building

Objective: Abilities of families strengthened in analyzing the situation, recognizing key rights and taking appropriate action.

Information activities:

Support studies to establish knowledge, attitude and practices of families and communities using the rights approach. This will help in understanding people's knowledge about key rights of children and women, their attitude towards rights issues, types of discriminations being practiced at family level, level of participation allowed to children and women at family and community level, comprehension of responsibilities of state and individuals etc.,

Knowledge activities:

- i) Develop intersectoral/sectoral Programme Communication Strategy.
- ii) Communicate with families through print and audio-visual media for improved caring practices, participation in the development process as well as increased demand and utilization of services throughout the country.
- iii) Interpersonal communication with families through mobilizers for improved caring practices, participation in the development process as well as increased demand and utilization of services in selected districts as well as selected localities throughout the country.

Training activities:

- i) Develop training/orientation curricula and material to improve the interpersonal communication and community organization skills of facilitators and mobilizers, with the rights perspective, for incorporation in the on-going technical training programmes.
- ii) Continue support to training of boy scouts for promoting mother's knowledge of ORT in selected communities throughout the country.
- iii) Support the training/ orientation of Health Education Officers (government) for improved communication planning & implementation.
- iv) Support the re-vitalization of Centre for Health Communication within the government system.



Sub-project 2: Support to Service Delivery

Objective: Appropriate material produced in adequate quantities, distributed in a timely manner and shared with families.

Activities:

- i) Develop communication material.
- ii) Support the production of communication material including print and audio-visuals.
- iii) Develop dissemination plan and support dissemination of communication material for LHWs/ vaccinators, WES promoters/teachers and other facilitators and mobilizers through sectoral programmes throughout the country.
- iv) Develop dissemination plan and support dissemination of communication material to communities through facilitators and mobilizers in selected districts.

PROJECT : FOCUS ON GIRLS AND WOMEN

(to ensure that women's concerns are more systematically addressed in policies and programmes)

Objective: Favourable environment at community and policy level for reduction of gender disparity as envisaged by CEDAW and Platform for Action.

The focus on girls and women project will ensure that they receive priority as a target audience and are empowered to act as agents of change. Emphasis will be given for advocating with political leadership for CEDAW ratification and follow up of the Beijing Platform for Action. Efforts will be made to provide opportunities for young women and girls to act as role models in their communities to help bring about an improvement in the status of girls and women. Support of communities, especially men will be actively sought to help girls and young women take an active part in their own development. Girl guides and out of school girls will be provided orientation on rights issues, health education and other life skills. In the health programme, the focus will be on women as a target audience to reduce maternal mortality and morbidity. Awareness will be raised on the need for improving the health of adolescent girls. To focus on women as agents of change, support will be continued to the Prime Minister's Programme to appoint one Lady Health Worker for a population of 1,000 persons. The nutrition programme will focus on women and girls through assisting government to develop guidelines and specifications for iron supplementation. The focus of the education programme will be on increase girl's access to education while increasing the number of female teachers at primary school level. The WES programme will focus on women as a target audience to act as agents of change both as WES promoters and active members of village WES Committees.



Sub-Project 1: Advocacy & Social Mobilization

Objective: Political leadership, key government counterparts and other allies support ratification of CEDAW and follow-up of Platform For Action.

Activities:

- i) Prepare advocacy and social mobilization plan.
- ii) Support the development of appropriate briefing/orientation kits for different target groups.
- iii) Support meetings/briefings/seminars for dissemination of advocacy and social mobilization messages at federal and provincial level.
- iv) Support setting-up of core groups for PFA implementation at federal and provincial level.

Sub-Project 2: Capacity Building

Objective: Triple-A processes set-up in selected districts as well as selected localities throughout the country to help communities, especially men in understanding the disparities and discriminations which influence the status of girls and women and taking corrective action.

Information activities:

Establish base-lines with community groups, on the health, education, nutritional situation and the status of girls, children and women in selected localities throughout the country.

Knowledge activities:

- i) Support open sessions with male and female groups for analyzing the situation of girls, children and women, understanding its impact on the community/family and taking collective action to improve the situation in selected localities throughout the country and a few selected districts.
- ii) Support activities with girls guides and girl child groups (including out-of-school, disadvantaged and disabled girls) for increased knowledge on rights issues and their participation in their own, family and community development as role models and agents of change in selected localities throughout the country.
- iii) Support the development of communication material on girl child and women's issues for families and communities.

Training activities:

- i) Support the development of new and innovative training methodologies to encourage confidence building self esteem, and effective interpersonal communication skills in girls and young women through girl guide and girl child initiatives.



- ii) Support the development of training packages for girls and young women to act as role models and agents of change in their communities.
- iii) Support the development of orientation material for facilitators and mobilizers to lead the triple-A processes.
- iv) Support the training of girls and young women to work at community and family level as agents of change.
- v) Support the training of male/female facilitators and mobilizers to lead triple-A processes.

Sub-Project 3: Support to Service delivery

Objective: Training and communication material produced and disseminated.

Activities:

- i) Support the production and dissemination of training material.
- ii) Support the production and dissemination of communication material for families and communities.

PROJECT: SOCIAL MOBILIZATION

(for promoting effective and sustained partnerships between government and civil society)

Objective: Alliances between government and people institutionalized through sustained mechanisms.

Social mobilization will be done with NGOs, professional groups, influentials and private sector to build an alliance with government and to reach communities with essential information and broaden the resource base. The focus for health will include quality services of immunization, disease prevention, promotion of safe delivery practices and consumption of iodized salt and foods fortified with vitamin A and iron. Private sector participation will be promoted with the help of tripartite agreements between government, UNICEF and the private sector for issues related to micronutrients, breastfeeding promotion and protection of children. In education, the programme will mobilize partners to build support for primary education in general and participation of girls in particular. For WES, the programme will focus on social mobilization for building an alliance to advocate with parliamentarians and policy makers to give high priority to sanitation and raising awareness at community level while supporting resource mobilization. The project will address specific 'sector' concerns in an integrated manner.

Mobilization and capacity building of media professionals will enable them to take up the crucial task of highlighting issues related to children and women and create awareness of rights issues at various levels.



Sub-Project 1: Advocacy & Social Mobilization

Objective: Alliances established between service providers and civil society.

Activities:

- i) Support setting up of alliances between service providers and civil society at federal, provincial level.
- ii) Encourage the setting up of alliances at district level through government/ NGO/ other donor's resources.
- iii) In selected districts support the setting up of alliances at district and sub-district levels.

Sub-Project 2: Capacity Building

Objective: Social allies become active partners in the development process

Information/knowledge Activities:

- i) KAP study will be undertaken to better understand the key allies including NGOs, professional organizations, media and the private sector (budgeted under project - 03 Programme Communication)
- ii) Communication will be undertaken with key allies to encourage their participation in the development process, through correspondence, print media, professional journals etc.,
- iii) Support the development of communication material for allies including media kits, social mobilization packages, orientation material.

Training/orientation Activities:

- i) Orientation sessions will be held for allies and partners on child and women's rights issues, encouraging participation in the development process, creating a better understanding of the role of the civil society and gender issues (federal/ provincial and selected district level).
- ii) Training / orientation / field visits for media professionals to build their capacity for improved portrayal of rights issues in the media.

Sub-Project 3: Support to Service Delivery

Objective: Material produced for dissemination to allies.

Activities:

- i) Produce core social mobilization package with intersectoral linkages and specific programme issues at federal level with inputs from provinces.



- ii) Produce media kits.
- iii) Produce orientation material with inputs from provinces.

PROJECT: NATIONAL CAPACITY BUILDING

(for increasing capacities at all levels to provide basic services in a sustainable way).

Objective: Communication and management capacities of district and other officials improved to manage delivery of basic services for children and women.

National capacity building of service providers, government and NGOs will take place through training in communication skills, community mobilization, motivation, gender issues and management skills. The training programme will be implemented at all districts in a phased manner during the bridging Country Programme. At the district level the training programme will include integrated groups of district officials including District Health Officers, District Education Officers, Assistant Directors of Local Government and Rural Development, Social Welfare Officers, Population Welfare Officers, etc. The district team will be led by the Deputy Commissioner of the district. The training of the district team in an integrated group will also help in developing a greater understanding of intersectoral linkages between the sectors. At the federal and provincial levels the sectors are organized vertically and at this stage creating linkages would be difficult. However, at the district level, which is the service delivery level, it is not only most essential, but possible to create greater linkages. In almost all districts, some time of a coordination mechanism already exists. One example is the District Coordination Committee, in which all the above mentioned categories of officials participate regularly. The existing mechanisms will be supported through this programme to create greater synergistic effect, for improved service delivery.

UNICEF will support the development and implementation of the training programme for district officials. The package will also include inter-linked components for sub-district functionaries, NGOs/CBOs (facilitators) and community influentials/ leaders (mobilizers). This training component will be implemented in a few selected districts by UNICEF and will be offered to government and other donors to implement in all other districts.

Sub- Project 1: Capacity Building

Objective: Training Programme developed and implemented for improved communication, management, motivation and community mobilization skills.

Information activities:

- i) Review the existing training packages developed/ being used in the country for improved management, communication and gender issues.
- ii) Assess impact of on-going training packages and identify needs for additional skills/ information.



Knowledge activities:

- i) Analyze causes for difficulties experienced in achieving greater impact from previous training programmes through meetings and discussions with target groups.
- ii) Support the development of training packages

Training activities:

- i) Support the training of trainers for each province
- ii) Support the training of district integrated teams in a phased manner in all districts.
- iii) Support the training of sub-district functionaries, NGOs/ CBOs (mobilizers) and community influentials/ leaders (facilitators) in a few selected districts.

Sub-Project 2: Support to Service Delivery

Objective: Training material produced and disseminated.

Activities:

- i) Support the production and distribution of training material.

PROJECT: ADVOCACY

(for fine tuned and effective policies in favour of children and women)

Objectives: Women and children's concerns addressed in policies and plans with adequate operational rules and procedures to improve district level management of services for children and women.

Advocacy will be done with policy makers to improve policies, converting them into plans and to be implemented from a rights perspective while promoting intersectoral linkages. For example, in health, the focus will be on advocacy for primary health care and women's health and nutrition (not just their reproductive capacity). Re-establishment of the Communication Training Unit at the National Institute of Health will be advocated as part of the Pakistan Nutrition Programme. For education, the focus of advocacy will be for disparity reduction in access to education, teacher's support and quality of education. For Water & Environmental Sanitation, advocacy will be undertaken to modify the unified sector policies for greater focus on sanitation and hygiene an increased role will be given to communities to plan, implement and maintain WES projects. Recognition of the significance of intersectoral linkages among WES, Health and Education as well as a focus on women as WES Promoters and as members of WES Committees will be sought.

At present one of the key issues affecting service delivery is the lack of adequate authority and resources at the level of the district. Although many



policy documents mention decentralization as a key objective, procedural changes are not yet in place. The advocacy plan will focus on raising awareness on the issues being faced by district officials due to lack of adequate authority and delays in disbursement of resources. Another issue which has a significant impact on quality of service delivery, is lack of recognition for good performance or accountability for poor results. The project will advocate for adequate recognition and increased accountability, especially at the district level.

Sub-Project 1: Advocacy & Social Mobilization

Objective: Key parliamentarians and government officials support changes in policies and procedures to improve service delivery with a focus on children and women's rights.

Activities:

- i) Support meetings / briefings for key government officials at federal and provincial level.
- ii) Support meetings / briefings for key parliamentarians / political groups at federal and provincial level.
- iii) Support the setting up of a District Award Scheme to encourage effective and efficient service delivery at the district level and to focus the attention of the policy makers on the district level for decentralization, recognition and accountability.

Sub-Project 02: Capacity Building

Objective: Key government officials and parliamentarians understand the situation of children and women and action needed to improve the situation.

Information Activities:

- i) KAP study will be undertaken to better understand the key government officials, parliamentarians and political groups (budgeted under project-03 Programme Communication)
- ii) Set up mailing system for key government officials and parliamentarians to share information on situation of children and women and action required from them at federal and provincial level.
- iii) Develop core advocacy package with intersectoral linkages and specific programme issues at federal level with inputs from provinces.
- iv) Process information from studies and surveys, district mapping etc., for mailings.

Sub-Project 3: Support to Service Delivery

Objective: Material produced for dissemination to key government officials, parliamentarians and political groups.



Activities:

- i) Produce core advocacy package with intersectoral linkages and specific programme issues at federal level with inputs from provinces.

PROJECT: LEGISLATION

(for improved legislation and its enforcement within the framework of CRC/CEDAW)

Objective: Enhanced implementation of CRC; ratification of CEDAW and its rapid implementation.

Support to improve the legislative framework. For the health programme, key areas will cover federal level legislation for iodized salt, vitamin - A fortification Breastmilk substitute code, regulation of ethical medical values and comprehensive health legislation. For education, the focus will be on Compulsory Primary Education legislation for all the other provinces, using the Punjab law as a model. Other areas include Registration at birth, Juvenile Justice and child labour. The process will include the following steps:

- Review/revision/pepeal of federal/provincial laws in the light of CRC/CEDAW.
- Improvement in the enforcement of laws.
- Monitoring of violations.
- Reporting on the implementation process.
- Raising awareness on rights issues at all levels.

For Women's rights, the strategy will be to undertake preparatory work, in anticipation of CEDAW ratification. This will include review/ revision of legislation, study on practice of laws and socio-cultural practices affecting women and girls. As follow up of Platform for Action, support will be provided for development and implementation of the National Plan of Action.

Sub-Project 1: Advocacy & Social Mobilization

Objective: Key government officials and social allies support improved legislative framework for children and women's rights.

Activities:

- i) Include briefing material on rights issues for key government officials in on-going meetings at federal and provincial level.
- ii) Support meetings/ briefings on rights issues for key parliamentarians/ political groups at federal and provincial level.
- iii) Continue support to core/ experts groups for review, revision, enforcement of laws.



Sub-Project 02: Capacity Building

Objective: Key government officials, parliamentarians, social groups and communities understand the key rights of children and women; recognize roles and responsibilities at different levels to improve the situation.

Information activities:

- i) KAP studies will be undertaken with rights perspective (budgeted under project - 03 Programme Communication).
- ii) Monitoring system will be set up at the district level to monitor the situation and violations of key rights.
- iii) Study of practice of laws affecting girls and women will be undertaken to facilitate revision of laws.
- iv) Study of socio-cultural practices affecting girls and women will be undertaken to facilitate action for improving their status.

Knowledge Activities:

- i) Information from studies and monitoring system will be widely disseminated for advocacy, social mobilization and communication with communities to create awareness and encourage analysis of underlying and basic causes.
- ii) Preparation of reports on the status of implementation of CRC/ CEDAW will be supported.
- iii) Develop communication strategy on integrated rights issues at federal level.
- iv) Develop communication strategy on child labour issues at federal level.
- v) Develop communication material with inputs from provinces and produce at federal level.

Training Activities:

- i) Training/orientation packages on rights issues will be produced for incorporation in on-going training programmes for government officials/ NGOs etc.,
- ii) Training programmes for girl guides, girls and young women, boy scouts will include components on child rights and girl child issues. (funded under project - Focus on girls and women & Programme Communication)



Sub-Project 3: Support to Service Delivery

Objective: Material produced and disseminated for raising awareness on key rights issues related to health, education, registration at birth, juvenile justice, child labour.

Activities:

- i) Produce communication material.
- ii) Disseminate communication material on rights issues through sectoral programmes and provincial offices.

UNICEF's comparative advantage

In line with its mandate, UNICEF Pakistan assumed the role of advocate for the cause of children and women. During the past few years, successful-country-wide campaigns have enhanced UNICEF Pakistan's supportive role.

The experience of NIDs provided a unique opportunity to reach 125 million people in less than four weeks resulting in 20 million children being given polio drops during one or two days. The opportunity was used to mobilize the entire civil society to participate in the programme and provide local resources. The experience convinced the government and the civil society of the importance of effective communication.

UNICEF, as lead agency for children's survival, development and protection, has been seen traditionally as a champion for the cause of children. The change in focus from a programme based on the welfare of children to one of rights, is a natural progression of UNICEF's role. UNICEF has also taken a lead role in advocating the cause of the girl child. In the past women's role has been seen by UNICEF more as care taker of the child. Although this role continues to be important, there is a growing realization that a woman cannot be an effective care taker of the child and family without an improvement in her overall status in the family and society. The change in this status can only be brought about by working towards Women's Rights. UNICEF Pakistan's role in pre and post Beijing activities has placed it in a unique position to follow up the Platform for Action. UNICEF's experience in helping the government with CRC implementation also provides a model to set up a similar process for implementation of CEDAW, after the ratification procedure has been completed.



UNICEF FUNDING (GR) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
Programme Communication	500	450	400	1,350
Focus on Girls and Women	300	223	141	664
Social Mobilization	150	100	75	325
National Capacity Building	200	180	150	530
Advocacy	50	50	50	150
Legislation	500	450	375	1,325
Programme Support	112	117	123	352
Total	1,812	1,570	1,314	4,696

UNICEF FUNDING (SF) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
Programme Communication	1,250	1,350	1,100	3,700
Focus on Girls and Women	500	500	300	1,300
Social Mobilization	300	200	100	600
Advocacy	200	100	100	400
Legislation	400	500	100	1,000
Total	2,650	2,650	1,700	7,000

*includes 850,000 for the Meena Communication Initiative (regional stand alone)

INDICATORS TO MONITOR PROCESS AND IMPACT

- Number of families aware of key rights for children and women.
- Number of additional families utilizing government service delivery mechanisms as compared to 1995 levels.
- Number of families adopting improved caring practices for children and women, especially in the areas of CDD/ nutrition/ hygiene/ maternal health.



- Number of girl guides trained.
- Number of young women and girls trained as role models and agents of change.
- Number and type of studies completed on laws and socio-cultural practices affecting women and girls in the light of CEDAW.
- Number and type of coordinating groups put in place for follow up of the Platform for Action.
- Number of private sector/NGO groups involved in the process.
- Resources generated as a result of private sector involvement.
- Percentage of additional time and space given by major mass media channels including radio, TV and the national press to children and women's issues as compared to 1995 levels.
- Number of integrated groups of district officials trained in management and communication.
- Number of mobilizers and facilitators trained in selected districts.
- Number of Community groups set up, trained and functioning in selected districts.
- Public statements of major political parties in support of CRC/CEDAW implementation and reflection of these issues in their manifestos.
- Per cent of budgetary increase for human development, especially education and health as compared to 1995 levels.
- Number of public statements by key elected representatives in support of CRC/CEDAW implementation.



- Number of elected representatives supporting legislation related to CRC/Women's Rights in the parliament.
- Number of speeches in the parliament in support of child and women's rights and increased allocation for these issues.
- Number of parliamentarians supporting improved district level implementation efforts.
- Number of statements/speeches by government officials at federal and provincial level in support of CRC/CEDAW implementation.
- Number of changes in policies and procedures in support of improved district level implementation.
- Policy fine-tuning and rights issues reflected in the 9th Five Year Plan, SAP and other policy documents.
- Increase in delegation and use of administrative powers, authority, resources and recognition at the district official level.
- Number of actions taken for implementation of the CRC in priority areas of health, education, registration at birth, Juvenile Justice and Child Labour.
- Number of laws related to priority areas of CRC and Women's Rights adopted by the parliament.

GOVERNMENT/OTHER AGENCIES AND COMMUNITY INPUTS OVER THE SAME PERIOD

Government counterparts will be actively involved in the planning and implementation of strategies. Government will provide funding to purchase of air time on TV and radio as well as space for newspaper/magazine advertisements. Where needed, logistics and personnel support will be provided by the government. Other donors will be involved in planning and funding of the strategies. Communities will be involved in disseminating the information with the help of IEC material.



HEALTH

EXECUTIVE SUMMARY

Health is a human right. Pakistan has committed to achieve the health-related goals through a "rights based" approach. Equity and universality are considered fundamental principles. The 8th five year development plan and the Social Action Programme (SAP) articulate government plans and strategies to improve the health of children and women, specifically implementation of a Primary Health Care (PHC) and a strengthened District Health System (DHS).

Fulfilling the right to health is much more than delivery of health services. Community processes and participatory structures are necessary to attain these rights.

While the pursuit of **time-bound goals** is a commitment that needs to be maintained, **the process** to pursue these goals needs to be set up in such a way that it becomes sustainable. The strategy is to build the capacity and capability of families, communities and bureaucratic systems to mobilise resources in support of children and women. The strategies require children, women and men to be involved as key actors in changing their health and nutritional situation, and for the state to support and facilitate them. Thus, all those involved in the process, from federal level to the family level, need to become empowered so as to support and facilitate the next level.

During the 1996-'98 programme of co-operation, UNICEF will maximize its comparative advantage as an advocate on behalf of the most vulnerable members of society, to push for an equitable health care system, to inform families of their right to health, to communicate Facts-For-Life messages and other health-enhancing information, to collaborate with strategic allies to accelerate Triple - A processes at all levels of society; to strengthen the collaboration between government and civil society to enhance the health of children and women, and to strengthen the processes of assessing and using information to improve analysis and actions. Advocacy, communication and information/assessment strategies



will be national in scope, while support to community based initiatives will be limited in scale. In particular, UNICEF will support the Prime Minister's Programme on PHC and Family Planning to train and orient district level officials to effectively interact with families and communities. The success factors and process will be documented to facilitate replication throughout the country as part of the 9th five year development plan (1998-2003). At federal, and especially provincial levels, every opportunity will be seized to influence the way government Family Health Projects and Reproductive Health Initiatives are implemented.

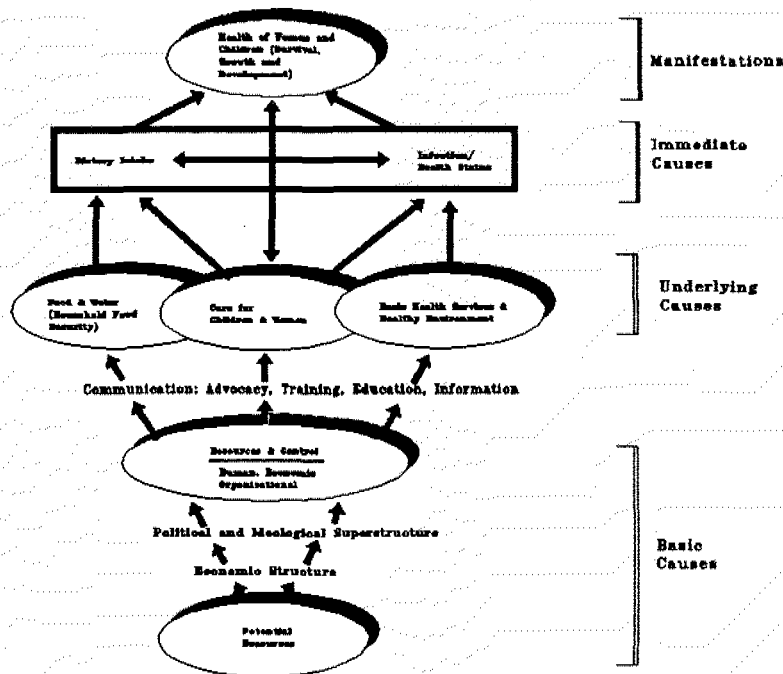
SUMMARY OF SITUATION ANALYSIS AND RELEVANT NATIONAL POLICIES

A strategy for **Action** has to be based on an **Assessment** and **Analysis** of the situation.

The conceptual framework presented below is the theoretical base used to assess and analyse the immediate, underlying and basic causes of the existing health status of children and women in Pakistan. Actions to remedy the situation will be based on this process. The process of Assessment, Analysis and Action will be continuous at every level, i.e. federal, provincial and district.



Determinants of Health



Health PPO 04/1996

The status of the survival, growth, and development of children and women is evident through the Maternal Mortality Rate (300 per 100,000 live births), Infant Mortality Rate (100.9 per 1000 live births) and Under-Five Mortality Rate (137 per 1000). General malnutrition among children under 5 is estimated to be 51.5%.

The immediate and underlying causes of infant deaths include diarrhoea, immunisable diseases, inadequate breastfeeding and complementary feeding, and inadequate care for children and their mothers. Weaknesses in caring practices reflect inadequate food intake, complications from being born malnourished and low birth weight diseases such as pneumonia, measles and malaria. Unhygienic practices lead to frequent illnesses and set off a cycle of infection and malnutrition.



The basic causes include the high illiteracy rate of women (76%), their low status in society and inequities in the control of resources.

An extensive physical infrastructure comprised of Rural Health Centres (RHCs) and Basic Health Units (BHUs) was established in the 1970s to deliver PHC services. The goal was to increase access of the majority to health care services. The BHUs and RHCs are far from reaching their goal of providing PHC. An evaluation conducted in 1993 by the Ministry of Health entitled, "Utilization of Rural Basic Health Services in Pakistan" shows that the health facilities are inefficient and have not delivered as expected. As a result, the public seems to have no faith in the system. Though the system has the capacity to serve around 60% of the population, the evaluation estimates only 20% to be utilizing the BHUs and RHCs. Neither has there been enough action to make the system work. For example, around 65% of the sanctioned posts of Medical Officers and Lady Health Visitors (LHV) and Female Health Technicians (FHT) were reported to be filled at the time of the evaluation. Many of these officers do not work at their stations as required.

The 8th five year development plan (1993-'98) specifies the lack of community involvement in the management of health services as a contradiction to the basic philosophy of PHC and, therefore, a problem that requires remedial action. The government's plan is to improve the quality of services through a strategy that balances promotive, preventive and curative care, and minimizes inequities. The plan emphasizes decentralisation of the public health system and creating an alliance between the private and public sector health systems. It emphasizes the organisation of a large cadre of health workers for provision of door-to-door services for basic preventive and some curative health care.

In February 1994, the government demonstrated its commitment to the implementation of the above by announcing the "Prime Minister's programme for Primary Health Care and Family Planning". The programme would involve the placement of 33,000 lady health workers (LHWs) throughout Pakistan. The programme has moved more rapidly than expected and, encouraged by the success, the government has raised the target to 100,000 LHWs by June, 1998. By December 1995, 31,000 LHWs had been recruited, trained and placed to work in their villages and urban slums. Some 40,000 will have been placed by June 1996. UNICEF supported the concept from the start and participated in the development of training manuals and of the programme. UNICEF supported an evaluation of the first phase, as well as monitoring and



supervision of the process in the field. The amended plan includes merging of the programme of the Village-based Family Planning Workers of the Ministry of Population Welfare with the PM's programme of Primary Health Care (PHC) and Family Planning (FP) involving LHWs under the Ministry of Health. It is estimated that the 100,000 LHWs will cover about 65% of the country's projected population. The government is the largest financier of the programme. To attain community involvement in the management of health care, the job description of a LHW includes mobilising the community to care for its people's health.

The PM's programme represents an innovative effort, not just to reach the objectives of the 8th five year development plan, but to mobilise women as change agents of women's health and nutrition needs. Considering the low status of women, this programme may well represent the breakthrough for women's real empowerment, for example, to provide women with knowledge, skills and confidence. Supervision is an issue. Finding enough women who meet the education criteria to undertake effective supervision is a challenge. The health care system has to be reorganized and remobilized to maintain an uninterrupted flow of supplies and equipment to the LHWs. It must ensure that the referral system functions and responds to the raised expectations of the people and see that health workers are not made to spend more time serving needs of the system (such as compilation of reports and information) than fulfilling their duties. The registers compiled by the LHWs are expected to generate useful and usable information on actual health and nutrition status.

A functional referral system and timely access to emergency obstetric care are key to ensure that women do not die or become maimed by pregnancy and childbirth-related complications. For many years, UNICEF supported the training of Traditional Birth Attendants (TBAs). In early 1995, this programme was evaluated. It was found that TBA training is weak and in many parts of the country, non-functional.

There is a need to address the gender disparity in human resources, e.g. in the nursing cadre and at first level care facility.

The government budgetary allocation to health is increasing. This is a commendable political choice. The total cash outlay for 1995 was budgeted at 0.69% of the GNP, with an average per capita national expenditure of Rs. 10.00. The 1995-'96 budget for health is Rs.2.21 billion (equivalent to US \$ 64.8 million), an increase of 51.5% in the allocation as compared to last year. The target should be to reach 5% (or 7%) of GNP by the year 2000.



Borrowing for health seems to be the government's choice. The World Bank and the Asian Development Bank are the largest financiers of health programmes. More needs to be done to ensure better use of available government resources and to mobilise in-country resources within districts, communities and families for improved health conditions.

Experience gained from the National Immunization Days (NIDs) to eradicate polio shows that when families are given factual information on how to prevent ill health, and on how best to handle disease when it strikes, they respond positively. The challenge is to avail such quality service without creating a heavy debt burden on future generations.

The government identifies the major health problems of the country to be an inadequate PHC system, a high population growth rate (2.9%), and, communicable diseases like diarrhoea, Acute Respiratory Infections (ARI) and immunizable diseases. These contribute to high infant and child mortality rates.

It is recognised that the low Contraceptive Prevalence Rate (CPR) of 17.8% contributes to high maternal mortality and morbidity rates. Training of TBAs has been funded by the Canadian International Development Agency (CIDA) through UNICEF. An evaluation in 1994 indicated that at least 46,000 TBAs were trained since 1982. The evaluation showed that the training resulted in decreased incidence of tetanus, safer cord-care practices and earlier initiation of breastfeeding.

With no effective and functional referral system, the impact of training of TBAs on reduction of Maternal Mortality Rate (MMR) is considered minimal. There is need for a greater emphasis on preventing pregnancies from being too early (too young), too close (less than 2-year spacing) or too many. Maternal mortality is caused by health consequences of births being at too young an age, too close and too many. Underlying causes include high levels of anaemia due to iron deficiency and poor nutrition. Lack of emergency obstetric care contributes a large share of the problem. Eighty percent of deliveries take place at home (Pakistan Demographic and Health Survey 1990-'91) with untrained help and almost no referral back-up support to handle complications. For each woman who loses her life, there are eight others who face some form of disease or disability. Inadequate attention to the health and nutritional needs of girls particularly among the adolescent age group, perpetuates the vicious cycle of maternal mortality.

Immunization coverage declined due to shortage of vaccines in the country from 1993 to mid-1995. However, allocation of adequate



resources to improve and sustain the Expanded Programme of Immunization (EPI) has led to an improvement. Diarrhoea kills 250,000 children per year and contributes to malnutrition. Not much has been done programmatically to prevent diarrhoea. UNICEF has supported the Pakistan Boy Scouts Association since 1995 to train 38,000 boy scouts who are educating 380,000 families in Oral Rehydration Therapy (ORT) and diarrhoea preventive practices. Acute Respiratory Infections (ARI) are estimated to kill 250,000 children per year. There is limited knowledge among health care providers on ARI case management. Parasitic diseases are high due to lack of access by families to knowledge, sanitary living conditions and adequate health services. Inadequate caring practices for children and women are attributed to their low status and inadequate knowledge of families. Rates of breastfeeding are declining even in rural areas due to the increasing popularity of artificial feeding as a replacement of breast milk and promotion of artificial foods for infants, including infant formula and other baby-foods.

The government of Pakistan plans to address the above problems through the following mechanisms:

1. Finalisation of the 1990 draft health policy. The policy emphasises a shift from fragmented approaches in the form of vertical programmes to integrated programming for improved health. Vertical programmes (Nutrition, ARI, Sanitation, FP, EPI, CDD, Emergency Obstetric Care, training of TBAs, HIV/AIDS, and Communicable Diseases Control) would become integrated under the PHC umbrella. It also implies mobilizing health care providers to work in a complementary manner.
2. Revitalize the health care system by implementing a DHS as articulated by the World Health Organization (WHO). Under the DHS, the District Health Officer (DHO) functions as the manager of a health care system, integrated at the district and subdistrict implementation level. The new policy includes setting up a decentralised health administration, introducing community level workers, rapid increase in the number of female staff and encouraging participation of the private sector.
3. Increase CPR through more access of families to a wide range of family planning services. Increasing CPR will require integrating and co-ordinating the work of the Ministries of Health and Population Welfare so that first level health care facilities offer FP services and reproductive



health and population welfare centres offer other Maternal and Child Health services. This is being discussed.

4. Training of 100,000 LHWs in PHC/FP and equipping them with a basic drugs/contraceptive kit (including a weighing scale), and deploying them in most villages in Pakistan (now also being expanded to include urban areas).

OVERALL PROGRAMME OBJECTIVE

The 8th five year development plan specifies time-bound goals to be achieved by the year 2000. In addition to pursuing specific 'outcomes', a high quality process must be nurtured so as to ensure sustainability. The process should result in all those involved being empowered. The capacity and capability of families and communities, to care for themselves need to be expanded. The capacity of the bureaucratic system needs to be reorganized so that it mobilises all available human, organizational and financial resources in support of families, children and women, to facilitate a "first call" for children. The strategy requires that children, women and men are key actors in changing their health and nutrition status and that the state supports them.

The overall objective of the 1996-'98 GoP-UNICEF programme for health is:

Families and communities empowered to achieve and improve the total health of their children and women in an equitable and sustainable manner.

PROGRAMME STRATEGIES

The programme strategies derive from the overall strategic framework and allow for close linkages and interactions with other programmes, combining to result in the specified outcomes and process. The specific health strategies reinforce the national PHC strategy, focus on families and seek to strengthen the federal, provincial and district levels' capability to facilitate the work of facilitators and animators who then support families.



PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Health programme will be as follow: (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: GENERAL HEALTH

Objective: Ongoing activities from 1992-'96 MPO adequately supported and phased out and lessons learned incorporated in the 1996-1998 Bridging Country Programme.

Activities:

- i) Accelerated immunisation for Neo-Natal Tetanus, Sindh.
- ii) Maternal and Infant Mortality Survey, Sindh.
- iii) Safe Motherhood activities in Punjab.
- iv) Social mobilization activities for second NID 1996.
- v) Rational use of drugs: Network Newsletters.
- vi) Measles campaign, NWFP.
- vii) Technical training, Integrated Child Survival Training (ARI, CDD, EPI) for health professionals and paramedics.
- viii) Evaluation of the PHC programme, Sheikhpura.
- ix) High-risk approach (EPI).
- x) Improved safety of injections in EPI (NWFP and Balochistan)
- xi) Financial support to cover the costs of HMIS training co-ordinators

PROJECT: COMMUNICATION WITH FAMILIES AND COMMUNITIES

Objective: Families and communities empowered to understand factors affecting their health, and, the choices they have, to make informed decisions.

Sub-Project 1 : Advocacy and Social Mobilisation

Objective: Families and communities recognize their own capabilities to improve the health of their members.



Activities:

- i) Establish a provincial forum for Non-Governmental Organisations (NGOs) working for health in Sindh, to advocate for effective health interventions.
- ii) Develop action plans for participation of TBAs in the PM's Programme for PHC and FP.
- iii) In focus districts summarize existing knowledge on what is known about caring practices
- iv) In focus districts disseminate information on care

Sub-Project 2: Capacity Building

Objective: Increased information to families on health and nutrition related facts.

Information activities

- i) Compile information to be used in transmitting Facts-for-Life i.e. services for immunization, disease prevention, home case management of specific ailments and other, safe delivery practices, consumption of fortified foods (Vit. A, Iron, Iodized Salt), available health care services and reproductive health.
- ii) Compile information and develop substantive key messages to advocate the right-to-health messages;
- iii) Compile information and develop substantive key messages to inform families and communities of why they need to be active in improving their health conditions.
- iv) Provide information directly to families comprised of "Facts-for-Life" and on caring practices.
- v) Provide information to families on ORT and diarrhoea preventative practices through Pakistan Boys Scouts Association
- vi) In focus districts, inform families of available and accessible quality health services through communication channels.

Knowledge activities:

- i) In focus districts, support LHWs to compile health status data for use in discussions on health with community members.
- ii) In focus districts, alert families to misinformation and bad practices (e.g. rumours about iodised salt, unsafe syringes, unnecessary products such as feeding bottles and teats, users' fears for health facilities) through communication channels.



Training activities:

- i) Provide district officials with skills to train facilitators and mobilizers in inter-personal communication and in how to train families to use/supply child survival and development technology and appropriate care for women's ailments.
- ii) In focus districts, support health workers to develop easy to understand materials (written, audio or visual) that link health status with existing conditions for use during family visits (mothers' care during ARI, growth monitoring etc.)
- iii) In focus districts, training for implementation of UNICEF's "Care for Life" strategy
- iv) In focus districts, train facilitators and animators in implementation of a caring practices module

Sub-Project 3: Service Delivery

Objective: Increased access to health services.

Activities:

- i) Procurement or reproduction of materials (printed, audio, visual) for use in communicating with families.
- ii) Support selected community-based health programmes.
- iii) For focus districts, procure supplies for the studies on feeding practices

PROJECT: NATIONAL CAPACITY BUILDING

Objective: Country's capacity developed to produce, procure and sustain supplies that are essential for the smooth flow of health-related programmes and human, organisational and financial resources mobilised for improved health.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Increased interest by private sector in production and marketing of appropriate and affordable products for health programmes and increased capability by government officials to build on this interest.

Information Activities:

- i) Advocate through channels with policy makers for decentralized procurement, management and distribution of supplies.
- ii) Help government to advocate through channels for increased donor support to interventions for improving health.



- iii) Continue to advocate with government for increased and improved production of good quality health-related supplies (e.g. vaccines, cold chain equipment).
- iv) Advocate through appropriate channels for the UNICEF guide to train district officials, to become part of curricula for community health.
- v) Prepare an advocacy paper for use by government on why and how various categories of health workers should be mobilized for more effective delivery of services.
- vi) Alliance building for child survival in provinces.
- viii) Support the work of the Network of Association for Rational Use of Medication in Pakistan related to the Essential Drugs Policy.

Knowledge activities:

- i) Compile a list showing quantities of products considered essential for health programmes and which could be manufactured in Pakistan.
- ii) Participate in events, missions, activities related to the Social Action Programme.

Sub-Project 2: Capacity Building

Objective: Increased capacity to mobilise available resources for greater impact, including basing action plans and budgets on actual needs.

Information and knowledge activities:

- i) Provide support to monitor the implementation of the PM's Programme for PHC and FP through Federal and Provincial Project Implementation Units and representations at the Federal Advisory Council.
- ii) Prepare an action plan to mobilise the private sector.
- iii) Support DHOs to compile, forecast and plan logistics and use these as a basis for budget allocation.
- iv) Support federal and provincial programme managers to forecast supply and equipment needs.
- v) Assess and map existing health programme interventions by district.
- vi) Support high-risk area approaches for measles and neonatal tetanus.
- vii) Support community-oriented education in medical and nursing schools through advocating and providing assistance in relevant modifications/additions in the existing curricula.



- viii) List organizations involved in procurement, production and distribution of products related to the public health programmes.

Training activities:

- i) Prepare a training module on how a DHO can mobilise available human, financial and organizational resources for improved health.
- ii) Include a module on facilitation and mobilisation/animation in all training curricula for health care providers.
- iii) Prepare and include a methodology to prepare forecast plans in training packages for DHOs.
- iv) Continue to update the scientific and technical knowledge of doctors, paramedics and other health professionals through seminars, newsletters and sharing of periodic technical updates.

Sub-Project 3: Service Delivery

Objective: Increased capacity to mobilise resources and maintain a steady flow of supplies for health programmes throughout the country.

Activities:

- i) Provide reimbursable procurement services.
- ii) Provide essential supplies and equipment.

PROJECT: FOCUS ON GIRLS AND WOMEN (REPRODUCTIVE HEALTH)

Objective: The immediate, underlying and basic causes of maternal morbidity and mortality articulated, and some acted on.

Sub-project 1: Advocacy and Social Mobilisation

Objective: Increased awareness and support for programmes empowering girls and women to have a decisive role in factors contributing to reduction in morbidity and maternal mortality.

Activities:

- i) Advocacy seminars, workshops, community meetings for interventions to reduce maternal mortality and improve reproductive health. (District based seminars on Safe Motherhood with the Pakistan Medical Association in Sindh).
- ii) Attempt to fundraise up to US\$ 10 million for 100,000 electronic weighing scales for 100,000 LHWs.
- iii) Conduct social mobilisation activities for Safe Motherhood and Reproductive Health.



- iv) Promote linkages and improved coordination between departments of Health, Population Welfare and Municipal Corporations.
- v) Promote linkages between Health and Population Welfare departments and NGOs.
- vi) Foster government and private sector Medical General Practitioners' collaboration through structured interactions.
- vii) Collaborate with other UN agencies and Donors to support the Social Action Programme.
- viii) Advocate for TBAs to be involved as community mobilisers for Reproductive Health in the PM's Programme for PHC and FP.

Sub-Project 2: Capacity Building

Objective: Communities mobilized to reduce maternal mortality.

Information and knowledge activities:

- i) Promote, as a national strategy, systematic follow-up and investigation of each case of a woman who dies as a result of pregnancy (community meetings to discuss).
- ii) Promote and advertise through radio and television that "the sex of a child is determined by males not females".
- iii) Support assessment of available Emergency Obstetric Services.
- iv) Strengthen government's capacity to develop and monitor radio and TV programmes on PHC, Reproductive Health and Safe Motherhood.
- v) Provide knowledge to families on PHC, Reproductive Health, Safe Motherhood and Emergency Obstetric Care (EOC).
- vi) Compile available data and information in easy-to-understand formats.

Training activities:

- i) Support implementation and monitoring of the PM's programme for FP/PHC and the documentation of outcomes/impact.
- ii) Participate in the development and amendment of training curricula used in the PM's Programme for PHC/FP.
- iii) Facilitate the joint training of TBAs/LHWs/Village-Based Family Planning Workers (VBFPWs) in PHC, Reproductive Health, Safe Motherhood and how to conduct community meetings.
- iv) Facilitate the training of VBFPWs on inter-personal communication and on conducting community meetings, using radio programmes.



- v) Support workshops and research to ensure that Reproductive Health and other Safe Motherhood components will be included in the training programmes.
- vi) Develop curriculum and Information, education, communication (IEC) materials in support of the above activities.

Sub-Project 3: Service Delivery

Objective: Increased access by families to basic tools needed for antenatal, delivery and postnatal care.

Activities:

- i) Promote the marketing of disposable delivery kits.
- ii) Support the Sindh study of disposable delivery kits.
- iii) Support implementation of Safe Motherhood in selected districts (Sindh proposed: Tharparker, Hyderabad, Karachi; Punjab: Rawalpindi, Jhang).

PROJECT: MONITORING AND EVALUATION/INFORMATION AND ASSESSMENT

Objective: Relevant information for health generated, appropriately packaged and used.

Sub-project 1: Advocacy and Social Mobilisation

Objective: Available data compiled and used for advocacy.

Activities:

- i) Use the results of the Multiple Indicator Cluster Survey to influence health programmes.
- ii) Produce health and nutrition statistics in easy-to-understand formats.
- iii) Through the Multi-donor Support Unit (MSU) and directly with government, advocate for institutionalization of output/outcome/ impact process indicators to monitor progress under the components of health and population in SAP.
- iv) Encourage and support DHOs to prepare attractive periodic "Progress Reports" for use in advocacy with provincial/federal officials for more authority, responsibility and resources to be devolved to them.
- v) Use ARI's LAP (Local Adaptation Protocol) data to develop health care messages in local languages.



- vi) Use annual ATU (ARI Training Unit) performance evaluation for planning training in ARI.

Sub-Project 2: Capacity Building

Objective: Improved monitoring and feedback systems.

Information activities:

- i) Commission additional secondary analysis of National Health Survey (1996) and other data.
- ii) Support review of HMIS in NWFP and at the federal level.
- iii) Mapping of health facilities by province (NWFP, Sindh, Punjab, Balochistan).
- iv) Produce summaries of provincial and district level situation analyses of health status.
- v) Support assessment and analysis seminars at provincial level based on the Triple-A approach, using the available situation analysis data.

Training activities:

- i) Train provincial and district level government officials to generate, package and use data.
- ii) Train district officials to use the computerized software "Atlas GIS".

Sub-Project 3: Service Delivery

Objective: Increased capability of DHOs and other district officials to use data and other health information to accelerate progress.

Activities

- i) Provide Deputy Commissioners and DHOs with computers and training on their use.

PROJECT: PARTNERSHIPS BETWEEN GOVERNMENT AND ORGANIZED GROUPS OF PEOPLE/CIVIL SOCIETY

Objective: Mutual recognition and collaboration between government and organized civil society and private sector enhanced.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Increased tripartite partnerships for enhancing and streamlining cooperation between government, private sector and civil society.



Activities:

- i) Establish working relationships with Pakistan Medical and Dental Council and similar bodies and advocate for enforcement of ethical practices by their members.
- ii) Support work of the Network of Association for Rational Use of Medication in Pakistan for the rational use of drugs, promoting the Network's relations with government.
- iii) Promote LHWs as a link between community-based organizations and government through training and skill development.
- iv) Support Pakistan Boy Scout Association to promote ORT to families.
- v) Capacity building of Junior Chambers International (JCI) work for CDD.

Sub-Project 2: Capacity Building

Objective: Increased awareness by government of organisations capable to improve health.

Information activities:

- i) Identify potential allies, compile lists of both public and business interest NGOs whose work is in line with a rights approach.
- ii) Identify, assess and compile lists of Community Based Organisations (CBOs) and NGOs with skills to work with families on health issues and share these with government officials.

Knowledge activities:

- i) Disseminate scientific updates in health to health professional associations and private practitioners.
- ii) Prepare modules for inclusion in teacher training and primary school students' curriculum on hygiene, first aid, how to recognize anaemia, dehydration, ARI, malnutrition, Vit A deficiency, PHC, fertility and reproductive health, the role of vaccination in disease prevention, communicable diseases and their control, rational use of drugs, breastfeeding and child development.
- iii) Support social mobilisation activities for communicable diseases causing high infant and child mortality and morbidity.

Training activities:

- i) Basic training of health care providers to become more relevant to needs.



- ii) Training of 115,000 boy scouts in 80 districts by the Pakistan Boy Scouts Association. Provincial Managers responsible for CDD will take the lead role to monitor the scouts and establish linkages with the social sector government departments and NGOs at the implementation level.
- iii) Orientation of General Practitioners (GPs) in appropriate health care practices.

Sub-Project 3: Service Delivery

Objective: Knowledge of health-related facts increased.

Activities:

- i) Prepare relevant modules for teacher/student curricula.
- ii) Support production and distribution of scientific updates for doctors, paramedics and other health professionals as well as NGOs and CBOs.
- iii) Collaboration with provincial Health Foundations, in mutually-agreed activities to improve access to non-government health care services.

PROJECT: SUPPORT TO POLICY DEVELOPMENT, REFINEMENT AND OPERATIONALIZATION
(the budget for this project will be provided through the Planning, Monitoring and Evaluation , and Advocacy and Communication programmes)

Objective: National health policy developed and disseminated.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: National health policy adopted by federal and provincial governments.

Activities:

- i) Provide technical support to the Ministry of Health to draft the health policy.
- ii) Advocate with the relevant authorities for policy adaptation by federal and provincial governments.
- iii) Provide financial support to the Network of Association for Rational Use of Medication in Pakistan related to the National Essential Drug Policy.

Sub-Project 2: Capacity Building

Objective: Awareness by the public, NGOs, CBOs, private sector and government officials of health policy and its implications.



Information and Knowledge activities:

- i) Seminars and workshops to inform the public, NGOs, professional associations of health policy and its implementation.

Training activities:

- ii) Guidelines for policy implementation included in the training package for district officials.

Sub-Project 3: Service Delivery

Objective: National and provincial health policies reproduced and disseminated through varied communication channels.

Activities:

- i) Reproduce text of National Health Policy for wide dissemination.

PROJECT: LEGISLATION AND CRC/CEDAW

(the budget for this project will be provided by the Advocacy and Communication programme)

Objective: Legislation to facilitate implementation of health policy and programmes developed, and its implementation monitored and documented.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Legislation in place for increased protection for children and women.

Activities:

- i) Advocate through meetings/seminars for maternity legislation that facilitates adequate care for pregnant and lactating women.
- ii) Advocate through meetings for national level legislation for compulsory iodization.
- iii) Support amendment of Vitamin A legislation at the provincial level.
- iv) Advocate for national legislation to regulate marketing of products used for artificial feeding of young children.
- v) Support the Network of Association for Rational Use of Medication in its advocacy efforts for essential drugs legislation.

Sub-Project 2: Capacity Building

Objective: Legislation widely known, enforced, and enforcement monitored by government and communities.



Information and Knowledge activities:

- i) Assess Vitamin A stability.
- ii) Support consumption surveys for marketing foods fortified with Vitamin A and Iron.
- iii) Disseminate knowledge on food, drugs and health legislation.
- iv) Develop tools to monitor enforcement of health and food legislation and incorporate in CRC monitoring tools.

Training activities:

- i) Support training for quality control and other enforcement mechanisms.

Sub-Project 3: Service Delivery

Objective: Legislation widely-known, observed and its enforcement monitored by communities.

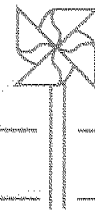
Activities:

- i) Reproduction of materials (printed, audio, visual) in appropriate and relevant languages to communicate the salient features of health-related legislation to the public.

UNICEF FUNDING (GR) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
General Health	635.8	0.0	0.0	635.8
Communication with Families and Communities	170.0	356.0	200.0	726.0
National Capacity Building	134.0	200.0	200.0	534.0
Focus on Girls/Women	607.1	550.0	409.0	1,566.1
Monitoring, Evaluation, Information and Assessment	205.0	200.0	200.0	605.0
Partnerships of Govt. & Civil Society	250.1	384.0	384.0	1,018.1
Programme Support	306.0	320.0	322.0	948.0
Total:	2,308.0	2,010.0	1,715.0	6,033.0



UNICEF FUNDING (SF) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
FUNDED				
Community Based Special Project	4.3	46.4	0.0	50.7
General Health	83.3	0.0	0.0	83.3
Total:	87.6	46.4	0.0	134.0
UNFUNDED				
Communication with Families and Communities	200.0	400.0	400.0	1,000.0
National Capacity Building	700.0	800.0	867.0	2,367.0
Focus on Girls and Women	900.0	800.0	701.0	2,401.0
Monitoring, Evaluation, Information and Assessment	300.0	300.0	400.0	1,000.0
Total:	2,100.0	2,300.0	2,368.0	6,768.0

INDICATORS TO MONITOR PROCESS AND IMPACT

Indicators

- Number of DHOs trained to plan and manage a DHS.
- Number of LHWs operating as per job description.
- Proportion of one year old children immunized against diphtheria, pertussis and tetanus
- Proportion of one year old children immunized against measles.
- Proportion of one year old children immunized against poliomyelitis.
- Proportion of one year old children immunized against tuberculosis.
- Proportion of pregnant women immunized against tetanus.
- Proportion of children protected against neonatal tetanus through immunization of their mother.



- Annual number of cases of neonatal tetanus.
- Annual number of cases of measles in children under five years of age.
- Annual number of cases of Acute Flaccid Paralysis (AFP).
- Annual number of confirmed cases of polio through laboratory and sixty days follow up.
- Percentage of under fives receiving two doses of polio during NIDs.
- Proportion of all cases of diarrhoea in under-fives treated with ORT (increased fluids and feeding).
- Average annual number of episodes (cases) of diarrhoea per child under five years of age.
- Annual number of under-five deaths due to diarrhoea in villages where LHWs are operational.
- Percentage increase in ORT usage in districts covered by Pakistan Boy Scouts Association.
- Annual number of under-five deaths due to pneumonia in villages where LHWs are operational.
- Average annual number of episodes (cases) of ARI per child under five years of age.
- Proportion of children 20 to 23 months of age who are being breastfed.
- Proportion of all hospitals and maternity facilities which are baby-friendly according to global BFHI criteria.

GOVERNMENT/OTHER AGENCIES AND COMMUNITY INPUTS OVER THE SAME PERIOD

Government will be responsible for providing the infrastructure, personnel, expendable supplies and transportation. Some donors and NGOs will contribute to training and monitoring and evaluation activities.



The World Bank through the Family Health and stand-alone projects and the Asian Development Bank, are the largest financiers of health. Other donors to the Social Action Programme are the Overseas Development Association (ODA), Netherlands government. JICA and Rotary International. They are expected to contribute to EPI and MCH activities. Communities will contribute human and organizational resources and be active participants in the process to improve health. More needs to be done to mobilise in-country resources within the districts, within communities, within families, and to ensure better use of existing available government resources.





NUTRITION

EXECUTIVE SUMMARY

Protein energy and micronutrient malnutrition affect a large segment of Pakistan's population. Children and women are the most affected. General malnutrition (underweight) for children under five is 51.5% (National Nutrition Survey, 1988). The goals to reduce malnutrition are part of the 8th five year development plan.

There will be concerted efforts with various segments of Pakistani society to reach consensus on the nature and scope of the problem of malnutrition in Pakistan, its consequences; and its immediate, basic and underlying causes. The goal will be to get people to recognize that nutrition is an outcome of various processes in society and that seemingly disconnected or unconnected actions can combine to either maintain the status quo, aggravate, or, improve the situation.

During the 1996-'98 Country Programme of Co-operation, efforts will be directed toward increasing the capacity of government to assess and analyse the situation and, as a result, make a substantial investment in the reduction of malnutrition. Ideally, such an investment should not lead to a debt burden for future generations.

The main UNICEF support for the three-year bridging period will be to assist the government to prepare a comprehensive and co-ordinated strategy and action plan to reduce all forms of malnutrition. The Declaration and Plan of Action of the International Conference on Nutrition (1992) will provide a framework for this. The Federal and Provincial Pakistan Nutrition Project plans and the 8th five year development plan will constitute major elements of the comprehensive strategy.

Considerable efforts will be devoted to understand caring practices and how to improve them. In caring practices, the major focus will be on appropriate behaviour related to feeding, eating, personal hygiene and household sanitary environment. Additional health-related areas, such as psycho-social development, play, rest, among others will be included.

Support to the Primary Health Care (PHC) and Family Planning (FP) Programme will continue and could include some community-based interventions to be implemented in collaboration with Non-Governmental Organizations (NGOs) and/or Community Based Organizations (CBOs). Activities that result in increasing community capacity to assess,



analyse and take appropriate action to improve the nutrition of people will be supported. In particular, there will be increased support for programme efforts that involve identifying, training and supervising community mobilisers and facilitators. Changes in the nutritional status of children and women will be monitored and documented.

The experience gained in implementation of the programme to eliminate Iodine Deficiency Disorders (IDD) including salt iodization, legislation, media campaigns and social marketing will be used to expand action to the other micronutrients - i.e. Vitamin A, Iron, and possibly Zinc. The process towards iodizing at least eighty percent of all edible salt in Pakistan by December 1998, will continue.

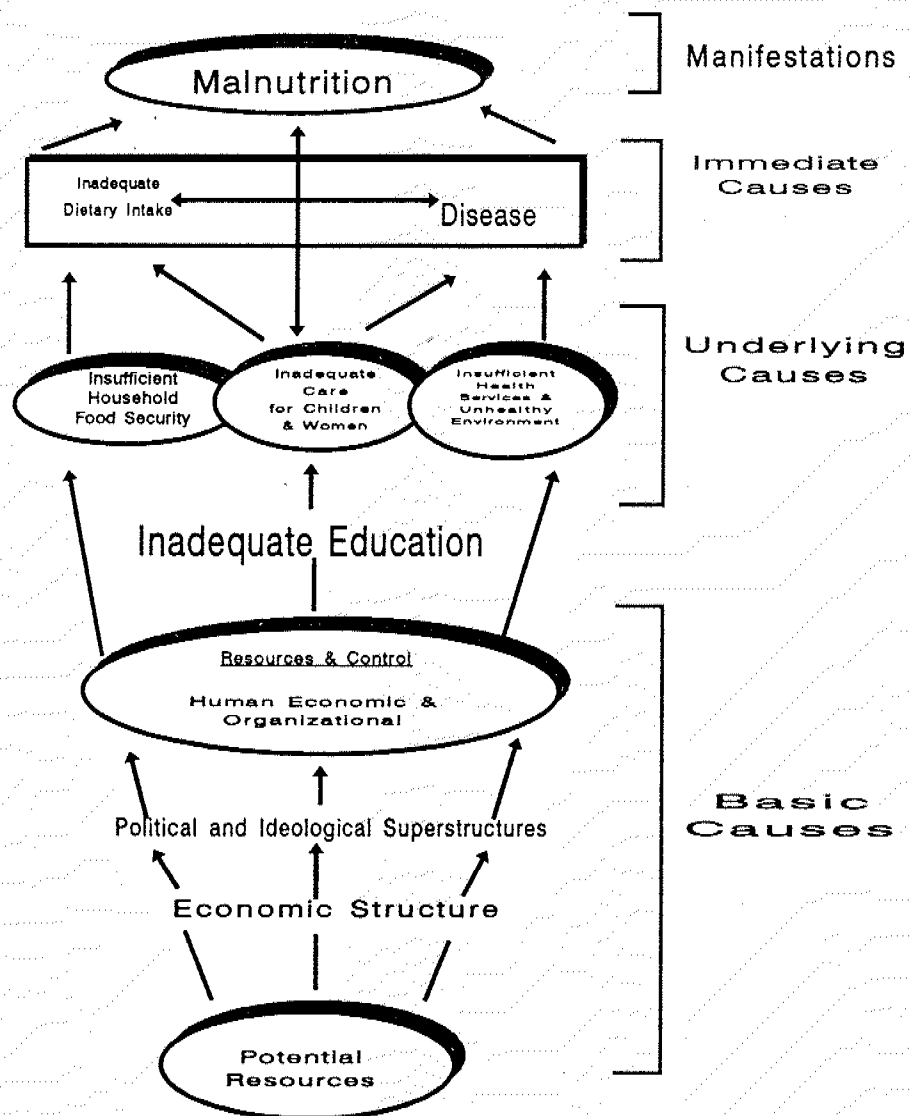
Where deemed necessary, UNICEF will pay for supplies to support programmes, but only as a temporary measure while advocating and providing technical assistance for develop in-country capacity to obtain or produce them. Examples of such supplies include fortificants, and dietary supplements (Vitamin A and Iron).

SUMMARY OF SITUATION ANALYSIS AND RELEVANT NATIONAL POLICIES

The theoretical conceptual framework, presented below, will be used to assess the status as well as analyse immediate, underlying and basic causes of both child and maternal malnutrition. It will be used to assess and analyze action being taken to improve health, household food security and caring practices. This process should help identify what is going well, where the gaps are, and weak links that require strengthening. A comprehensive and co-ordinated action plan to improve nutrition will be based on this assessment and analysis. The process of developing the comprehensive plan needs to be a bottom-up exercise involving various levels of society. Such a process will recast malnutrition as everyone's problem whose solution depends on universal action.



Causes of Malnutrition





1. Manifestations

- About half (51.5%) of under fives are malnourished and almost 10% severely so (National Nutrition Survey, 1988).
- National estimates of Low Birth Weight (LBW) are reported from a few major hospitals. Currently 25-30% are reported to be born at a low birth weight (less than 2.5 kgs). (NNS, 1988).
- Maternal Malnutrition is evidenced by body mass index measurements and the high rate of low birth weight is an indicator of maternal malnutrition.
- The Infant Mortality Rate (IMR) is 100.9 per 1000 live births. (Pakistan Economic Survey, 1994-'95)
- The Under-5 Mortality Rate (U-5MR) is 137 per 1000.(World Development Report, 1995)
- The Maternal Mortality Rate (MMR) is 300 per 100,000 live births. (Pakistan Economic Survey, 1994-'95)
- Anaemia (>11 gm) affects 45% of pregnant and lactating women, 65% of children between 7-60 months, with 28% severely anaemic (NNS 1988). Most of the anaemia is attributed to iron deficiency. Other contributors such as malaria, worm infestations, have yet to be fully investigated.
- Iodine Deficiency Disorders (IDD) in Pakistan were observed in the form of goitre as far back as in 326 B.C. when Alexander's army noted the abnormal swelling of necks among the local population. Marco Polo recorded similar observations, and early Gandhara civilisations in northern Pakistan depicted goitre in their art. Northern Pakistan, which straddles three different mountain ranges, is known to be one of the most seriously - affected areas in the world. A prevalence study conducted in Azad Kashmir in 1994 showed that over 80% people had goitre.
- Over 50% of Pakistan's population is affected by or at the risk of being affected by IDD. The conclusion was



reached after a Thyroid Stimulating Hormone (TSH) study conducted in hospitals of four major cities in 1994 revealed that 72% of newborns tested had low levels of iodine. TSH may not be the perfect measure of IDD but is a fairly reliable indicator of the scope of the problem. The results indicate that IDD is a major public health problem and every one in the country is at risk.

- Whether or not Vitamin A deficiency is a public health problem in Pakistan continues to be debated. Some studies, mostly in Karachi, have shown the existence of sub-clinical levels of Vitamin A. It is also suspected that this is an unrecognized problem in some parts of the country and may exist in dry areas and urban slums. Anaemia affects more than 65% of children under five (NNS 1988)

2. **Immediate Causes**

(i) **Dietary Intake**

Child malnutrition is primarily the result of mistaken beliefs about foods and child care, leading to uneven distribution of food within the family and inadequate feeding of children.

It is estimated from various studies that about one-third of children receive less than 70% of their daily caloric requirements, and in general, women consume less than they should as young children, as adolescents, when pregnant or lactating and as adults (NNS,1988).

IDDs are due to lack of iodine in the soil and diet. In February 1994, a high level national consultation convened by the government and UNICEF adopted universal salt iodization as the principal strategy to overcome IDD in Pakistan.

To support the process, UNICEF agreed to set up a team of experts to operate the Iodized Salt Support Facility (ISSF) to create both supply of, and, demand for iodized salt. The facility was later transferred to a local NGO. There are about 600 salt processors in Pakistan. As of October 1995, over 400 had been contacted by ISSF. Though modes of estimating the amount of salt iodised are being developed, by December 1995, 19% of households at the all Pakistan level, used iodized salt. The programme will be evaluated during 1996.



Dietary intake of Vitamin A may not be sufficient. A 1965 ordinance requires oil and ghee to be fortified. The law is neither being enforced nor is understood by manufacturers of oil and ghee. If the ordinance is amended to require oil and ghee to be fortified to the required level, the Vitamin A deficiency problem could be overcome.

Vitamin A supplementation is not a part of promoted or practised case management for measles.

Over half of the anaemia is attributed to iron deficiency (NNS, 1988). Fortification is being considered. Women are supposed to be given iron supplements through the health care system. Access and rates of compliance are unknown.

(ii) Disease

The high infant mortality rate (100.9) is attributed to: a) diarrhoea (over 250,000 children are reported to die from causes related to diarrhoea per year); b) Acute Respiratory Infections (250,000 children die from this disease per year); and c) Immunizable diseases such as measles and neonatal tetanus.

The prevalence of acute diseases varies by season. Diarrhoea, including cholera, peaks in the summer months, while pneumonia peaks in the winter.

Intestinal parasites such as round worms and giardia are important causes of malnutrition in young children. However, their prevalence rate is still un-investigated and unclear.

In 1995, outbreaks of measles and neonatal tetanus continued to be reported through the reporting system of the Expanded Programme of Immunization (EPI).

The synergistic effect of dietary intake and disease on nutrition status is well documented.

Micronutrient malnutrition such as Vitamin A deficiency increases the risk of disease. Diseases such as diarrhoea, measles and parasitic infestations reduce bio-availability of foods consumed and deplete nutrients from the body.

Malnutrition in Pakistan is a major public health problem and one of the primary determinants of maternal and child illness and death.



Latest estimates indicate that in a country such as Pakistan, malnutrition is directly and indirectly responsible for at least 54% of all infant and child deaths.

Malnutrition and infection interact to increase incidence, severity, duration and outcome of childhood morbidity. In the general population, malnutrition lowers work productivity and in expectant mothers, it results in low birth weight babies who are 10 times more likely to die shortly after birth, or, if they survive, remain malnourished and at high risk of illness and death.

Preventing, curing and controlling diseases is therefore as critical to improving nutrition status as food intake.

3. Underlying Causes

The attainment of a good nutritional status requires that three essential sets of conditions be met. Conditions which ensure the availability of adequate and appropriate food at the household level, Conditions that lead to good health, particularly freedom from childhood infectious diseases such as measles, respiratory infection, diarrhoea and intestinal parasitic infestations; and Appropriate behaviour, collectively known as "caring practices" in terms of eating, feeding, hygiene and health-related behaviour, and psycho-social aspects at the household level, especially as applied to women and young children. All these determinants of nutritional status are closely related to socio-economic and cultural factors which play a crucial role in whether or not people are well-nourished.

(i) Household Food Security

Pakistan's economy has grown rapidly over the past 30 years. Real income per person has almost doubled. Unemployment has been low and real wages have increased, spreading the benefits of economic growth; resulting in declining levels of poverty, especially since the 1970s (GoP, Finance Division, 1993). Food and caloric supply including both domestic production and imports, has increased faster than population growth, resulting in an increase in the per capital food availability. Calorie and protein consumption per capital also has increased by about 10% since 1979 (IFPRI, 1994).

Pakistan has fewer poor people - people who cannot afford to purchase sufficient food to meet minimum caloric requirements - than it



had 10 years ago. Studies (IFPRI, 1994) show that 18% people were poor in 1985 and 17% in 1991, a 6% decline in six years. Pakistani wages in food purchase terms during recent years have been almost twice of those in other developing countries. Pakistan has kept the price of wheat, which makes up almost 50% of the calories in the average rural diet (and 6% of the diet of the poor) both low and stable through subsidies and support programmes. Moreover, despite the lack of major government programs to mitigate the consequences of short-term income fluctuations or long-term poverty, there are a number of household and community mechanisms (extended families, community credit, etc.) that assist families. Poor people spend less than 60% of their income on food.

However, this growth in incomes and decline in poverty (measured as the households' ability to buy sufficient food) has not resulted in an improvement in nutritional status, particularly of the most vulnerable groups - pregnant and lactating women, infants, and children under the age of five. Lack of poverty has not enabled the households to maintain a reasonable level of health. An IFPRI review in 1994 shows that between 1977 and 1991, the percentage of underweight children has not improved. In other words, during the past 15 years there has been no reduction in mild and moderate malnutrition and only a very marginal decline (1%) in long-term chronic malnutrition despite the economic growth.

These figures show that the maintenance of a reasonable nutrition level requires much more than the ability of the household to procure sufficient quantities of food. These low nutritional levels are the result of general protein - calorie malnutrition, poor maternal nutrition, and micro-nutrient malnutrition such as iron and iodine deficiencies. Illiteracy, misinformation, and limited access to the correct nutrition information play an important role as physical and economic accessibility to food does not prevent mother and child malnutrition. The availability and quality of a wide range of community and private goods and services reaching the household may explain much of the gap between progress in food security and stagnation in maternal and child nutrition. Improving nutrition requires a strategy which goes beyond food security.

(ii) Caring Practices

Caring practices for young children include exclusive breastfeeding for six months, adequate complementary feeding with continued breastfeeding from 4 to 6 months through two years of age, hygienic practices, health care, including seeking and utilising health



care services and practices that enhance psycho-social development.

Caring practices for women include ensuring adequate feeding especially while pregnant and lactating, access to reproductive health and other health care services, access to antenatal delivery and postnatal services, adequate rest and support by family and community.

The high levels of malnutrition are attributed to what is considered to be inadequate care of children and women. Studies have shown that there are mistaken beliefs about food and care leading to maldistribution of available food at the household level including prohibition of consumption of certain foods by women during pregnancy and while breastfeeding. Women consume less than they should, as young children, as adolescents, when pregnant and lactating and as adults. One third of children under 5 are reported to receive less than 70% of their daily caloric requirements. Though prevalence of having ever-breastfed is high, exclusive breastfeeding during the first four months is rare - as low as <25% - and even this may be an overestimate. Immediate initiation of breastfeeding is less than 10%. Complementary foods and beverages are generally given too early and after six months are inadequate in quality and quantity. Less than 40% of 7-8 month old children are adequately complemented. With low sanitation, infants end up receiving contaminated foods and beverages. Infection results, and the cycle of malnutrition and infection sets in. For example, diarrhoea is the most frequently reported disease by all health care facilities. Use of oral rehydration therapy is reported to be 59%. The role of parasitic infestations needs to be better understood. Malnutrition is a significant cause of ill-health, faltering physical growth, reduced mental abilities, loss of productivity and death. Therefore, it is a serious impediment to national socio-economic development as well as a major cause of pain and suffering. Much more needs to be understood about caring practices. For example, there are many cultural and traditional practices that enhance care but which could be wiped out with the adoption of "modern lifestyles". These include the 40 day rest period following child birth, feeding special foods to lactating women, etc.

(iii) Health services and health environment

Pakistan has an impressive health care infrastructure as described in Chapter three. However, less than 20% of the population utilises the Basic Health Units and Rural Health Centres.

The 1994 population coverage of safe water is given by government as 65% (89% urban and 54% rural) and sanitary latrine



facilities as 33% (62% urban and 19% rural). How this coverage translates into hygienic practices is not clear.

A functional referral system and timely access to emergency obstetric care are key to ensure that women do not die or become maimed by pregnancy and child birth complications. As mentioned, visits and evaluations indicate that this system is at the moment weak and non-functional in many parts of the country. There is a need to address the gender bias in health human resources, e.g. at the nursing cadre and first level of care facilities.

4. **Basic Causes**

Twenty-five per cent of Pakistanis are estimated to live below the poverty level. It is often stated that when Pakistan develops fully, malnutrition will disappear. While poverty contributes to household food insecurity, studies in Bangladesh show that lack of good nutrition is not exclusively prevalent in the poor households. Increasing household income is likely to increase food availability for the family, though not necessarily concomitantly. Moreover, the appropriateness of the food choice and inter-household food distribution particularly as relevant to women and young children would not be addressed by increasing incomes alone. Though successful poverty alleviation is perhaps the long-term solution to many of the problems of poor families (including malnutrition), it would take considerable time and resources to achieve. A study on poverty and basic needs in Bangladesh estimated that it would take 79 years to eliminate the average energy deficit in the lowest decile of the population, if the country's per capita income grew at the rate of 1.5% and the food prices remain unchanged. On the other hand, effective nutrition projects have demonstrated that in the shorter-term, significant improvements could be made in nutritional status without waiting for poverty alleviation efforts to bear fruit. In fact, such nutritional status improvements would contribute considerably to poverty alleviation goals by enhancing the learning capacity and productivity of the population. Nutrition improvement should therefore be viewed as a means of poverty alleviation rather than its result.

Low levels of literacy are a result of limited access to school and high drop out rates. The situation regarding education and literacy in Pakistan and proposed actions to improve it are described in Chapter 3.

OVERALL PROGRAMME OBJECTIVES

The 8th 5 year plan specifies time-bound goals as to be achieved



by the year 2000:

1. Reduce wasting of malnourished under-5 children from 14% to 7%.
2. Reduce stunting of malnourished children under 5 from 50% to 23%.
3. Reduce/eliminate micronutrient disorders (Iodize 80% of all edible salt by December 1998).
4. Reduce low-birth weights from 25%, through improved nutrition status of women aged 15-45.

In addition to pursuing these specific goals, a high quality process must be nurtured to ensure sustainability. The process should result in all those involved being empowered. The capacity and capability of families and communities to care for themselves needs to be expanded. The capacity of the bureaucratic system needs to be strengthened so that it mobilises all available human, organizational and financial resources in support of children, women and families to facilitate a "first call" for children.

The overall objective of the 1996-'98 GoP-UNICEF programme of nutrition is:

Families and communities empowered to achieve and improve the nutrition status of their children and women in an equitable and sustainable manner.

PROGRAMME STRATEGIES

The programme strategies derive from the overall strategic framework and allow for close linkages and interactions with other programmes, combining to result in the specified outcomes and process. The nutrition strategy reinforces the national PHC strategy. It will focus on families and seek to strengthen federal, provincial and district level capability to facilitate the work of facilitators and animators, who then support families. The strategies will focus on mobilising children, women and men to be key actors in changing their health and nutrition status. This process will be complemented heavily by a communication and social mobilization strategy and expanding the capacity of individuals



and communities to assess and analyse their situation and act accordingly. The country's capacity to establish Nutrition Information Systems will be supported, as will studies to better understand caring practices.

PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Nutrition programme are: (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: GENERAL NUTRITION

Objective: Ongoing activities from the 1992-'96 MPO adequately supported and phased-out, and lessons learned incorporated in the 1996-'98 Bridging Country Programme.

Activities:

- i) Support Baby Friendly Hospital Initiative (BFHI) lactation training courses.
- ii) Other training related to breastfeeding/childfeeding.
- iii) Reproduction and distribution of BFHI training materials, and BFHI Award materials.
- iv) Support to Social Marketing Pakistan (SMP) and Iodized Salt Support Facility (ISSF) for universal salt iodization.
- v) Teacher training on IDD (Balochistan).
- vi) Organise assessments of hospitals seeking Baby Friendly Hospital Award.
- vii) Support the work of the National Breastfeeding Steering Committee for policy development and code of marketing.

PROJECT: COMMUNICATION WITH FAMILIES AND COMMUNITIES

Objective: Increased capabilities of families and communities to assess and analyze their own nutrition status and act accordingly.

Sub-Project 1: Advocacy

Objective: Recognition by families and communities of their own ability to assess, analyze and act.



Activities:

- i) National consensus consultation on Nutrition, including micronutrient malnutrition.
- ii) Provincial Assessment-Analysis-Action workshops.
- iii) In focus districts, seminars to discuss UNICEF's strategy on caring practices and its assessment tools.

Sub-Project 2: Capacity Building

Objective: Enhanced capability to implement triple-A processes.

Information and knowledge Activities:

- i) Use conceptual framework to compile nutrition-related information for districts and communities.
- ii) For focus districts, review of existing literature on caring practices

Training Activities:

- i) Prepare training module on "How to implement triple-A in families and communities" for inclusion in training packages for district officials, facilitators and mobilizers.
- ii) Training facilitators and community mobilizers in how to implement triple-A.
- iii) Conduct Triple A workshops in selected districts.
- iv) In focus districts, training of trainers in assessment of caring practices
- v) In focus districts, training in implementation of the caring strategy

Sub-Project 3: Service Delivery

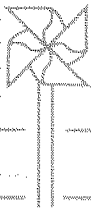
Objective: Supplies essential for Triple-A work made available.

Activities:

- i) Production of materials to be used through media for promotion of improved nutrition.
- ii) Procure and produce supplies needed for training and implementation of Triple-a processes in communities.

PROJECT: NATIONAL CAPACITY BUILDING

Objective: Increased awareness of the nature and causes of the nutrition problem and its solutions.



Sub-Project 1: Advocacy

Objective: Reach consensus on the nature and scope of the nutrition problem.

Activities:

- i) Convene advocacy seminars, workshops, consultations at federal, provincial and district levels.
- ii) Prepare a basic presentation on nutrition for use in advocacy.
- iii) Include nutrition status as a measure of progress in district plans.
 - Advocacy for inclusion of nutrition indicators in as many programmes as possible.
 - Redistribute nutrition papers of the month.
 - Support provincial nutrition forums.

Sub-Project 2: Capacity Building

Objective: Development of an integrated national plan to improve nutrition.

Information and Knowledge Activities:

- i) National consultation on nutrition, including micronutrient malnutrition.
- ii) Evaluation of the national programme to eliminate IDD.
- iii) Review of laws related to Vitamin A fortification.
- iv) Support ADB-UNICEF RETA project.
- v) Support salary for a nutrition post in the Ministry of Health.

Training Activities:

- i) Training of UNICEF staff in implementation of the nutrition strategy.
- ii) Prepare nutrition training package and modules.
- iii) Include nutrition training module in district officials package.
- iv) Prepare advocacy and training module: "From BFHI to a Care Strategy".
- v) Training of trainers for implementing Caring Practices module.



Sub-Project 3: Service Delivery

Objective: Timely procurement and distribution of supplies.

Activities:

- i) Procure potassium iodate as needed.
- ii) Assess situation and prepare and cost forecast plan for fortificants and supplements needed through June 1998.
- iii) Procure and distribute tools for growth promotion (200 scales for PHC programme).
- iv) Equip health houses (of LHWs) with appropriate weighing scales.

PROJECT: PARTNERSHIPS BETWEEN GOVERNMENT AND COMMUNITIES/ CIVIL SOCIETY

Objective: Recognition and collaboration between facilitators and community mobilizers and communities.

Sub-Project 1: Advocacy

Objective: Increase capacity of facilitators and mobilizers to jointly assess, analyse and plan for coordinated action.

Activities:

- i) Alliance Building with Religious Leaders for Iodized Salt Promotion.
- ii) Alliance building between Lady Health Visitors, Sanitation Promoters, Lady Health Workers, Traditional Birth Attendants and teachers, and with social sector village committees.
- iii) Promote "Baby Friendly Hospitals" to the public.

Sub-Project 2: Capacity Building

Objective: Increased capacity of facilitators and mobilizers to jointly assess, analyse and plan for coordinated action.

Information Activities:

- i) Reassessment of "Baby Friendly Hospitals".

Knowledge Activities:

- i) Assist in the development of curriculum of Medical Officers Nutrition Training ,on "Focus on Nutritional Care of Sick Child".



Training Activities:

- i) National level course for lactation master trainers in promotion, protection and support of breastfeeding.
- ii) Prepare advocacy and training module: "From BFHI to a Care Strategy".

PROJECT: MONITORING AND EVALUATION/INFORMATION AND ASSESSMENT

Objective: Improved nutrition information systems at all levels (GMP, Nutrition Surveillance, etc.).

Sub-Project 1: Advocacy

Objective: Nutrition Information Systems institutionalized.

Activities:

- i) Advocate for institutionalization of Nutrition Surveillance System.
- ii) Advocate for inclusion of Malnutrition, Sanitation, Water and under 5 Mortality in "Key Performance Indicators" used in provincial statistics.

Sub-Project 2: Capacity Building

Objective: Increased capability of government officials to implement studies and Nutrition Information Systems.

Information and Knowledge Activities:

- i) Compile status of Nutrition Indicators for every province.
- ii) Technical Assistance for Vitamin A Deficiency survey in Balochistan, NWFP and Sindh.
- iii) Review of available studies on child care and child rearing.
- iv) Undertake KAPs to fill gaps.
- v) Participate in ADB-UNICEF RETA activities implemented by the University of Karachi and the Aga Khan University.

Training Activities:

- i) Training in Nutrition Strategy for relevant provincial officials.
- ii) Train Lady Health Workers in use of scales for growth promotion.



Sub-Project 3: Service Delivery

Objective: Reports printed and distributed.

Activities:

- i) Expand to include nutrition data, update and reprint "Ready Reckoner on Health Statistics in Balochistan".
- ii) Print Federal HMIS report.

PROJECT: RESOURCE MOBILIZATION

Objective: Human, organizational and financial resources mobilised for improved nutrition.

Sub-Project 1: Advocacy

Objective: Capability to effectively mobilise human, financial and organizational resources.

Activities:

- i) Document outcome of district-level model and present this in advocacy meetings.

Sub-Project 2: Capacity Building

Objective: Officials of both government and NGOs at district level trained in implementation of the National Nutrition Plan.

Training Activities:

- i) Training of Assistant Director (Nutrition) in Nutrition Strategy Programme Management.
- ii) Training of LHWs in Nutrition at the district level (Mastung etc).
- iii) Training of doctors and paramedics in Nutrition.

PROJECT: DEVELOPMENT, REFINEMENT AND OPERATIONALIZATION OF POLICIES

(the budget for this project will be provided by the Planning, Monitoring, Evaluation and Advocacy and Communication Programmes)

Objective: Development of effective policies to facilitate improved nutrition.

Sub-Project 1: Advocacy

Objective: Preparation of materials for use in advocacy for policies.



Activities:

- i) Support Development of a Provincial Nutrition Strategy based on the National Nutrition Strategy.
- ii) Use the outcome of ADB-UNICEF RETA to prepare policies and strategies.

Sub-Project 2 : Capacity Building

Objective: Improved information, knowledge and technical capacity required to develop and disseminate rationale for legislation relevant to nutrition.

Information and Knowledge Activities:

- i) Technical workshops on rationale for legislation and policies relevant to nutrition.

PROJECT: LEGISLATION

(the budget for this project will be provided by the Advocacy and Communication programme)

Objective: Legislation to facilitate access by all to adequately fortified foods and to protect the public from inappropriate marketing practices of foods, beverages and pharmaceuticals.

Sub-Project 1: Advocacy

Objective: Establishment of Iodized Salt Monitoring System.

Activities:

- i) Advocacy meetings for the establishment of Iodized Salt Monitoring System.

Sub-Project 2: Capacity Building

Objective: Improve capacity to monitor fortification for micronutrients at consumer level.

Information and Knowledge Activities:

- i) Support provincial efforts to monitor universal iodization at the consumer level.
- ii) Review and update status of Vitamin A legislation.

Training Activities:

- i) Training of Salt Monitoring officers.



- ii) Train officials in enforcement of legislation to regulate marketing of baby foods and artificial feeding products.

Sub-Project 3: Service Delivery

Objective: Strengthened monitoring of universal iodization of salt.

Activities:

- i) Provide the necessary items for monitoring of universal iodization (field test kits, forms).
- ii) Monitor compliance with legislation.

UNICEF FUNDING (GR) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
General Nutrition	295.0	0.0	0.0	295.0
Communication with Families and Communities	190.0	200.0	250.0	640.0
National Capacity Building	200.0	320.0	145.0	665.0
Partnership of Govt. & Civil Society	105.0	227.0	219.0	551.0
Monitoring, Evaluation, Information and Assessment	311.0	185.0	150.0	646.0
Programme Support	125.0	128.0	131.0	384.0
Total:	1,226.0	1,060.0	895.0	3,181.0

UNICEF FUNDING (SF) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
General Nutrition	555.0	0.0	0.0	555.0
Communication with Families and Communities	200.0	200.0	200.0	600.0
National Capacity Building	1,000.0	1,000.0	1,000.0	3,000.0
Partnership of Govt. & Civil Society	500.0	500.0	500.0	1,500.0
Monitoring, Evaluation, Information and Assessment	200.0	200.0	200.0	600.0
Total:	2,455.0	1,900.0	1,900.0	6,255.0



INDICATORS TO MONITOR PROCESS AND IMPACT

Indicators:

- Proportion of children 6 months to 6 years of age with serum vitamin A below 20 micrograms/100ml (or less than 8 micrograms/gram of milk fat).
- Proportion of population consuming adequately iodized salt.
- Proportion of edible salt adequately iodized.
- Proportion of children aged 6 to 11 years with any size of goitre (palpable and visible).
- Proportion of population (school age children or general population) with urinary iodine levels below 10 micrograms/100ml of urine).
- Proportion of newborns with serum TSH levels above 5mIU/L.
- Percentage increase in ORT usage in districts covered by Pakistan Boy Scouts Association.
- Proportion of children < 6 months receiving only breastmilk.
- Proportion of children 20 to 23 months of age who are being breastfeed.
- Proportion of all hospitals and maternity facilities which are baby-friendly according to global BFHI criteria.
- Proportion of Lady Health Workers equipped with weighing scales
- Proportion of Lady Health Workers equipped with training modules
- % budget increase for the procurement of adequate fortificants and supplies for programmes.
- Number of districts using nutrition indicators to report status.



GOVERNMENT/OTHER AGENCIES AND COMMUNITY INPUTS OVER THE SAME PERIOD

Government will be responsible for the infrastructure, personnel, expendable supplies and transportation. Some donors and NGOs will contribute to training, monitoring and evaluation activities. When resources are properly mobilised and used to improve health, education, access to water, sanitation and communication with families, the overall situation of nutrition will also improve..

Communities will contribute human and organizational resources and be active participants in the process to improve nutrition. More needs to be done to mobilise in-country resources within the districts, within communities, within families and to ensure better use of existing available government resources.





BASIC EDUCATION

EXECUTIVE SUMMARY

The Basic Education programme is designed to assist the Government of Pakistan move toward the goal of UPE by 2002. It will use formal as well as non-formal approaches to develop a unified primary education system, with the government working in partnership with NGOs and other agencies. The strategic framework includes empowering communities with knowledge and skills to play a more proactive and decisive role in the basic education process; building partnerships between the government and civil society; addressing girls' learning needs through formal and non-formal approaches; strengthening country capacities to expand and improve primary education delivery; broadening the education resource base, improving systems for assessment and analysis for more effective education planning, management and monitoring; advocacy for fine-tuning and operationalizing education policies, and legislation for universal primary education.

The programme will have national coverage for activities relating to advocacy and social mobilization, strengthening of national and provincial education management information systems, and capacity building of relevant government personnel in administrative and supervisory skills for better management of services.

The bridging period presents an opportunity to test approaches, some of which are being used in the current country programme, albeit in a largely unplanned and undocumented manner. A district will be selected for in-depth programme implementation and monitoring, in collaboration with other partners. A strategy for teacher and community empowerment will be further tested in a small catchment area in at least two communities. The aim is to promote and assess school-community collaboration in an evolutionary process supportive of universal quality primary education. Approaches will be tested, refined, monitored and documented that involve communities in planning, management and monitoring of primary education, that focus on learning achievement and are child- and teacher-friendly, and that permit convergence of social services for synergistic impact. The process of replicating successful experiences will be given attention during the bridging period.

SUMMARY OF SITUATION ANALYSIS AND RELEVANT NATIONAL POLICIES

Analysis of the situation of basic education is severely constrained by the absence of reliable statistics. There has been no systematic



effort at the federal level to properly co-ordinate collection and dissemination of education statistics, despite the setting up of a National Education Management Information System (NEMIS). The UNICEF-supported Multiple Indicator Cluster Survey (MICS; 1995) provides the most recent set of data on basic education in Pakistan.

The MICS Report showed a gross primary enrolment rate of 69 per cent for children aged 5 - 11 years, of whom 80 per cent and 65 per cent reside in urban and rural areas, respectively. Seventy-five per cent of boys and 64 per cent of girls in this age group were enrolled. Net enrolment for the eligible age group 5-9 years stood at an average of 66 per cent, with a breakdown of 75 per cent and 60 per cent in urban and rural areas, respectively. Net enrolment for boys was 71 per cent, and for girls, 62 per cent. At the entry level, net enrolment averaged a very low 37 per cent, being 38 per cent for boys and 36 per cent for girls, 44 per cent in urban and 32 per cent in rural areas. This finding calls for greater advocacy for children to begin school at the right age.

The Report showed provincial variations in enrolment rates, with gross enrolment ranging from 75 per cent in Punjab to 56 per cent in NWFP. Net enrolment rates were 72 per cent in Punjab, 67 per cent in Sindh and Balochistan, and 52 per cent in NWFP.

Trends in the five-year period (1990-1995), however, show an increase in gross enrolment for girls, from 50 per cent in 1990/91 to 65 per cent in 1995). Gross enrolment for boys has remained almost constant at 74 per cent in the period. Figures showing trends in net enrolment are not available.

In terms of drop-out and completion, the MICS Report showed an average drop-out rate of 53 per cent. Completion of the primary cycle was found to be 51 per cent in urban and 43 per cent in rural areas, 47 per cent for boys and 46 per cent for girls. This shows that once girls are in school, they compete favourably with boys, strengthening the case for girls' education.

Poor student performance was indicated in an independent study of basic competencies of Pakistani children, conducted in 1995, which assessed writing, arithmetic and knowledge of life skills. The results showed considerable deficiency among Pakistani children in basic knowledge and skills. Only 33 per cent of grade 5 children could read or write with comprehension and only 17 per cent could write a short and simple letter. Overall low completion rates and poor performance call for



greater attention to the quality of inputs into the education system as well as a closer examination of the instructional process itself.

There have been absolute increases in the education budget over the years, from a share of 6.3 percent of GNP in 1998 to 7.9 percent in 1995. Yet such increases have had minimal impact on quality, access improvement and gender disparity reduction. Advocacy efforts must be stepped up for re-allocation of funds within the sector, in favour of improving the quality of teacher training, the quantity and quality of learning materials, supervision and monitoring of the system and management of both human and financial resources.

The policy environment favours change and reform. The National Policy on Education gives recognition to Primary Education as a fundamental right of every child. It prescribes free and compulsory education for achieving Universal Primary Education (UPE) by the year 2002. Its proposals include the removal of gender as well as rural-urban inequalities and adoption of quality measures for excellence. Implementation of the policy provisions varies from one province to another. In some cases, as for UPE in Punjab, and more recently in NWFP, adoption of a policy has not always led to its practical application. The Eighth Five-Year Plan and the Social Action Programme (SAP) are currently addressing some of the key concerns in the sector. They include institutional reform relative to examinations and assessment systems, curriculum process and materials provision, teacher training, performance monitoring and disparity reduction.

The single most important factor that is likely to improve the situation is the recognition by the political leadership that urgent and long-term solutions must be found, with a willingness and readiness to effect change, and an understanding that gains in education come more slowly than in other social sectors, but are more critical, in the final analysis, for the country's overall social and economic advancement. Financing education is not seen as a constraint, as Pakistan has a donor friendly climate and an independent means of supporting social sector development. Rather, poor management of the system, lack of sustained political support, and lack of accountability are often cited as the main impediments to the realization of goals. Other constraints include unclear role of other partners such as NGOs, fragmentation of government and donor-supported programmes and politicization of education. These constraints need to be addressed at the highest level of government, as a pre-requisite for a real breakthrough from the present situation.



COUNTRY GOALS FOR BASIC EDUCATION

- i) Universalizing primary education for all boys and girls of 5-9 years of age (at least 80% access and completion by 2002);
- ii) Enactment and legislation for compulsory primary schooling for all children of the relevant age group, wherever the primary school facilities become available at a reachable distance;
- iii) Removing gender and rural-urban disparities;
- iv) Qualitative improvements of physical infrastructures, curricula (by making the courses demand-oriented), textbooks, teacher training programmes, and the examination system at all levels;
- v) Broadening of the resource base for financing of education through increased allocations and encouraging private sector's participation in the provision of facilities.

UNICEF will support the Government's efforts within the overall programme approach that lays emphasis on basic education as a right of every child, more so the girl child.

OVERALL PROGRAMME OBJECTIVE

While the importance of reaching the GoP-stated goals is recognized, UNICEF is concerned about those systemic problems that stifle goal attainment. A key thrust of the UNICEF's assistance would be to focus on the context within which the goals are to be attained, and address major process constraints through strategies aimed not only at goal attainment but also at assisting the government to revitalize the system, facilitating the process for achievement of goals.

The objective of the 1996-1998 GoP/UNICEF Programme of Co-operation in Basic Education is:

Increased primary level enrolment, completion and achievement, especially for girls, through demonstration of a sustainable process of community empowerment, and enhancement of overall country capacity for equitable and efficient basic education services.



PROGRAMME STRATEGIES

The programme strategy derives from the overall strategic framework within which the country programme will be implemented, in its entirety, allowing for linkages with other sectoral programmes.

The education programme is a national programme comprising activities targeting federal, provincial, district and sub-district levels. Convergence of strategies will be fostered and tested in-depth in selected districts, where innovative methodologies will be further developed and their impact assessed for incorporation into national policies and programmes.

At federal and provincial levels, the programme will contribute to wider systemic reform that will lead to qualitative improvements in pupil learning and achievement, instructional methods and materials, teacher preparation and performance, supervision and monitoring, and maintenance of a valid and reliable educational management and information system for the country as a whole, and for each province specifically.

Recent efforts by the Government towards a unified Primary Education system will be supported, by assisting the Prime Minister's Literacy Commission to develop a strategic framework for complementary non-formal education.

The programme will draw from and consolidate viable approaches adopted by UNICEF-supported NGO programmes in each Province, notably the Mobile Female Teacher Training Unit (MFTTU) project, the Community Support Process in Balochistan, other initiatives involving communities in NWFP, Sindh and Punjab, multi-grade teaching approaches in the four provinces, based on an assessment of the opportunities they offer.

Such innovative approaches as the Joyful Teaching and Learning approach and setting of Minimum Levels of Learning, both of which have been found successful in several districts of Mahya Pradesh in India will be explored in not more than five communities. The principal concern will be to engage schools and communities in a process of joint planning, management and monitoring of primary education to ensure that all children, more especially, all five and six year-olds, and girls, have access to primary education, complete schooling and acquire basic learning skills. Districts will be empowered with knowledge and skills for mapping their own resources.



UNICEF will collaborate with other UN partners and bi-lateral agencies through the Social Action Programme, the UN Working Group for Education, the Donor/NGO Working Group and other mechanisms to help the government effect institutional reforms in education for the benefit of primary school-age children. UNICEF has held joint discussions with the Multi-Donor Support Unit of SAP, the Prime Minister's Literacy Commission, officials of the Federal and Provincial Ministries of Education to help chart the course of primary education. Consultations on SAPP-II were useful in building consensus through a working partnership with policy makers and education practitioners at all levels, and in identifying areas for UNICEF and other donor support to the Government in primary education.

PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Basic Education programme will be as follows. (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: FOCUS ON GIRLS AND WOMEN

Objective: Societal attitudes, government policies, programmes and processes supportive of increased girls' participation in education, with at least 80 percent enrolment and completion in the focus district(s).

This project aims at reducing gender disparities by focusing on girls and women as change agents, through actions aimed at improving their educational status, as learners, teachers, social mobilizers, administrators and policy makers.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Government and civil society mobilized for action supportive of increased girls' participation in primary education.

Activities:

- i) Hold focus group discussions with district (All districts/National) and sub-district authorities, including VECs/SMCs/in focus districts), on problems and issues in girls' education, for corrective action. (Incorporated into the National Capacity Building Project of the Communication Programme)
- ii) Orient policy makers at all levels on social and economic benefits of girls' education, using appropriate data. (in Advocacy Project of the Communication Programme)



- iii) Orient major NGOs in education (Federal and Provincial levels) in gender issues in (primary) education for integration in social mobilization and community participation strategies and programmes. (in Advocacy Project of the Communication Programme).

Sub-Project 2: Capacity Building

Objective: Enhanced knowledge and skills of service providers to improve services and expand primary education opportunities for girls.

Information and knowledge activities:

- i) Conduct sample survey of societal attitudes to girls' education (Federal level, Focus Districts). (In Broadening the Resource Base Project {to be reviewed} of the Planning, Monitoring and Evaluation Programme).
- ii) Review policies and major programmes, EMIS indicators, curricula and principal texts for gender sensitivity. Include review of recruitment policies and actions, selection criteria, concessions for girls etc. (Federal and Provincial levels).
- iii) Analyze, interpret, present and disseminate survey results; hold information seminars and workshops to plan corrective action.

Training activities:

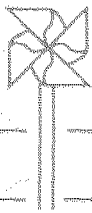
- i) Train government personnel responsible for planning and research, curriculum, teacher training, etc. in gender sensitive planning for basic education (All districts/National).
- ii) Train sub-district personnel, including NGOs and CBOs in community organization and social mobilization for girls' education (in Focus Districts and Communication Programmes) .
- iii) Train/re-train programme managers in the methodology of mobile female teacher training and in maintenance of equipment (Baluchistan, NWFP).
- iv) Train personnel in girls' Schools/VECs/SMCs in use and maintenance of sanitation facilities, and in hygiene education. (In WES programme) (Focus Districts).

Sub-Project 3: Support to Service Delivery

Objective: Improved girls' participation in education assured through provision of logistic and operational support.

Activities:

- i) Conduct rapid human resource/needs assessment survey using available information, where appropriate (EMIS data): assessment of sanitation facilities in girls' schools in the focus districts).



- ii) Provide vehicles for female DEOs for supervision of girls' schools (phased over three years).
- iii) Provide mobile training units equipped with instructional aids for training female teachers in NWFP and Balochistan Provinces.
- iv) Provide sanitary facilities in girls' schools in focus districts (in WES Programme).

PROJECT: PLANNING, MONITORING AND EVALUATION

Objective: Education data base enhanced at all levels and utilized for more effective planning, management and monitoring of primary education.

UNICEF will support current efforts by provincial governments to improve educational data management and information systems. There is a need for central level coordination which is presently not very effective. Provincial governments have made strides in developing EMIS. Analysis of data, mapping of resources and using information for planning and management of the education system remain important needs to be met. Standardised Achievement Tests and a system for ascertaining and assessing minimum levels of learning in schools need further development.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Improved understanding of and demand for reliable data and information on the primary education system, as a basis for planning, management and monitoring.

Activities:

- i) Hold sensitization workshops on the status of educational data (Federal and Provincial levels, Focus Districts) and implications for planning management and monitoring with a view to create demand for a more reliable educational data base. (in Planning, Monitoring and Evaluation Programme).

Sub-Project 2: Capacity Building

Objective: Strengthened institutional capacities at all levels for improved collection, analysis, utilization and dissemination of educational data and information.

Information and knowledge activities:

- i) Review and revise education impact indicators using available information (All districts/National) (in Planning, Monitoring and Evaluation Programme).
- ii) Review status of EMIS at Federal and Provincial levels, assess and analyse needs and plan institutional support, as appropriate.



- iii) Conduct action research in primary education, as identified in EMIS and plan corrective action (Federal and Provincial levels) / (in Planning, Monitoring and Evaluation Programme).

Training activities:

- i) Train educational planners and programme managers at Federal, provincial and district level to enhance their skills in data analysis and utilization for programme planning, management, monitoring and evaluation (All districts/National)/ (in Planning, Monitoring and Evaluation Programme).
- ii) Conduct training workshops to develop MLLs for trial implementation in focus district schools (Focus districts).
- iii) Support school mapping exercise in the focus districts.
- iv) Develop Federal level and adapt Provincial level standardized Achievement Tests (SATs).

Sub-Project 3: Support to Service Delivery

Objective: Logistic support provided for EMIS development, research and development, and planning and monitoring activities.

Activities:

- i) Produce and distribute survey reports, tests, etc. (Federal and Provincial levels).
- ii) Provide logistic support for EMIS development, data dissemination and school mapping (Federal and Provincial levels, Focus districts)
- iii) Provide logistic support for administration of SATs (All districts/National) introduction of MLLs in schools in focus districts).

PROJECT: COMMUNITY EMPOWERMENT AND PARTNERSHIP BUILDING BETWEEN GOVERNMENT AND CIVIL SOCIETY.

Objective: Enhanced community involvement in basic education and effective partnerships among service providers, schools and communities.

Laying the foundation for community empowerment, through a trial district approach, by developing and documenting participatory processes in which communities are enabled to play a more pro-active and decisive role in the basic education process.

Communication for strengthening alliances among societal groups and the government at all levels, and more effective UN Inter-agency partnerships through the Multi-Donor Support Unit (MSU) and the UN Working Group for Education, in order to build consensus and take concerted action for basic education improvement.



Sub-Project 1: Advocacy and Social Mobilisation

Objectives:

- i) Families and communities mobilized and oriented to play a greater role in the basic education process;
- ii) Concerted action by political leadership, key government partners, UN Agencies and NGOs taken, through appropriate channels, to accelerate EFA while recognizing and supporting the critical role of communities in the education process.

Activities:

- i) Prepare and implement advocacy and social mobilization plan, based on results of KAP. (Federal and Provincial levels, Focus Districts) / (in Programme Communication Project of Communication Programme).
- ii) Chair (National) provide technical support (Provincial) at meetings of UN EFA working Group and other donor groups aimed at implementation of UN Inter-Agency Mission's recommendations.

Sub-Project 2: Capacity Building

Objectives:

- i) Increased knowledge and skills of district and sub-district personnel in community organization.
- ii) Capacity of communities strengthened for planning, management & monitoring of primary education.

Information and knowledge activities:

- i) Conduct baseline studies on community processes and school-community/ government partnerships (Focus Districts) / (in Planning, Monitoring and Evaluation Programme).
- ii) Assess and document successful NGO models of community participation in education (Federal and Provincial levels).
- iii) Hold planning workshops on school/community collaboration based on the result of studies, identifying and facilitating supportive action from government field offices (Focus Districts).

Training activities:

- i) Train DEOs and NGOs (All Districts/National) in community processes, participatory approaches and partnership building. (In National Capacity Building Project of the Communication Programme).
- ii) Train ASDEOs, LCs, HTs and teachers in social mobilization skills (Focus districts)/(In National Capacity Building Project).
- iii) Develop VEC training packages (Provincial level). Support training of LCs, VECs and SMCs in micro-planning skills (Focus districts).



Sub-Project 3: Support to Service Delivery

Objective: Inputs available for execution of project tasks by government, NGOs and Community personnel.

Activities:

- i) Provide logistic support to NGOs, DEO, LCs & VECs for community-level monitoring and supervision of schools (Focus Districts)
- ii) Produce (Provincial level) and distribute (Focus Districts) VEC training packages (Focus Districts).

PROJECT: CAPACITY BUILDING FOR IMPROVED/EXPANDED SERVICE DELIVERY

Objective: Processes strengthened for ensuring qualitative and long-term improvements in education service delivery.

Strengthening the capacities of education personnel, especially at the district level, to enable them provide more and better services; at the same time demonstrating (in one trial district in the first year of the programme, innovative methodologies and approaches designed to improve teacher performance, children's learning, and ensuring primary school attendance for at least 80 per cent of all eligible children in the focus districts, by end 1998.

Sub-Project 1: Advocacy and Social Mobilisation

Objective: Quality instructional technologies and improved administrative functions integrated into the primary education system.

Activities:

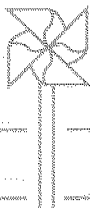
- i) Discuss and plan mainstreaming of NFE, multi-grade teaching, learning achievement testing, MLLs & teacher-empowerment strategies (Federal and Provincial levels).
- ii) Discuss and plan for institutionalization of new roles and functions of NGOs, DEOs (Federal and Provincial levels).

Sub-Project 2: Capacity Building

Objective: Enhanced administrative, technical & supervisory capacities, especially at District and Provincial levels, for improved service delivery.

Information and knowledge activities:

- i) Support provincial governments to assess strengths and weaknesses of provincial and district offices and plan for corrective action.



Training activities:

- i) Train DEOs (D), ASDEOs, LCs, HTs (Focus Districts) in administrative and supervisory skills, incorporating appropriate gender concerns.
- ii) Train/orient policy makers and programme managers in planning, monitoring and evaluation skills (Federal and Provincial levels).
- iii) Train school Heads, teachers and VECs, in administrative, technical and supervisory skills (Focus Districts).
- iv) Train lead trainers (Provincial level) and LCs (Focus Districts) in innovative technologies.

Sub-Project 3: Support to Service Delivery

Objective: Inputs provided for ensuring improved service delivery.

Activities:

- i) As appropriate, produce and disseminate training packages, instructional materials. (Federal and Provincial levels).
- ii) Provide selective logistic support for improved functioning of Provincial & District offices (Provincial level/Focus Districts).

PROJECT: BROADENING THE RESOURCE BASE

Objective: Human, organizational and financial resources for basic education effectively mobilized and utilized.

Activities:

(see project on Broadening the Resource Base in the Planning, Monitoring and Evaluation Programme)

PROJECT: ADVOCACY

(for fine-tuned and effective policies in favour of children and women)

The main thrust of the project will be on advocacy for fine-tuning and operationalizing policies that provide for equality of educational opportunities, by reducing gender and spacial disparities; minimum performance standards in primary schools, in terms of infrastructure, materials and equipment; teacher support and welfare, especially female teacher supply and mobility of female learning co-ordinators, and statutory roles of communities and NGOs, inter alia.

Objective: Basic Education policies fine-tuned and operationalized.

Activities: (see Advocacy project of Advocacy and Communication Programme)



PROJECT: LEGISLATION

Although the National Policy on Education provides for universal primary education, only Punjab, and more recently, NWFP have legislated on compulsory, free primary education. High level advocacy is required in Balochistan and Sindh provinces for UPE legislation. In Punjab and NWFP, active measures need to be taken to implement UPE.

Objective: Legislation for UPE enforced in Punjab and NWFP and advocated in Balochistan and Sindh.

Activities: (see Legislation project of Advocacy and Communication Programme).

MONITORING AND EVALUATION

Programme progress will be reviewed at provincial and district levels, on a quarterly basis, and once a month in the test districts. At federal level, there will be annual planning and review meetings. Monitoring indicators with corresponding schedules, will be developed. There will be two sets of such indicators, viz:

INDICATORS TO MONITOR THE PROCESS AND IMPACT

Process indicators

- EMIS in all provinces, graphic and visual representation of data; use of data by government functionaries at provincial and district levels.
- number of districts in which school mapping has been conducted
- number of districts with operational plans for increasing enrolments and completion
- number of schools monitored by DEOs, frequency of visits and type of professional supervision provided.
- number of schools in the focus district(s) employing teacher empowerment strategies and with MLLs integrated into the school curriculum
- number of schools and districts outside the focus districts using the above innovative strategies and approaches, as a result of exchange visits and other means of information sharing.
- level of community/village involvement in primary schools and nature and extent of school-community collaboration.
- status of implementation of the UN Inter-Agency



recommendations on NFE.

- progress towards UPE legislation in Balochistan and Sindh and extent of policy implementation in Punjab and NWFP.

Impact indicators

- percentage growth in primary school enrollment i) at national level and ii) in the target districts between 1996 and 1998.
- percentage enrolment of children aged 5 years in grade one in the focus district(s) between 1996 and 1998.
- percentage growth in girls' enrollment at i) national level and ii) in the target districts between 1996 and 1998.
- percentage reduction in drop-out in primary schools at i) national level and ii) in the target districts.
- percentage completion in primary school at i) national level and ii) in the target districts.
- percentage of children acquiring Minimum Levels of Learning in the target districts.
- performance of a nationally representative sample of children in standardised learning achievement tests after four years of schooling.

PROGRAMME MANAGEMENT

This programme is essentially a Government of Pakistan programme and its activities are derived from federal and provincial plans and programmes. In a series of consultations between UNICEF and the Government, other areas of concern, not originally featuring in the main programme of the government, have been identified as essential to the education programme. UNICEF will basically advocate for change, provide technical and funding support and the back-up administrative assistance required for release of funds. There will be joint reviews and as much as possible, joint monitoring of the programme.

At the federal level, the programme will be managed by the Federal Ministry of Education, assisted by selected national institutions. At provincial level, the Departments of Education will oversee programme management, while in the trial districts, this function will be the responsibility of the District Commissioner, assisted by provincial Departments. The UN Working Group for Education, the MSU and other mechanisms that the government may designate for basic education programme co-ordination will monitor the national EFA agenda and progress towards UPE.



UNICEF FUNDING (GR) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
Focus on Girls and Women (NFE)	0.0	241.0	200.0	488.9
GC/96/8217/1 :	47.9			
On-going Projects.	350.0	0.0	0.0	350.0
Community Empowerment and Partnerships	400.0	400.0	239.0	1,039.0
Capacity Building for improved/expanded Service Delivery	850.0	700.0	700.0	2,250.0
Planning, Monitoring and Evaluation	400.0	350.0	240.0	990.0
Project support	298.0	309.0	321.0	928.0
Total Funded:	2,345.9	2,000.0	1,700.0	6,045.9

UNICEF FUNDING (SF) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
Focus on Girls and Women (NFE)	0.0	500.0	500.0	1,000.0
Community Empowerment and Partnerships	300.0	350.0	350.0	1,000.0
Capacity Building for improved/expanded Service Delivery	1,000.0	750.0	900.0	2,650.0
Planning, Monitoring and Evaluation	500.0	400.0	550.0	1,450.0
Project support	270.0	300.0	345.0	915.0
Total unfunded (SF):	2,070.0	2,300.0	2,645.0	7,015.0
Programme Total (GR/SF):	4,415.9	4,300.0	4,345.0	13,060.9





WATER AND ENVIRONMENTAL SANITATION

EXECUTIVE SUMMARY

The 1996-98 country programme of cooperation follows the Social Action Programme (SAP) policies of Government for the Rural Water Supply and Sanitation (RWSS) sector. It emphasizes increased delivery and sustainability of services through advocacy for redirection of sectoral resources to use low-cost technology with a community-based approach.

UNICEF will continue to support and advocate use of low-cost technology with community participation to ensure that water and adequate sanitation are provided as a fundamental human right. The approach will be basically to provide some to all, rather than more to some using community-based, low cost-options.

UNICEF will place greater emphasis on environmental sanitation and hygiene education including inter-sectoral linkages with health (CDD) and education during this bridging period. Support will be provided to promote proper sanitation and improved hygiene practices among school students by implementing sanitation and hygiene education activities in selected primary schools. Focus on women will be strengthened through increased recruitment of female sanitation promoters.

The programme will provide catalytic support in the expansion of WES coverage through demonstration of the community-based, low-cost approaches for replication to scale. It will cover a majority of the districts in the four provinces as well as the Federally Administered Tribal Area (FATA), Azad Jammu and Kashmir (AJK) and the Northern Areas (NAs). Target beneficiaries are deprived communities in districts where simple, low-cost water and sanitation schemes are economically and socially feasible.

UNICEF will co-ordinate with major donors in the sector such as World Bank, Asian Development Bank and the Dutch Government to ensure complementarity and greater allocation of resources. Collaboration with SAP partners will be strengthened through information sharing.

In addition to the national programme, WES activities with emphasis on strengthening coordination mechanisms among district officials, inter-sectoral linkages with health and education and delivery of convergence of services will be supported in selected districts. WES



experience of community-based approaches and mechanisms will be shared with other programmes.

SUMMARY OF SITUATION ANALYSIS AND RELEVANT NATIONAL POLICIES

Situation:

About 250,000 child deaths are caused by diarrhoeal diseases related to poor sanitary conditions, unhygienic practices and un-safe water. These diseases are present in all parts of the country. In the short term, oral rehydration therapy can prevent many of these deaths, but a long term solution is in the provision of safe water and adequate sanitation with hygiene education.

A large part of the rural population in Pakistan still lacks access to safe and sufficient water for domestic purposes. Women and girls who are the principle carriers of water, spend considerable time to collect it for drinking and other domestic uses. They are left with less time and energy to take care of children, participate in other social activities or attend schools.

Similarly, the availability of water and sanitation facilities in schools are limited. In most rural primary schools, children often have no option but to drink contaminated water found around the school premises. In the absence of proper sanitation facilities in schools, the compounds and the surroundings are used for urination and defecation. The problems are more serious for female teachers and girl students, given the lack of privacy in the open school compounds. In fact, absence of sanitation facilities is seen as one of the reasons for a greater drop out rate of girls.

According to Government figures, the 1994 population coverage of safe water and sanitary latrine facilities are 65% and 33% respectively. The urban and rural figures are as follow:

Urban:	Water Supply:	89%
	Sanitation:	62%
Rural:	Water Supply:	54%
	Sanitation:	19%

Urban water supply is provided through piped schemes with house connection. The service is irregular in many areas due to poor



maintenance resulting in leakages in the system and considerable loss. Very often supply interruptions produce negative pressure in water mains and introduce the danger of contamination from street drains adjacent to water mains.

In rural areas, water is supplied through piped schemes with house connections, community tanks, stand posts or family and community handpumps. Coverage figures are based on the number of schemes completed by the implementing agencies and do not reflect the actual situation, which could be less than the reported figures since many schemes either do not function or provide irregular service. In many areas, women and girls walk long distances for water that may or may not be safe.

Sanitation service in urban areas involves water borne sewerage in a few big cities and drainage in major towns. In towns, excreta is disposed of through household latrines with a septic tank and soakpit inside the household compound which people build for themselves. In rural areas, the household latrine component of sanitation has only started getting attention recently and a majority of activities are limited to drainage and street pavement. Sanitation and hygiene education practices are generally adequate within houses, but poor outside and in places for public use.

As indicated by the coverage figures, the situation in the rural areas is quite unsatisfactory. The increase in coverage of water supply is slow. A majority of the schemes in rural areas involve high technology which the users have not been able to maintain. Although allocation to the sector is satisfactory, 90% of the funds are allocated to high cost schemes, with 40% spent on O&M of existing facilities. This has slowed down the pace of implementing new schemes and increasing coverage.

Poor coverage of sanitation facilities can be attributed to the fact that more than 90% of the sector allocation goes to the water component. The household latrine and hygiene component is yet to receive major attention. Lacking awareness about disease caused by unsanitary conditions and low cost solutions, sanitation is not a priority of most people.

Water and sanitation is a Provincial subject. Nevertheless, as in most of the other social sectors, the Federal Government has considerable influence over the planning process and programme funding. The Physical Planning & Housing Section of the Planning Commission is responsible to process water supply and sanitation



investment as part of the Annual Development Plan (ADP). The Federal Ministry of Local Government & Rural Development Department (MLG&RD) coordinates rural water supply and sanitation programmes including donor assisted projects.

At the Provincial level, sector activities are coordinated by the Planning, Environment & Development Department (PE&DD) which is responsible to plan and coordinate development activities in the Province including ADP foreign aid components. The Public Health Engineering Department (PHED) is the implementing agency at provincial level. This department implements most rural and some urban schemes, involving high technology, e.g. deep tubewell schemes and gravity flow schemes covering medium/larger settlements.

The Local Government & Rural Development Department (LG&RDD) has a multi-disciplinary role and is responsible for various basic services for rural areas such as water supply, drainage, street pavement, small link roads, village electrification, etc. This department implements small, simple and low-cost schemes like handpumps, gravity flow schemes and dug wells. Although the department is weak on the technical side, it has the potential to ensure meaningful involvement of communities in identification, planning, execution and most significantly in operation and maintenance of schemes. This department is the main counterpart of UNICEF in the WES Sector.

Sector Policy:

Rural water supply and sanitation is implemented as part of the SAP. Each province has formulated its policy to implement RWSS under SAP. The salient features of the policy are as follow:

- Community participation - All new schemes no matter how financed, will be identified/implemented with community participation i.e. with beneficiaries participating in scheme identification, planning, implementation and taking full operation and maintenance responsibilities.
- Implementation of low-cost schemes involving appropriate technology to improve better coverage in a reasonably short period of time.
- Integration of sanitation and hygiene education with all water supply schemes.
- Capacity building in the area of community mobilisation of the PHED's, the major line departments for WES and LG&RDD's in planning and designing.



Awareness creation about clarity of policies among line departments, elected representatives, senior level decision makers, community-based committees.

Under the National Programme of Action, the Government of Pakistan has set the following targets to be achieved by the year 2000:

Urban:	Water Supply:	100%
	Sanitation:	100%
Rural:	Water Supply:	80%
	Sanitation:	50%

In view of present coverage, reaching targets in urban areas may not be a problem but the achievement of targets in rural areas particularly that of sanitation is a huge challenge. To ensure that rural targets are achieved, low-cost simple and appropriated technology should be used which the vast majority of the unserved population can better afford to operate and maintain.

The major issue of the WES sector is to increase focus on sanitation and hygiene with greater allocation of resources for the use of low-cost technologies with a community-based approach through uniform implementation of sector policies.

OVERALL PROGRAMME OBJECTIVE

Improved access to safe drinking water and basic sanitation facilities through participation of communities with a focus on women and girls, improved behavioural changes to realise full benefits from such services, enhanced Government/NGO capacities and policy refinement.

PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Water and Environmental Sanitation Programme will be as follows. (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: SUPPORT THE ORGANIZATION OF COMMUNITIES TO TAKE ACTIONS FOR THEIR OWN DEVELOPMENT.

Objective: Community participation ensured in planning, implementation, monitoring and maintenance of WES facilities.



Sustainability of water and sanitation facilities can only be ensured if the communities are involved in all the stages of the programme. Communities need to be empowered through information, knowledge and training which will enable them to make appropriate decisions for their development.

Efforts will continue to highlight the importance of community participation among the policy makers and parliamentarians for the proper use and maintenance of the water and sanitation facilities. The financial contribution of the communities towards sharing the capital cost and bearing full Operation & Maintenance responsibilities will be further strengthened during the planning stage of the programme.

Similarly, a proper communication strategy needs to be adopted to provide more and more information to the communities on various aspects of the programme. For example, lack of information on low-cost technologies has led to a common belief that construction of latrines is expensive and not affordable. This must be rectified. People also believe that constructing a latrine requires the services of highly skilled technicians. This can be resolved through an effective communication strategy. In some areas, once demonstration latrines are in place, many people are motivated to build their own, some even preferring to buy higher priced models from the private sector.

The communication strategy will mobilize groups to help with policy makers and parliamentarians for priority action in support of WES. These groups can also help at the community level by raising awareness on WES issues, thereby creating a demand for improved services. They can be an important source of local resource mobilization.

Advocacy will ensure that policy makers and parliamentarians accept the role of the communities in planning, implementing and maintaining WES projects.

Sub-Project 1: Advocacy and Social Mobilization

Objective: Parliamentarians and key Government officials support community participation in all phases of WES projects.

Activities:

- i) Document and share successful community based WES projects with in Government, NGOs and other partners including potential community organizations (with Planning, Monitoring & Evaluation PPO).
- ii) Arrange meetings, briefing sessions and seminars with policy makers and parliamentarians for priority action for community participation in all phases of WES activities (with Advocacy & Communication PPO).

Sub-Project 2: Capacity Building

Objective: Government and NGOs field staff trained to plan, implement, monitor, operate and maintain WES facilities.



Activities:

- i) Support training of Government/NGO and field staff to train communities to plan, implement, monitor and operate and maintain low-cost, community-based WES activities with community participation.
- ii) Arrange field visits for key Federal and Provincial Officials to successful community based WES projects.

Sub-Project 3: Support to Service delivery

Objective: Promotional material developed and delivered for dissemination.

Activities:

- i) Support development, production and dissemination of material for promotion of community participation in all areas and phases of WES activities (with Advocacy & Communication and Health & Nutrition PPOs).

PROJECT: FOCUS ON GIRLS AND WOMEN

Objective: Women actively involved as agents of improved behavioural changes to realise full benefits of WES services.

Health and other socio-economic benefits cannot be realised fully unless behavioural change is actively promoted and achieved. Experience has shown that better results can be achieved by focussing on women as target groups and as agents of change. The aim is to create a demand for, and ensure the use of water and sanitation facilities and promote better hygiene practices through involvement of women as promoters and as target beneficiaries.

Participation of women in WES committees/users groups for improved hygiene practices and selection of handpumps sites will be promoted. Women groups will be empowered with information on health and hygiene through female workers. Advocacy will be undertaken to increase the number of female water and sanitation promoters. Provision of water and sanitation facilities will be supported with a special focus on girls' schools. This strategy will be mainstreamed in other components of the programme.

Sub-Project 1: Advocacy and social mobilisation

Objective: Girls and women involved as beneficiaries and agents of change in WES activities.

Activities:

- i) Arrange briefing sessions, meetings to advocate significance of involvement of women as target groups and change agents at the project preparation and approval levels, to ensure provision for recruitment of female sanitation and hygiene promoters in the programme documents (PC-1s).



- ii) Support provision of water and sanitation facilities with hygiene education to girls' primary schools (with Education PPO).

PROJECT: STRENGTHEN NATIONAL AND LOCAL PROCESS FOR ASSESSMENT AND ANALYSIS

Objective: Improved monitoring and reporting mechanisms established at the national, provincial and the district level.

In the WES sector, there is a need to improve monitoring as a whole at federal, provincial and district levels. A minimum norm needs to be established determining the coverage by safe water and adequate sanitation based on which access can be monitored regularly. Similarly, there is a need to improve the reporting mechanisms of different implementing agencies to consolidate coverage at provincial and federal levels.

At the implementation level, monitoring should look at quantitative and qualitative aspects of the programme. A proper monitoring mechanism needs to be established from the community to the district, and then to the provincial level to look at implementation, function and correct use of the facilities for sustainability and impact of interventions.

Sub-Project 1: Advocacy and social mobilization

Objective: Rapid assessments and studies carried out for the improvement of service delivery and monitoring/reporting of WES activities.

Activities:

- i) Support rapid assessments/studies of the programme.

Sub-Project 2: Capacity building

Objective: Improved monitoring and reporting mechanism established for WES Sector.

Activities:

- i) Provide technical support to the Ministry of Local Government & Rural Development to establish a system to monitor coverage with emphasis on district mapping and monitoring (with Planning, Monitoring & Evaluation PPO).
- ii) Support provincial LG&RDD to establish a monitoring and reporting mechanism for quantitative as well as qualitative aspects of the programme (with Planning, Monitoring & Evaluation PPO).

PROJECT: BUILD COUNTRY CAPACITY (GOVERNMENT, NGOS AND PRIVATE SECTORS) TO DELIVER SERVICES OF IMPROVED QUALITY INCREASING COVERAGE

Objective: Government, NGOs and communities capable of planning, implementing, monitoring, sustaining and expanding qualitative water, sanitation and hygiene services.



In the current MPO, UNICEF has successfully played a catalytic role to achieve greater Government commitment for the replication of low-cost options. Demonstration projects have created demand for handpumps and low-cost latrines at the community level.

UNICEF will continue to provide catalytic support in the expansion of WES coverage through advocacy, training and implementation of low cost options for service delivery. The institutional capacity of implementing agencies mainly LG&RDD will be enhanced to ensure sustainability of the programme. Supplies and technical support for production, commercialization and quality control of Hand Pumps and Sanitation material will be provided.

NGOs will be encouraged to complement/supplement Government efforts mainly in sanitation and hygiene promotion and community organization. Similarly, the private sector will be mobilized to promote, produce/commercialize appropriate WES technology nationwide.

Sub-Project 1: Advocacy and social mobilization

Objective: Government and communities mobilized for sustainability and expansion of WES services.

Activities:

- i) Provide support in the development and implementation of a comprehensive communication strategy for sanitation promotion (with Advocacy & Communication PPO).
- ii) Mobilize NGOs and other groups to put pressure on policy makers and parliamentarians for priority action in support of WES and dissemination of hygiene and sanitation messages at community level (with Advocacy & Communication PPO).
- iii) Arrange visits for policy makers and managers to successful low cost WES projects.

Sub Project 2: Capacity building

Objective: Government, NGOs and communities capacity strengthened to plan, implement, monitor, sustain and expand coverage of WES services.

Activities:

- i) Support LG&RDD to conduct training for field staff (including female workers) on handpump installation, low-cost latrine construction and promotion of better hygiene practices among users.
- ii) Support training of District Education officials and school teachers to impart sanitation and hygiene education among school students in selected districts (with Education and H&N PPOs).
- iii) Support orientation for NGOs, community organizations as well as the private sector on wider dissemination of sanitation and hygiene messages (with Health & Nutrition, Focus District Programme and Advocacy & Communication PPOs).



- iv) Provide technical support to Government in specifying and procuring appropriate WES material, including quality control, and, to private sector to enhance local capacity for manufacturing of such material.

Sub-Project 3: Support to Service delivery

Objective: Provincial Government start replication of low cost community based WES programmes without any external financial support.

Activities:

- i) Provide catalytical support in the technical, financial and material form to Government and NGOs to implement low-cost WES programmes in four provinces as well as FATA, AJK and NAs to ensure institutionalization and replicability to scale.
- ii) Support development, production and dissemination of material for promotion of better sanitation and hygiene practices (with Advocacy & Communication and Health & Nutrition PPOs).

PROJECT: BROADEN THE RESOURCE BASE

Objective: More human and financial resources mobilized for low cost options to increase access to WES facilities.

Efforts will continue to broaden the human and financial resource base by coordinating with other major donors in the sector and ensuring community contribution toward the capital cost for installation of WES facilities.

Sub-Project 1: Advocacy and social mobilization

Objective: Greater allocation of resources secured from Government and other donors for low cost options for expansion of WES coverage.

Activities:

- i) Continue interaction and information sharing and meetings with SAPP partners and other major donors (World Bank, Asian Development Bank, Dutch, GTZ) to ensure greater allocation of resources for low cost options.

PROJECT: SUPPORT THE DEVELOPMENT, REFINEMENT AND OPERATIONAL-IZATION OF POLICIES IN FAVOUR OF CHILDREN AND WOMEN

Objective: Sector policy refined for low cost WES options in general and clear and well defined sanitation and hygiene education component in particular.

Advocacy will be undertaken with Federal/Provincial Government to modify the unified sector policies for greater focus on sanitation and hygiene.

At present, all provinces have adopted a unified sector policy for water and sanitation projects under SAPP. Most of these describe in detail the



approach that would be adopted for water supply schemes but do not elaborate on sanitation and hygiene education components. There is a need to refine the policy which should describe the scope of sanitation, the role and responsibility of different agencies i.e. PHED, LG&RDD, and, the procedure that needs to be adopted for sanitation and hygiene promotion.

Sub-Project 1: Advocacy and Social Mobilization:

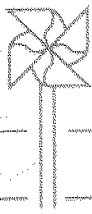
Objective: WES Sector policy refined with focus on sanitation and hygiene education.

Activities:

- i) Collaborate with SAPP partners and other major donors through information sharing to complement and reinforce advocacy efforts to refine, develop and operationalise sector policy.
- ii) Conduct meetings, briefing sessions, seminars at the Federal, Provincial and the District levels for advocacy with Government officials, parliamentarians for resource allocation for low-cost options with increased focus on sanitation and hygiene (with Advocacy & Communication PPO).
- iii) Arrange field visit of key federal and provincial government officials to handpump and sanitation schemes.

The above strategies for UNICEF's cooperation to the WES programme are chosen in light of its comparative advantage in the sector. As experienced in the current MPO, some of the specific areas of relative advantage based on which these strategies are adopted are as follows:

- i) Effective advocacy with the government for recognition and adoption of low-cost options.
- ii) Close linkages with Government, NGOs, Communities at National, Sub-national, District and Village level enabling it to build up national capacity for effective service delivery.
- iii) Catalytic role and success in persuading Government to "go to scale" from demonstration/pilot projects.
- iv) Partnership with other "Actors" in the sector including donors for complementary sector policies.
- v) Experience in implementing successful communication strategies.



UNICEF FUNDING (GR) WITH ANNUAL PHASING

(US dollars in thousand)

Project Title	1996	1997	1998	Total
Communication for Partnership	41	40	42	123
National Capacity Building	1,500	1,250	1,000	3,750
Monitoring/Evaluation	30	50	50	130
Programme Support	213	220	228	661
Total (GR)	1,784	1,560	1,320	4,664

UNICEF FUNDING (SF) WITH ANNUAL PHASING

(US dollars in thousand)

Project Title	1996	1997	1998	Total
Communication for Partnership	300	300	250	850
National Capacity Building	2,500	2,200	2,200	6,900
Monitoring/Evaluation	350	400	450	1,200
Programme Support	550	500	500	1,550
Total (SF) unfunded:	3,700	3,400	3,400	10,500

INDICATORS TO MONITOR PROCESS AND IMPACT

Process Indicators:

- Government allocate sufficient resources to replicate the UNICEF-supported, low-cost WES model in the country.
- Sufficient trained government functionaries including female staff are available for the implementation of the low-cost, community-based WES programme.
- Communities participate in the planning, implementation and Operation and Maintenance of water and sanitation schemes, including sharing of capital costs and full Operation and Maintenance responsibilities.
- Government support including budgetary allocations to implement schools sanitation programmes in general and girls primary schools in particular.



- At least 75% - 80% of the completed handpump schemes are being used and functioning at a given time.
- Numbers of household latrines constructed and used for improved hygiene practices.

Impact Indicators:

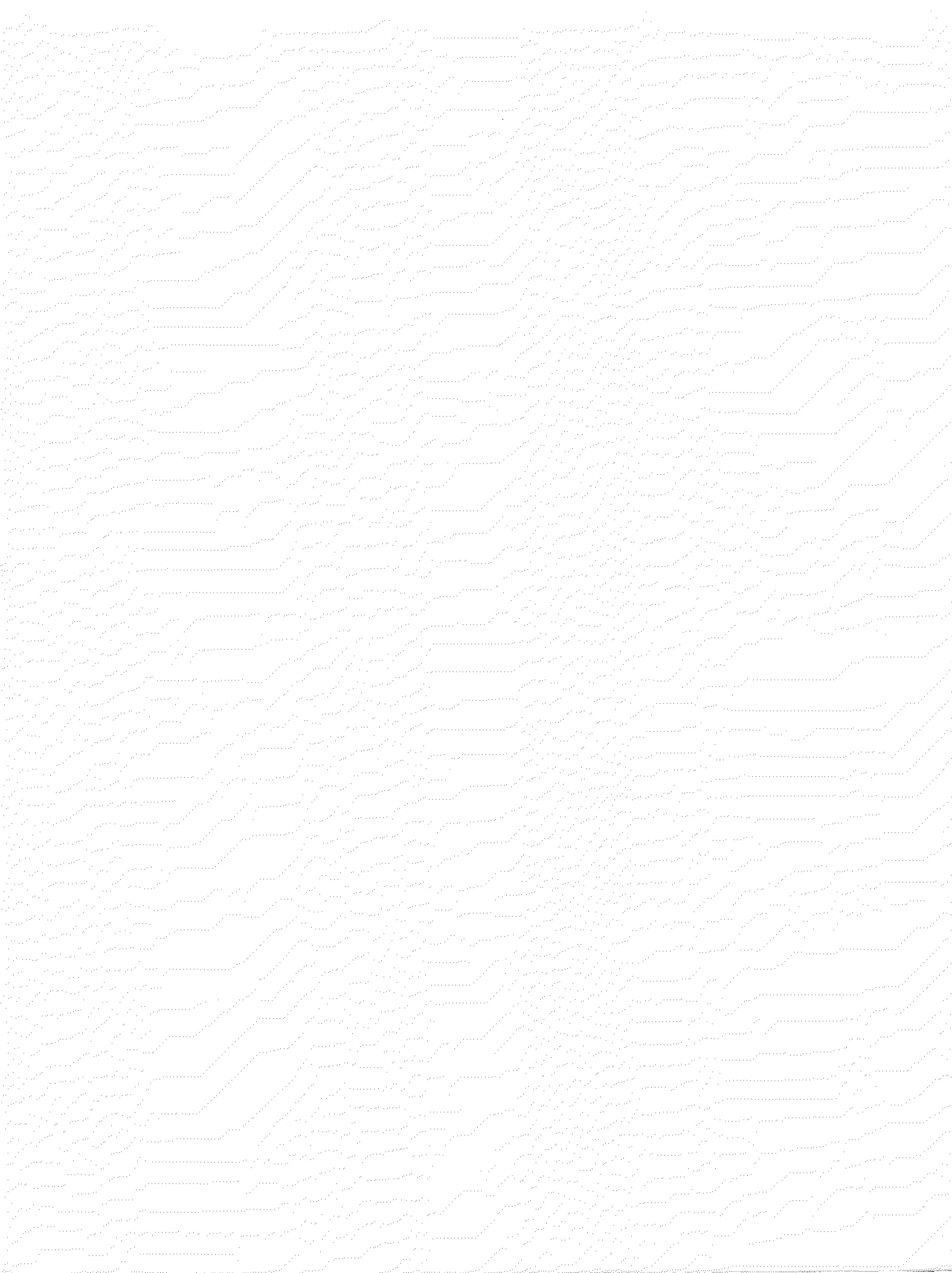
- Percentage increase in the coverage of safe water by 1998.
- Percentage increase in the coverage of adequate sanitation by 1998.
- Reduction in child deaths due to diarrhoeal diseases.
- Reduction in morbidity due to diarrhoea.

GOVERNMENT/OTHER AGENCIES/COMMUNITY INPUTS FOR THE PROGRAMME OVER THE SAME PERIOD

The government agencies responsible for the implementation of the WES programme in the country are PHED and LG&RDD. The allocation of resources during the current 8th Five year plan (1993-98) is Rs.31.433 billion for the Rural Water Supply & Sanitation Programme. Additionally, an allocation of Rs. 19.255 billion has been made to improve the Urban Water Supply and Sanitation during the five year period.

Donor-funded sectoral projects support community-based approaches. A World Bank/IDA financed US\$ 136.7 million WES programme is being implemented in Sindh, Balochistan and AJK. The Government of Netherlands in collaboration with UNICEF is supporting the low-cost rural water supply and sanitation programme in Balochistan. The ADB approved a US\$ 79 million proposal for rural WES projects in 6 districts of Punjab. Similarly in NWFP, the German Government through GTZ/KFW is providing a 25 million DM grant for the implementation of projects in the province with water, sanitation, drainage and solid waste disposal components. GTZ is working with PHED in NWFP to strengthen the institutional capacity of the agency in implementing the community-based WES programme. More recently, the Asian Development Bank provided technical assistance with the objective of strengthening strategy development, training, planning of the hand-over programme and field demonstration of community management of schemes.

Community inputs for the programme are steadily increasing. Under the unified sector policy developed for each province, communities need to participate by selecting technology, contributing to capital costs and bearing full responsibility for the O&M.





FOCUS DISTRICT PROGRAMME

EXECUTIVE SUMMARY

Substantial improvement in the process and quality of service delivery is required for positive impact on social indicators relating to the status of children and women. This is an undertaking that calls for action by the Government with the active participation of civil society.

UNICEF's limited human and financial resources, and the magnitude of the challenge in the social sector will not permit country-wide support for such activities as capacity building of sub-district level functionaries and setting up of processes for participation of civil society in all districts. A concentration on a small number of districts would, however, allow for testing strategies and studying a development process in which partners would act in concert to bring about change in the situation of children and women.

Most of the bridging Country Programme strategies will be national in scope. For example, development, refinement and operationalization of policies in favour of children and women, organization of communities to take action for their own development and promotion of legislation and its enforcement in conformity with the CRC and CEDAW (with support from the federal and provincial levels), will affect all districts, even in the early stages of the bridging programme.

The strategies will be implemented in a phased, focus district approach, starting with monitoring, mapping of district profiles and training of district level officials, in a few districts. National and provincial-level strategies will, however, converge to support district-level implementation. This points to the need for:

- i) support at sub-district level for district teams in selected areas;
- ii) mechanisms for collection and use of district-level data;
- iii) stronger alliances between service providers and civil society, and
- iv) more workable and effective mechanisms that would allow people to participate in their own development.

A total of five districts will be selected during the bridging Country Programme. The process will be tested, closely monitored and documented to refine and enrich the strategies of the programme.



Through this process, a knowledge base will be built to facilitate wide-scale replication during the next country programme, by the Government in collaboration with other donors. In order to test the approaches during the bridging Country Programme, UNICEF Pakistan will take support to district-level implementation one step further in selected districts. This will include:

- i) strengthening the existing coordination mechanisms such as the district coordination committee headed by the Deputy Commissioners, to foster multi-sectoral convergence for a greater impact;
- ii) creating an alliance between service providers and civil society to be tested in these districts;
- iii) providing support to sub-district level functionaries to collect, analyze and discuss community data at the community level;
- iv) capacity building of NGOs in project planning, implementation, data collection, monitoring, community organization and resource mobilization;

Disparity reduction will be a key concern of the new programme in terms of geographical differences and social inequities. Systematic efforts will be made to reach girls and women, empowering them to act as agents of change. District-level focus will provide more substantial and illuminative understanding of the situation of other hard-to-reach groups (the urban poor, working children etc.) and their geographical distribution.

The selection of the focus districts will be based on criteria that will take into account a mix of urban/rural population, existing resources and status of social indicators, UNICEF's experience in the district, interest of the district officials and presence of other donors.

SUMMARY OF SITUATION ANALYSIS AND RELEVANT NATIONAL POLICIES

Almost all policy documents including the Social Action Programme, focus on the need to provide more information, authority, resources and skills to district officials and to involve civil society in its own development. Many of these plans have not yet been fully implemented.



At present, management information systems exist, with varying degrees of substantiveness and reliability. They almost exclusively focus on facility-based data. Comprehensive, household-level data are not available. Regular access to district-based data and analytical skills required for taking corrective action are needed to improve service delivery mechanisms. Although much attention is being given to capacity building of district officials and functionaries, yet, many of the training activities are ad-hoc and un-coordinated. In the absence of adequate resources and a supportive environment, it is often not possible for trainees to apply acquired knowledge and skills, following their training. Most training programmes do not adequately equip the service providers with skills and means to create linkages with civil society. There is a strong need to develop a well-coordinated training package for all district staff, including sub-district level functionaries.

Many non-governmental organizations (NGOs), consultancy firms and community-based organizations (CBOs) are set up by well-meaning individuals with little or no capacity to plan, implement and monitor programmes or to mobilize resources. Building the capacity of NGOs and CBOs to participate in the developmental process is needed at the sub-district level. In the present environment, linkages between service providers, NGOs, community opinion leaders and families are weak. Setting up mechanisms for participation of civil society is a priority need.

OVERALL PROGRAMME OBJECTIVE

Better understanding of the relationship between processes and outcomes in development strategy.

PROJECTS AND SUB-PROJECTS

The projects and sub-projects under the Focus District Programme will be as follows. (Federal and Provincial Plans of Action will select sets of these activities to address specific issues and opportunities)

PROJECT: ADVOCACY & SOCIAL MOBILIZATION

Objective: Families and communities recognize their own capabilities to improve their health and education status and community participation institutionalized through sustainable mechanisms at mohalla/village level.



The project will encourage the participation of people from different groups, especially women, in their own development through integrated committees for health, education, water & sanitation as well as children's and women's rights. Participation of NGOs/CBOs, private practitioners, private sector, community opinion leaders will be encouraged. Linkages between the committees and service providers at district level will be supported. The programme will ensure that these committees are institutionalized with clear roles and responsibilities. The Committees will also support the process of resource mobilization at the community level as well as dissemination of information to families with a focus on education and health issues. An attempt will be made to encourage women's participation in integrated committees.

All communication channels will be used to provide information to families and communities so that they can make informed decisions to improve their lives in the areas of health, education, clean water and sanitation.

Sub-Project 1: Advocacy & Social Mobilization:

Objective: District level service providers and beneficiaries work together for improved social and human development.

Activities:

- i) Develop communication and social mobilization plans based on assessment and analysis, with inputs from all sectors and district officials.
- ii) Meetings, briefings with Deputy Commissioner, district officials, political groups for advocacy for strengthening the District Coordination Committees, and other such coordination mechanisms.
- iii) Meetings with NGOs, CBOs, private practitioners, community opinion leaders including political groups at district / sub-district level to encourage people's participation, especially women's, in the development process, through integrated committees.
- iv) Support setting up and functioning of integrated committees at village and mohalla level.
- v) Support monthly meetings of integrated committees and feedback mechanism to District Coordination Committees and communities.
- vi) Support quarterly events through NGOs/CBOs at mohalla & village level for sharing information on participatory programme processes.
- vii) Support seminars to disseminate and discuss UNICEF's strategy on caring practices, sanitation and basic education.

Sub-Project 2 Capacity Building

Objective: Service providers and beneficiaries knowledgeable and motivated to improve their health and education status.



Knowledge Activities:

- i) Use integrated baseline data for establishing triple-A processes with social ally groups.
- ii) Develop a mobilization/ communication plan with multi-sectoral/inter-sectoral components, using from target audiences.
- iii) Develop communication material using results of KAP studies.

Training and Orientation Activities

- i) Support communication with families for improved caring practices and Facts for Life, through sub-district functionaries, NGOs/CBOs and community leaders.
- ii) Support communication with families for increased participation and utilization of services for immunization, diarrhoeal disease control, safe motherhood, primary schooling, safe water and sanitation.
- iii) Inform families of available and accessible quality health and education services in the district.
- iv) Disseminate information to families to counter false rumours and discourage bad practices (e.g. rumours on iodized salt, unsafe syringes, feeding bottles).
- v) Support communication with families for sending children, especially girls, to school at the right age, allow children to complete schooling, and, generally, reducing gender disparities in utilization of services.

Sub-Project 3: Support to Service Delivery

Objective: Material for social mobilization and communication, incorporating key multi-sectoral concerns, produced and disseminated.

Activity:

- i) Produce and disseminate material for social mobilization, orientation and programme communication.

PROJECT: PLANNING

Objective: Enhanced knowledge and skills of district-level programme managers to plan improved service delivery for the benefit of children and women.

Sub-project 1: Advocacy and Social Mobilization

Objective: Programme Managers sensitized on the need for rational planning and its relationship to improved and sustainable service delivery.



Activity:

- i) Multi-sectoral focus-group discussions with district and sub-district personnel on trends in the situation of women and children, with linkages to government plans and programmes.

Sub-project 2: Capacity Building

Objective: Strengthened capacities of district programme managers to plan and budget development programmes for children and women.

Information Activities:

- i) Review of on-going and proposed programmes, from planning and budgeting perspectives.
- ii) Review of existing and potential sources of data for planning.

Training and Orientation Activities:

- i) Orientation/sensitization workshops on the status of data on health and nutrition, basic education, WES, Child Rights and Women's Rights
- ii) Training of district functionaries and selected NGO representatives in the interpretation and use of data for planning.
- iii) Training of district functionaries and selected NGO representatives in programme planning and in micro-planning skills, using available empirical data.

Sub-project 3: Support to Service Delivery

Objective: District Departments and Programme Managers provided with materials and tools for improved planning.

Activity:

- i) Produce and distribute reports and statistical data in various forms, for use in programme planning and budgeting.

PROJECT: CAPACITY BUILDING

Objective: Sub-district functionaries, NGOs, CBOs, community leaders have skills for community organization, participation and improved service delivery.

Under the support to national programmes a comprehensive training package will be developed for integrated groups of district officials. This package will be aimed at improving the skills of district level programme managers, in the areas of management, communication and gender sensitization. It will also promote inter-sectoral linkages between sectors at the service delivery level. This package will be implemented in all the districts during the bridging period, in a phased manner. Along with this package, inter-linked packages will also be developed for sub-district



functionaries, NGOs, CBOs and community leaders. The focus of these packages will remain management, communication, inter-sectoral linkages and gender issues. However, they will be relevant to the needs of the target groups and will include other components such as community organization and mobilization and resource mobilization at community level. UNICEF will support the training of these categories of personnel only in the focus districts programme. The packages will be made available to other donors, as well as the government for being implemented in other districts.

The training programme will be developed in consultation with the target audience. It will be based on their needs; use participatory training methodology; include support to training packages for different levels of service providers and promote an environment which supports changed behavior after training.

In addition to the integrated training package, there will be sector-specific training to build the capacities of district and sub-district functionaries in areas of concern in health and nutrition, sanitation, and basic education.

For example, in the health sector this will include teacher's training for dissemination of "Facts for Life" messages.

In education, it will include training/orientation of Learning Co-ordinators (LCs), NGOs and Community-based Organizations (CBOs) on methods of improving linkages between school, parents and the community and mobilizing support for primary (girl's) education. This will also include teacher training in pedagogical skills, which will integrate key concerns in health and nutrition, water and sanitation, gender as well as rights.

The WES sector will focus on building capacity of sub-district functionaries in effective interpersonal communication for promoting sanitation, hygiene and ORT. Capacity building of district and sub-district officials will be also be undertaken in the area of gathering and use data for improved planning, monitoring and corrective action.

Sub-Project 1: Advocacy & Social Mobilization

Objective: Training activities actively supported by District Officials, NGOs/CBOs, private sector and community leaders.

Activities:

- i) Include briefings on proposed training programme during meetings with service providers and other groups.
- ii) Involve target audience groups in the development, monitoring and evaluation of the training packages.

Sub-project 2: Capacity Building

Objective: Sub-district functionaries, NGOs, CBOs, Community leaders improve service delivery and ensure effective community participation.



Information Activities:

- i) Assess the existing training packages being used for sub-district functionaries and other groups and assess impact. (under Advocacy and Communication Programme)

Knowledge Activities:

- i) Support needs assessment for training of different groups. (under Advocacy and Communication Programme)
- ii) Support development of training packages for sub-district functionaries, NGOs, CBOs & community leaders, integrated packages and sectoral components.
- iii) Develop training packages for DEOs, LCs, VECs, SMCs.
- iv) Support development of orientation package for integrated committees at village and mohalla levels.
- v) Support development of training material including audio/ visual aids.

Training/Orientation Activities:

- i). Training of trainers for training of sub-district functionaries - integrated package and sectoral components.
- ii) Training of trainers for NGOs/CBOs and community leaders on community processes.
- iii) Training of integrated groups of sub-district functionaries.
- iv) Training of NGOs/ CBOs & community leaders in community processes promoting basic education, primary health care, clean water and adequate sanitation.
- v) Training of integrated committees and personnel in girls' schools on the use and maintenance of WES facilities and in health and hygiene education.
- vi) Training of lead trainers, learning coordinators and head teachers in innovative technologies in education
- vii) Orientation of health workers to develop easy to understand materials that link health status with existing conditions for use during families visits.
- viii) Training of trainers in the implementation of the caring strategy.
- ix) Training of trainers, facilitators and mobilizers in the implementation of the caring practices module.



Sub-Project 3: Support to Service Delivery

Objective: Production and dissemination of training/orientation material in timely and effective manner and selective support to provide WES facilities.

Activities:

- i) Support production and dissemination of integrated training material.
- ii) Support production and distribution of manuals and other guides for district and sub-district education personnel including DEOs, LCs, VECs, SMCs.
- iii) Support production and dissemination of packages of supplies for training activities.
- iv) Provide WES facilities (handpumps and latrines) in some girls' schools.

PROJECT: STRENGTHEN DISTRICT AND COMMUNITY LEVEL PROCESSES FOR ASSESSMENT AND ANALYSES

Objective: District and community-level processes for assessment and analysis strengthened.

Sub-project 1: Capacity Building

Objective: Service providers and beneficiaries able to assess and analyze problems, take action for development, as well as measure and discuss impact.

Information Activities:

- i) Assess human resource needs of district, district and community-level processes, as well as capacities of service providers, for identifying, assessing and analyzing problems related to service delivery, resource mobilization and people's participation in development.
- ii) Conduct baseline studies to obtain information on immunization, caring practices, gender disparities, and family-level use of services.
- iii) Conduct sample survey on minimum levels of learning of primary school children at the elementary level.
- iv) Conduct baseline studies to obtain information on women's participation in the development process.

Training and Orientation Activities:

- i) Development of training packages for district and organized community groups, to measure and monitor trends in the achievement of goals for children and women.



- ii) Training and orientation workshops for district and sub-district personnel, and organized community groups in simple assessment and analysis (and action research) techniques.
- iii) Training and orientation workshops for multi-sectoral district and sub-district personnel, and organized community groups, in data collection, programme monitoring and reporting techniques.
- iv) Training of trainers in health and nutrition in the assessment of caring practices.
- v) Training of DEOs and Learning Co-ordinators in the assessment of basic competencies.

Sub-project 3: Support to service delivery

Objective: Technical and logistic support provided for process monitoring and impact assessment.

Activity:

- i) Provide support for monitoring the process and impact of advocacy and social mobilization and capacity building activities, through master trainers, government counterparts, and community leaders.

UNICEF FUNDING BY STRATEGY (GR) WITH ANNUAL PHASING

(US dollars in thousands)

Project	1996	1997	1998	Total
Social Mobilization	150	100	75	325
Planning	100	100	100	300
Capacity Building	200	208	170	578
Strengthen district and community level processes for assessment and analyses	150	100	70	320
	600	508	415	1,523

INDICATORS TO MONITOR PROCESS AND IMPACT

Indicators

- Number of district-level functionaries trained, and applying skills acquired in data collection at the household level, monitoring, communication and community organization and participation.



- Number of functioning integrated committees set up by service providers for the participation of civil society in the development process at village and mohalla level.
- Frequency of District Coordination Committee meetings and number and types of decisions taken for intersectoral linkages.
- Systems and processes in place for collection and dissemination of district-based data and completion of mapping exercises.
- Number and type of Knowledge, Attitude and Practices studies completed.
- Number of families empowered with essential information on caring practices at the family level.
- Number of families utilizing health and WES services.
- Percentage increase in girls' access to school and other services, compared to 1995 levels.
- Percentage increase in participation of women as a target audience and agents of change as compared to 1995 levels.

GOVERNMENT/OTHER AGENCIES AND COMMUNITY INPUTS OVER THE SAME PERIOD

Government will be responsible for the infrastructure, personnel, expendable supplies and transportation. If other agencies and donors are working in the selected districts, they may support the cost for training of sub-district functionaries and NGOs. Communities will participate in the process to provide support in information dissemination and collecting district-based data through volunteers. Communities will contribute time and resources for the Integrated Committees.