AJK POLICY BRIEF

SITUATION ANALYSIS OF POVERTY, AGRICULTURE, HEALTH, EDUCATION AND WASH

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AJK SDGs SUPPORT UNIT, P&DD

Short Brief

GOAL 1: NO POVERTY		
Promising	**Challenging**	**Actions**
• AJK has the lowest incidence and intensity of multidimensional poverty. • AJK has a high proportion of households with access to basic services.	• Many households still use wood as a source of fuel. • Transportation barrier still exists for a majority of the population. • Unemployment is high compared to other regions of Pakistan. • Availability and use of reliable and accurate data in policy is absent.	• Move people away from wood to other more efficient fuels. • Provide people with some mode of transportation especially in rural areas. • Create employment opportunities in AJK. • Improve data collection and use data to formulate future policy.
GOAL 2: ZERO HUNGER		
Promising	**Challenging**	**Actions**
• Food insecurity in AJK is lower than the national average. • Prevalence of stunting is also lower compared to national figures. • Proportion of underweight children is also lower than national average. • AJK is surplus in wheat, meat and milk production capacities.	• Undernourishment and wasting is higher in AJK compared to national average. • Self-sufficiency is not visible in agriculture despite abundance. • AJK not capitalizing its topography and climatic variance for efficient crop production.	• Improve awareness about nutrition and healthy diet, especially for children. • Improve productivity and yield of existing agricultural produce. • Convert cultivatable wasteland into cultivatable land to increase production capacity in AJK. • Reduce of supply gap in wheat, fruits, vegetables, milk and meat products. • Improve data collection and use data to formulate future policy.
GOAL 3: GOOD HEALTH AND WELLBEING		
Promising	**Challenging**	**Actions**
• In AJK, maternal, neonatal and infant mortality rates are lower than the national average. • Death due to non-communicable diseases and traffic accidents is lower than the national average.	• Burden on doctors, dentists, paramedics and lady health workers is high compared to national figures. • Adolescent birth rate is high.	• Reduce maternal, neo-natal and infant mortality. • Improve health outcomes for non-communicable diseases. • Increase awareness about the use of contraception and attempt to decrease adolescent birth rate in order to decrease fertility rates.

• Population growth rate is lower than the national average. • Hospital bed to population ratio better than the national average.	• There is a small decrease in number of minor procedures, health centers and nurses.	• Increase skilled personnel and facilities in healthcare. • Improve quality of healthcare provided with strict licensing requirements for private sector and attendance compliance for the public sector. • Increase awareness about environmental health and importance of WASH for improved healthcare. • Improve data collection and use the data for decisions related to finances and health policy and implementation.
GOAL 4: QUALITY EDUCATION		
Promising	**Challenging**	**Actions**
• Education attainment in AJK is the highest in Pakistan. • Retention rate while low is still higher than the national average. • Enrollment in pre-primary higher than other areas of Pakistan. • Best performing in net enrollment and out-of-school children rates.	• Infrastructure scores for primary and middle schools ranked the worst in Pakistan. • Higher proportion of over-age children in classrooms.	• AJK needs to improve its net enrollment and retention rates that include addressing child labor and economic marginalization. • Primary and middle school infrastructure needs to be improved. • Increase quality of and access to pre-primary education and bring excluded children into education. • Improve data collection and use for evidence-based decision making.
GOAL 6: CLEAN WATER AND SANITATION		
Promising	**Challenging**	**Actions**
• Access to sanitation facilities higher than the national average. • Numerous freshwater sources are available for water collection.	• Access to clean water supply lower than the national average. • Burden of water-borne diseases and associated absences from school is high.	• There is a need for comprehensive sector-specific policies and ADP budget on WASH. • There is need for appropriate legislation, e.g. it should be mandatory for all schools and private houses to have toilets. • There is need for a consistent strategic approach on awareness raising programs at the community level. • Effectively monitoring and data reporting should be conducted.

SDG 1 - No Poverty

(End Extreme Poverty in all its forms by 2030)

Overall, poverty levels in AJK are amongst the lowest in Pakistan. According to a report by Ministry of PD&R and UNDP published in 2016, **24.9%** percent of people in AJK can be considered multidimensionally poor; this is lower than the national average of 38.8% and the second lowest incidence in Punjab at 31.4%[1]. Both urban and rural incidence of poverty are also the lowest in the country.

Moreover, the intensity of poverty, at **46.3%** is also the lowest followed by GB at 48.3% whereas the national average stands at 50.9%[2]. This means that poor people on average suffer in 46.3% of the weighted indicators in health, education and living standards. Urban and rural intensities are also the lowest in the country. **Table 1** in the **Annexure A** summarizes these findings.

Additionally, **74%** of the households in AJK are reported to have access to basic services (housing, education, healthcare, social welfare, transport, electricity, energy, water and sanitation)[3] and in all districts local disaster risk reduction strategies have been adopted and implemented[4].

Furthermore, an analysis of the ADP 2018-19 shows that substantial development budget is being spent on poverty reduction both directly and via interlinkages with other schemes. An additional Rs. 222.71 million is being supplied through the Zakat and Ushr fund and Rs.750 million is being spent through Akhuwat in AJK for poverty reduction and livelihood of the people[5]. Additionally, the Government of AJK spends 33.82% of its funding on essential services such as education, health and social protection. This is higher than the national average of 18.1%, Balochistan at 32.3% and Punjab at 33.4% but lower than Sindh at 36.5% and KP at 37%[6].

In another study, divisional level data shows that Muzaffarabad is the most multidimensionally poor division with 36% of the respondents below the cut-off, followed by Poonch at 34.5% and Mirpur at 23%.[7] The main contributors in AJK are living standards (13%), followed by health (12%) and education (8.4%).[8] Table 2 in the Annexure lists the findings for each indicator at the divisional level. The biggest individual impact comes from lack of access to clean drinking water (31.9%), use of wood as cooking fuel (25.2%) and lack of access to cars (72.1%).

Overall, while a smaller proportion of people in AJK are poor, those in poverty have higher levels of deprivations. Therefore, the focus needs to be both on reducing the incidence of poverty as well as the intensity of the deprivations.

[1] Multidimensional Poverty in Pakistan, Ministry of Planning, Development and Reform, 2015.
[2] Ibid.
[3] AJK Statistical Yearbook, 2018, AJK BoS.
[4] SDG baseline data provided by SDMA, GoAJK.
[5] SDG baseline data provided by ADP and Zakat Dept, GoAJK.
[6] SDG National Baseline Data, 2018.
[7] An Analysis of Poverty Prevalence in AJK Using MPI Approach, Ghulam Sadiq Afridi, Pakistan Agricultural Research Council, 2018.
[8] Ibid.

Policy Options:

1. Increase access to education at primary level (discussed under SDG 4).
2. Provide access to clean drinking water (discussed under SDG 6).
3. Reduce the use of wood as cooking fuel. It is not only detrimental to the environment but use of wood also leads to indoor pollution and disproportionately impacts the health of women and children. Moreover, there is also a high burden of fuel collection on women.
    a. Promote more efficient and sustainable use of traditional biomass. It is not feasible to switch away from traditional fuels altogether, therefore, people can be moved towards less polluting alternatives such as ethanol gel, plant oils and biogas.
    b. Use improved stoves and enhance ventilation in homes. Improved stoves can reduce biomass consumption by 10% to 50% and reduce indoor air pollution by up to 50% as well.[9]
    c. Use better fuels such as LPG, kerosene or DME (dimethyl ether).
4. Increase access/mobility to reduce the impact of lack of car ownership.
    a. Provide access to public transport, especially in rural areas; possible introduction of motorcycle transport.
    b. Increase access to markets and services (especially health and education) in rural areas.
    c. Provide access to those most in danger – the poor, the elderly, the disabled and the young in existing transportation models.
5. Create employment opportunities for people of AJK.
    a. Provision of an asset, skill to use that asset and access to the markets especially in rural areas, akin to Targeting the Ultra Poor by BRAC[10].
    b. Create skilled jobs in the tourism sector.
    c. Jobs in packaging of produce and higher value chain processes.
6. Improve data collection and use data to formulate future policy.

[9] Energy for Cooking in Developing Countries, IEA, 2006.

[10] Recommendation by Mr. Matthew Bunyi, Associate in Research at Duke University, based on the experience of BRAC – a Bangladesh-based NGO – that developed a methodology tailored for the ultra-poor and applied it over 24 months. 5% of participants left the rigorously defined category of ultra-poverty over the two years – and more importantly, they had stayed out of it four years later. Outside Bangladesh, CGap and the Ford Foundation have coordinated studies in eight countries on graduation programs explicitly modelled on Brac's. After 18 to 36 months, 75% to 98% of participants meet "graduation" criteria.

SDG 2 - Zero Hunger

(End Hunger, Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture)

The most obvious cause of hunger is poverty. The poor cannot feed themselves or their families, so they become weak and malnourished which makes then unable to work and therefore, they fall even deeper into poverty. Mental and physical health is compromised by lack of food, cutting productivity, output and the wages that people earn. Chronically hungry people cannot accumulate the financial or human capital which would allow them to escape poverty. Hunger also has an inter-generational dimension, with undernourished mothers giving birth to underweight children. In societies where hunger is widespread, economic growth, an essential element in sustainable poverty reduction, is severely compromised.

Furthermore, natural disasters and climate change has led to a rise in floods and/or droughts damaging crops and leading to massive food shortages. Most developing countries also lack the resources and the knowledge to shore up the agriculture sector themselves. **A UN study found that investments in agriculture reduce hunger five times more than investment in any other sector**[11].

In AJK, **29%** of the population is undernourished, higher than the national rate of 19.9%. Also, **57.1%** of people in AJK are food insecure with **25.9%** facing moderate to severe insecurity with **5.7**% being severely food insecure. This is slightly lower than the national average of 58% but much higher than the lowest performing region KP at 31.5%. At the national level 60% of individuals are considered food insecure[12].

In terms of nutrition, **31.7%** of children under the age of 5 are stunted compared to 43.7% nationally. The figure is high, but AJK remains the best performing region in the country. Wasting stands at **17.6%**; higher than the national average of 15.1% and higher than every other region. The proportion of underweight children in AJK is **25.8%** lower than the rate of 31.5% nationally with only KP performing better at 24%[13].

The volume of production per labour unit stands at 350 kg of food grains, 1022 litres of milk and 86.7 kilograms of meat. The average income of small scale food producers is recorded at $302 per person per year[14].

In AJK, a substantial portion of the agriculture area is not used productively as only 31% is under cultivation. Moreover, the Agriculture Orientation Index for Government Expenditures[15] is 1.9

[11] The Relationship of Hunger & Poverty, The Borgen Project 2014.
[12] SDG National Baseline Data and AJK Baseline Data.
[13] Ibid.
[14] Ibid.
[15] The Agriculture Orientation Index (AOI) for Government Expenditures is defined as the Agriculture Share of Government Expenditures, divided by the Agriculture Share of GDP, where Agriculture refers to the agriculture, forestry, fishing and hunting sector. The measure in a currency-free index, calculated as the ratio of these two shares. An Agriculture Orientation Index (AOI) greater than 1 reflects a higher orientation towards the agriculture sector, which receives a higher share of government spending relative to its contribution to economic value-added. An AOI less than 1 reflects a lower orientation to agriculture, while an AOI equal to 1 reflects neutrality in a government's orientation to the agriculture sector.

indicating heavy orientation towards agriculture compared to the economic value-added. Total official flows to the agriculture sector stand at Rs. 1288 million.

Moreover, an understanding of food demand and supply in AJK shows that currently there is a 0.194 metric ton supply shortage in wheat that would increase to 0.939 metric ton by 2025. A similar supply gap was also seen for vegetables at 0.240 metric tons with AJK being abundant in fruits with a surplus of 0.796 metric tons. Moreover, AJK was also seen to be abundant in meat and milk with 0.036 metric tons and 659 million liters respectively. However, at current pace given the population growth AJK is expected to lose the surplus production and would have difficulty meeting the demand for all these goods domestically[16].

Reduction in hunger requires a two-pronged strategy:

1. Direct measures have to be taken to enhance the access of those in extreme poverty to the food they need for an active life: this empowers them to break out of the hunger trap and allows them to participate fully in development processes.
2. Efforts must be stepped up to promote broad-based agricultural and rural development which will create opportunities for a sustainable exit from poverty.

These prongs are also mutually reinforcing since advancement in one improves the effectiveness of the other. When feeding programmes and food-based safety nets are supplied from local production, this leads to a double benefit: not only are the hungry fed but local markets for food expand, opening income earning and employment opportunities for the poor[17].

Policy Options:

1. Improve awareness about nutrition and healthy diet, especially for children.
    a. Awareness programmes in school about a healthy diet and recommended portions.
    b. Working with LHWs to promote crucial complementary feeding practices amongst mothers and fathers.
2. Improve productivity and yield of existing agricultural produce.
    a. Use of better varieties of seeds and modern farming practices.
    b. Understanding of the best varieties and crops based on climate and topography.
    c. Access to water for irrigation purposes where necessary.
3. Convert cultivatable wasteland into cultivatable land to increase production capacity in AJK.
4. Reduction of supply gap in wheat.
    a. Declare Mirpur division as wheat zone with development programmes largely restricted to this area.
    b. Buy-back guarantee of wheat from framers by the food department.
5. Reduction of demand supply gap in fruit and vegetables.
    a. Focus more on fruits and vegetables in the Northern Areas of AJK.
    b. Establish public sector fruit and vegetable markets in Rawalakot and Muzaffarabad.

[16] Food Demand Analysis in AJK, Dr. Ghulam Sadiq Afridi, 2018.
[17] Reducing Poverty and Hunger, FAO.

    c. Develop an insurance program for fruit and vegetable farmers.
6. Utilize the surplus demand-supply gap in milk and meat.
    a. Conduct a comprehensive and authentic livestock census.
    b. In the long-run, plan for a meat and milk processing plant.
    c. Develop a small ruminant fattening farm in the private sector.
7. Develop a system for accurate data collection and use it to drive policy and administration in the sector.

SDG 3 - Good Health and Wellbeing

(Ensure Healthy Lives and Promote Well-Being for All at All Ages)

An important correlation exists between health and poverty, with each one likely to exacerbate the other. Poor health has been shown to have detrimental impact on level of poverty. High cost of health care, from medical fees, transportation costs and informal loan payments can push people into poverty. There is also an associated loss of income from being ill and/or leaving school work to care for the chronically ill thereby also impacting education. Moreover, poor people are also more likely to sell their assets or leave their assets in search for healthcare.

Poverty in turn can also impact health outcomes. Poor people are unable to access nutritious and high-quality food products, increasing their likelihood for illness. Moreover, they are unable to undertake preventative or early care due to financial constraints. Lower income quintiles are also more likely to lack information about health, possible due to lack of education. Perhaps most importantly, the poor also lack influence to get social services to work for them.

In AJK, the maternal mortality ratio is **178 out of 100,000** compared to a desired ratio of 70 per 100,000 live births. Nationally, the figure is a lot higher at 276 deaths with the second lowest in Punjab at 227. Similarly, the under-5 mortality rate in AJK is **81.9 per 1000** live births compared to desire level of 25 per 1000. Results of AJK are lower than the national average of 89 but higher than the best performing province KP which stands at 70. The neonatal mortality rate stands at **47 of 1000** when it can be as low as 12 per 1000. This is lower than the national average of 55 but KP again has a lower score at 41.

The number of new HIV infections in AJK stands at 0.09 per 1000 people lower than the national rate of 0.18. Also, the incidence of tuberculosis in AJK is at 2.69 per 100,000 people; this is higher than the national average of 2.31 but lower than the incidence in Punjab 2.81. All other regions of Pakistan have a lower rate of incidence.

In AJK, the burden of deaths due to non-communicable diseases such as cancer, diabetes, and cardiovascular and chronic respiratory diseases stands at 24.7%[18] compared to the national average of 58%[19]. Similarly, the national suicide mortality rate stands at 3 deaths per 100,000 compared to 2.1 in AJK and death due to road traffic accidents is at 14.2%.

Data on reproductive healthcare shows that 47% of women in AJK used modern methods of family planning. Moreover, the adolescent birth rate in AJK is 47.3 live births per 1000.

Coverage of essential health services in AJK stands at 46.3% and includes interventions related to reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access among the general and most disadvantaged population. The vaccination coverage rate stands at 94%.

The growth rate in AJK is 1.63% compared to the national rate of 2.4%. Moreover, the number of hospital beds per 1000 people is 0.938 which while low is the highest in the country; the national

[18] SDG Baseline Data for AJK, 2018.
[19] World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

average stands at 0.620. Moreover, there are 0.265 physicians per 1000 population compared to 0.96 nationally with the highest in Sindh at 1.557, 0.06 dentists for the same number of people which is lower than the national average of 0.09 with the highest in Sindh at 0.136, 0.016 paramedics compared to 0.490 nationally and 0.087 lady health workers compared to 0.09 at the national level[20].

Furthermore, a comparison of health indices in AJK from 2013 to 2017 show a backward trend on some indictors. There is an increase in population per bed from 1368 to 1739, increase in the population per doctor from 4700 to 5540, a decrease in the number of minor procedures performed from 44700 to 283000, a decrease in dispensaries from 86 to 85, a decrease in maternal and child health centers (from 203 to 201) as well as first aid posts (232 to 227), TB/Leporasy centers (67 to 64) and malaria centers (189 to 167). Additionally, AJK has seen a fall in the reported number of nurses from 371 to 370 and LHWs from 3067 to 3007[21]. This indicates a need for further exploration of causes as well as reliable data collection.

Policy Options:

1. Reduction in maternal, neo-natal and infant mortality is required in AJK.
    a. Increase access to maternal and child health services.
    b. Improve the rate of skilled birth attendance to deal with complications.
    c. Take preventative measures to limit the risk of waterborne diseases.
2. Improve health outcomes for non-communicable diseases.
    a. Increased awareness about proper nutrition and exercise to avoid complications associated with obesity.
    b. Advise against widespread interfamily marriages to decrease chances of genetic disorders.
3. Increase awareness about the use of contraception and attempt to decrease adolescent birth rate in order to decrease fertility rates.
4. Increase skilled personnel and facilities in healthcare.
    a. Bring private sector into the administrative data.
    b. Increase the number of healthcare workers in the public sector.
5. Improve quality of healthcare provided with strict licensing requirements for private sector and attendance compliance for the public sector.
6. Increase awareness about environmental health and importance of WASH for improved healthcare.
7. Improve data collection and use the data for decisions related to finances and health policy and implementation.

[20] AJK Statistical Yearbook 2017 and SDG National Baseline Data 2018.
[21] AJK Statistical Yearbook 2017.

SDG 4 - Quality Education

(Ensure Inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for All)

Education is intricately linked with poverty. Lack of education or poor education can lead to low productivity and low-paid jobs exacerbating poverty. Moreover, poor people are unwilling to send children to school due to costs such as tuition, books, uniforms, stationary etc. and/or a loss of income a child can earn for his/her family. Additionally, in developing countries, the education share of the budget is less leading to poor quality education, crowded classrooms, teacher burnout and retention issues.

Data shows that AJK performs well in education attainment of all the regions of Pakistan with a score of 72.96 followed by ICT at 70.43. A breakdown indicates that the highest component comes from learning (80.97) and gender parity (93.73); however, retention is poor (44.14) with the highest in ICT (55.54) followed by Punjab and GB (45.29)[22]. Table 3 in the Annexure presents the results in detail.

In terms of primary school infrastructure, AJK is the worst-performing region with a score of 20.58 whereas the highest score belongs to KP at 91.12. AJK did not fare much better in components either scoring the lowest in access to electricity (10.92%) compared to 99.48 in ICT and 89.94 in Punjab; 21.37 in drinking water compared to 97.47 in Punjab and 97.38 in ICT and presence of boundary wall (20.87) compared to 97.38 in ICT and 95.81 in KP. AJK also had the third lowest toilet access (27.39) with only Balochistan (19.03) and FATA (26.83) lagging behind, and second lowest infrastructure satisfaction behind Balochistan (13.53) at 22.35 percent[23]. Refer to Table 4 in the Annexure for a complete breakdown.

For middle school infrastructure, AJK was again the worst-performing with a score of 40.85 compared to the highest Punjab at 92.66. In provision of electricity, it was second after Balochistan (32.57) at 35.61 and last in drinking water at 46.49 compared to Punjab's 97.86 and 99.95, respectively. Moreover, in provision of toilets, AJK was second last at 51.73 with only FATA (48.84) scoring lower and the highest being in Punjab at 99.88. The region also performed poorly on the boundary wall indicator at 35.41 compared to the highest of 99.26 in Punjab and the second lowest 70.68 in GB[24]. Table 5 in the Annexure depicts these results in detail.

In readiness beyond primary, AJK fared in the middle at 40.99, behind ICT (99.16) and Punjab (67.22) but ahead of Sindh (38.72), Balochistan (33.65) and FATA (36.4). Enrollment beyond primary was 41.14 in AJK compared to 111 in Islamabad and 66.58 in GB. These results and the district results for AJK are presented in Table 6.

Moreover, participation rate in organized learning (one year before the official primary entry age) is 33.3%, which while low is higher than any other region. At the national level the figure is 15.6%, in Punjab it stands at 25.7%, in Sindh at 17.8% and Balochistan at 3.15%[25]. Only 1 in 10 children

[22] Pakistan District Education Rankings 2017, Alif Ailaan.
[23] Ibid.
[24] Ibid.
[25] SDG National Baseline Data, 2018.

aged 3 years in AJK have attended some level of education.[26] Lack of access to quality education early on not only limits early childhood development, but also puts a strain on primary school teachers and students for knowledge attainment.

Gender parity in AJK is also a lot better than the provinces with overall Gender Parity Index at 0.97, indicating that for every 100 boys there are 97 girls in school. At the primary level the GPI is lower at 0.94 but increases to 0.99 at the secondary level. AJK's primary GPI is lower than Punjab which stands at 0.97 but higher than the national average of 0.88 and other provinces. AJK's GPI for secondary education is the highest in the country[27].

Net primary enrollment in AJK is 81% which is less than the target of universal primary education with males (84%) at a higher net enrollment rate than females (77%). However, the scores are higher than the national average of 57% and the second highest score of 61% in Punjab. At middle school and matric level, the net enrollment rate drops to 50% and 34% respectively, with gender parity[28]. However, it is still much higher than the national average of 22% for middle school enrollment and 14% for matric enrollment. No other region fares better than AJK[29].

Moreover, total out-of-school children[30] in AJK (Grade 1 to 12) stands at 20.5% with girls at 22.2% and boys at 19%. This is lower than the national average of 44% with the second lowest being KP at 36% followed by Punjab at 38%[31].

58.9% of children of pre-primary age (3-5 years), 15.8% of children of primary school age (6-10 years) and 8.2% of lower secondary school age (11-13 years) are out of school. Furthermore, dropout rates are also high in AJK with 17.4% of students dropping out at Grade 5 and 13.6% dropping out in Grade 8[32].

Another issue in AJK is the presence of overage children in classrooms. 7.4% of children between 6-10 years are attending pre-primary school and 31.4% of children between 11 and 12 years of age are still in primary school[33].

Policy Options[34]:

1. AJK needs to improve its net enrollment and retention rates that include addressing child labor and economic marginalization.
    a. Ensure child work does not negatively impact their education.
    b. Provide appropriate education opportunities and social protection programmes.

[26] Out of School Children in AJK, UNICEF 2016.
[27] SDG National Baseline Data, 2018.
[28] PSLM 2014-15.
[29] SDG National Baseline Data, 2018.
[30] According to UNICEF and UIS 2011, out-of-school children are determined based on five dimensions of exclusion. Dimensions 1, 2 and 3 cover children who are not participating in formal schooling in three age groups: pre-primary, primary and lower-secondary age; and Dimensions 4 and 5 cover children who are attending primary or lower secondary school, respectively, but are at risk of dropping out.
[31] SDG National Baseline Data, 2018.
[32] Out of School Children in AJK, UNICEF 2016.
[33] Ibid.
[34] Many recommendations are borrowed from the UNICEF OOSC 2016 Report.

    c. Develop pathways like vocational education for vulnerable children.
2. Primary and middle school infrastructure needs to be improved.
    a. Ensure all girls and boys have access to schools offering a full course of education from pre-primary to lower secondary, and where appropriate, consolidate and rationalize services.
    b. Accelerate reconstruction ensuring that all schools meet building standards, with basic facilities (toilets, electricity, water, boundary eall) and secure routes from communities to schools.
3. Increase quality of and access to pre-primary education.
    a. Strengthen pre-primary education and integrate it into primary schools.
    b. Ensure Early Childhood education (ECE) teachers are trained and available.
    c. Sensitize communities and parents on the importance of early enrollment at the right age.
4. Bring excluded children into education.
    a. Involve teachers and communities in identifying OOSC and bringing them to school.
    b. Provide alternative pathways for OOSC, including developing or adopting compressed curricula for over-age OOSC, and targeted remedial and distance learning models.
    c. Integrate non-formal education pathways within mainstream education.
5. Improve data collection and use the data for evidence-based decision making.
    a. Strengthen baseline and real-time data collection mechanisms.
    b. Include private and non-formal education in the administrative data collection.

SDG 6 - Clean Water and Sanitation

(Ensure Availability and Sustainable Management of Water and Sanitation for All)

Access to water and sanitation facilities have an important role to play in breaking the vicious cycle of poverty. Poor people are more likely to not have access to clean water supplies and adequate sanitation, leading to death from water-borne preventable diseases. A common ailment amongst children that contributes to the infant mortality rate is diarrhea. Moreover, sick children are also likely to miss school due to illness or lack of proper sanitation facilities impacting education outcomes. Lack of access to water disproportionately impacts women as they are responsible for fetching water. Moreover, disease from unclean water makes poor farmers and low-wage earners less reproductive, pushing them further into poverty. WASH not only has an important association with poverty but also with education, health and the economy.

In AJK, concerns for access to clean water and adequate sanitation follow national trends. Data reveals that 45% of absences in schools were due to waterborne diseases with a higher rate of disease in houses with open defecation. Moreover, a large number of people in AJK do not treat water believing that running (21%), clean (33.6%) and good tasting water (32%) is of good quality. Only 5% considered boiled water, 2% boiled water and 1% considered chemically treated water being of improved quality. Some also do not treat water due to financial constraints[35].

In a survey conducted by GoAJK, it was seen that 56% of households in AJK never paid for water facilities while the remaining paid small amounts at varying time intervals. However, 78% of households were inclined to pay for safe water across wealth quintiles.

Access to improved water sources in AJK is 57% compared to the national average of 89%.[36] Moreover, if water connection is not available at home, 78% of the individuals reported to fetching water were women or girls. Since many drink from open water sources, there are concerns of water availability – in the winter water is scare and in the rainy season water quality is poor[37].

In AJK, only 5% of the population has no sanitation system, better than the national average[38]. Half the population has sceptic tanks or flush latrines. Other mechanisms include vent pit, open pit, pit latrine and piped sewer. Moreover, it was observed that water constraints increased the chances of practicing open defecation. Data also reveals that 52% to 71% of schools practice open defecation – latrines are either not constructed in these schools or not functional. Improved access to water and sanitation is linked with higher wealth quintiles[39].

In terms of satisfaction with sanitation, it was observed that women were more dissatisfied compared to men. The reasons for dissatisfaction included disrepair of existing facilities, their non-functional status or non-availability of water[40].

[35] Water and Sanitation Sector Analysis of Azad Jammu and Kashmir Baseline Survey Report, 2016.
[36] Ibid.
[37] Ibid.
[38] Based on the data presented in the National SDG Baseline document. It is important to note that this includes people who have access to soap and water whereas the AJK data does not clarify if that is the case.
[39] Ibid.
[40] Ibid.

Policy Options:[41]

1. There is a need for comprehensive sector-specific policies on water, sanitation and hygiene to cover gaps and issues. Under the regulatory framework of LG&RRD, Community Based Organizations (CBOs) can effectively develop partnerships with the private sector, which needs to be fostered.
2. Adequate budget should be allocated by the Government of AJK for the improvement of water, sanitation and hygiene under the Annual Development Plan (ADP).
3. There is need for appropriate legislation, especially on sanitation, to ensure implementation of standards at all levels, for example, it should be mandatory for all schools and private houses to have toilets. Under this legislation steps need to be taken to:
    a. Ensure construction and functionality of toilets in educational institutions;
    b. Establish Water and Sanitation Management Committees under Standard Operating Procedures (SOPs) to ensure Operation and Maintenance (O&M) of toilets; and
    c. Encourage school management to construct toilets, with motivational packages including rebates and incentives.
4. There is need for a consistent strategic approach on awareness raising programs at the community level to improve knowledge, attitude and practices on water, sanitation and hygiene, with adequate funds allocated to this activity. The strategy will need to include a focus on various target groups/audiences and channels including youth, religious clerics, women and girls and the services of mobile companies.
5. A situation analysis should be repeated every three years to effectively monitor the progress on the water and sanitation program in AJK.

[41] Recommendations are borrowed from the Water and Sanitation Sector Analysis of Azad Jammu and Kashmir Baseline Survey Report, 2016.

ANNEXURE A

Table 1: Multidimensional Poverty Index Across Pakistan[42]

	MPI	Incidence	Intensity
National	**0.197**	**38.8%**	**50.9%**
Urban	0.040	9.4%	43.1%
Rural	0.281	54.6%	51.6%
AJK	**0.115**	**24.9%**	**46.3%**
Urban	0.013	3.1%	41%
Rural	0.130	28.1%	46.3%
Punjab	**0.152**	**31.4%**	**48.4%**
Urban	0.026	6.3%	41.8%
Rural	0.214	43.7%	48.9%
Khyber Pakhtunkhwa	**0.250**	**49.2%**	**50.7%**
Urban	0.042	10.2%	41.5%
Rural	0.295	57.8%	51.1%
Sindh	**0.231**	**43.1%**	**53.5%**
Urban	0.046	10.6%	43.4%
Rural	0.415	75.5%	54.9%
Balochistan	**0.394**	**71.2%**	**55.3%**
Urban	0.172	37.7%	45.7%
Rural	0.482	84.6%	57%
Gilgit Baltistan	**0.209**	**43.2%**	**48.3%**
Urban	0.036	7.9%	45%
Rural	0.238	49%	48.3%

Table 2: Divisional Level Indicator Data (percentages) for AJK[43]

	Indicator	AJK	Mzd	Mirpur	Poonch	Kotli
Health	Child Mortality	8.6	13.5	5	8.2	8.5
	No Vaccination	6.5	5.5	8.8	6.7	3.9
Education	No Primary	17.7	20.9	16.6	16.9	17.1
	No School	5.1	10.5	3.3	3	5.4
Living Standards	**No Clean Drinking Water**	**31.9**	**37**	**14.9**	**41.2**	**30.2**
	No Toilet	1.9	4.9	2.2	0.4	0.8
	No Electricity	1.2	1.9	1.7	1.1	-
	Wood to Cook	**25.2**	**23.7**	**22.1**	**30.3**	**20.9**
	Mud Flooring	5.5	6.2	0.6	10.1	2.3
	No Assets (TV, Phone, **Car**)	9.6, 9.9, **72.1**	13.1, 14.9, **70.2**	5.5, 0.6, **74**	13.1, 18, **71.5**	3.9, -, **72.9**

[42] From the 2015 MPI Report by Ministry of Planning, Development and Reform.
[43] From the 2018 MPI Report by Dr. Ghualm Sadiq Afridi. Data for Kotli included at the district level.

Table 3: Education Score at National and Regional Levels[44]

	Total Education	Learning	Retention	Gender Parity
AJK	72.96	80.97	44.14	93.73
ICT	70.43	64.8	55.54	90.94
Punjab	70.01	66.57	49.83	93.62
GB	63.18	57.57	45.29	86.67
KP	57.69	52.66	41.09	79.31
Balochistan	54.16	53.76	36.91	71.8
Sindh	53.37	42.16	41.15	76.8
FATA	49.01	49.42	29.65	67.96

Table 4: Primary Infrastructure Scores at National and Regional Levels[45]

	Primary Infra	Electricity	Water	Toilet	Boundary Wall	Satisfactory
KP	**91.12**	87.28	89.06	95.72	95.81	87.73
Punjab	**88.45**	89.94	97.47	97.26	89.91	67.66
ICT	**88.16**	99.48	97.38	96.86	97.38	49.74
Sindh	**49.85**	42.06	54.68	60.94	58.65	32.9
GB	**36.13**	36.71	42.03	37.09	45.7	19.11
FATA	**27.38**	21.3	29.76	26.83	35.12	23.9
Balochistan	**26.82**	15.42	50.92	19.03	35.2	13.53
AJK	**20.58**	10.92	21.37	27.39	20.87	22.35

Table 5: Middle Infrastructure Score at National and Regional Levels[46]

	Middle Infra	Electricity	Water	Toilet	Boundary Wall	Satisfactory
Punjab	92.66	97.86	99.95	99.88	99.16	66.42
KP	89.25	78.67	86.21	94.79	94.83	91.73
ICT	87.33	100	100	98.33	95	43.33
Sindh	66.29	62.7	69.88	78.67	79.79	40.43
GB	58.24	63.19	65.47	74.92	70.68	16.94
FATA	54.63	47.41	51.7	48.84	74.96	50.27
Balochistan	48.23	32.57	53.97	63.02	72.31	19.28
AJK	40.85	35.61	46.49	51.73	35.41	35.01

[44] Pakistan District Education Rankings 2017, Alif Ailaan.
[45] Ibid.
[46] Ibid.

Table 6: Beyond Primary Readiness at National and Regional Levels[47]

	Beyond Primary	Above Primary Ratio	Middle School Infra
ICT	99.16	111	87.34
Punjab	67.22	41.78	92.66
GB	62.41	66.58	58.24
KP	56.67	24.1	89.26
AJK	40.99	41.14	40.86
Sindh	38.72	11.14	66.3
FATA	36.4	18.16	54.66
Balochistan	33.65	19.08	48.24

[47] Pakistan District Education Rankings 2017, Alif Ailaan.

ANNEXURE B[48]

Table 1: No Poverty

GOAL 1: NO POVERTY				
Target	**Indicator**	**AJK**	**National**	**Best [49]**
1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	24.9%	38.8%	31.4% (Punjab)
1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population	Death=238 Injured=684, Houses Fully Damaged= 752 Houses Partly Damaged = 1540 Shops Damaged = 203	Death: 559, Injured: 1355, Houses Damaged: 106,868, Village Damaged: 4111, Pop. Affected: 1.5 million	
1.a Ensure significant mobilization of resources from a variety of sources, including through enhanced development cooperation, in order to provide adequate and predictable means for developing countries, in particular least developed countries, to implement programmes and policies to end poverty in all its dimensions	1.a.1 Proportion of domestically generated resources allocated by the government directly to poverty reduction programmes	0.56% of ADP 2018-19 Zakat= Rs.227.1 Million	42.2%	73.4% (Sindh)
	1.a.2 Proportion of total government spending on essential services (education, health and social protection)	33.82%	18.1%	37% (KP)

[48] This Annexure lists all the SDGs and indicators relevant to the analysis and for which national and/or provincial comparison could be made.

[49] For all the following tables, 'Best' refers to the indicator at the regional level, besides AJK, that was the best-performing for a particular category.

Table 2: Zero Hunger

GOAL 2: ZERO HUNGER				
Target	**Indicator**	**AJK**	**National**	**Best**
2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	2.1.1 Prevalence of undernourishment	29%	19.9%	
	2.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)	57.1%	58%	31.5% (KP)
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2.1 Prevalence of stunting	31.7%	43.7%	39% (Punjab)
	2.2.2 Prevalence of malnutrition	Wasting: 17.6% Underweight: 25.8%	Wasting: 15.1% Underweight: 31.5%	Wasting: 13% (Punjab) Underweight: 24% (KP)

Table 3: Good Health and Wellbeing

GOAL 3: GOOD HEALTH AND WELLBEING				
Target	**Indicator**	**AJK**	**National**	**Best**
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	178	276	227 (Punjab)
	3.1.2 Proportion of births attended by skilled health personnel	58%	52.1%	60.5% (Sindh)
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-5 mortality rate	81.9	89	70 (KP)
	3.2.2 Neonatal mortality rate	47	55	41 (KP)
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population	0.09	0.18	
	3.3.2 Tuberculosis incidence per 100,000 population	2.69	2.31	1.05 (Balochistan)
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	47%	47%	49.7% (Punjab)
	3.7.2 Adolescent birth rate per 1,000 women in that age group	47.3	44	

Table 4: Quality Education

GOAL 4: QUALITY EDUCATION				
Target	**Indicator**	**AJK**	**National**	**Best**
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex	33.3%	15.6%	
4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated	Primary: 0.94 Secondary: 0.99	Primary: 0.88 Secondary: 0.87	Primary: 0.97 Secondary: 0.98 (Punjab)
Target 4.a: Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)	**Electricity** Primary: 11%, Middle: 36%, High: 75%, Higher Sec: 89% **Drinking Water** Primary:21%, Middle: 46%, High: 63%, Higher Sec: 76% **Sanitation** Primary: 27% Middle: 52% High: 51% Higher Sec: 59%	**Electricity** Primary: 53, High: 76, Higher Sec: 97 **Drinking Water** Primary:67, High:92, Higher Sec:96 **Sanitation** Primary: 67, High: 93, Higher Sec: 97	**Electricity** Primary: 91, High: 99, Higher Sec: 100 **Drinking Water** Primary:100, High:100, Higher Sec:100 **Sanitation** Primary: 99, High: 100, Higher Sec: 100 (Punjab)
	NT.1. Total net primary enrolment ratio	81%	57%	61% (Punjab)
	NT.2. Total net primary female enrolment ratio	77%	53%	59% (Punjab)
	NT.3. Total net primary male enrolment ratio	84%	60%	63% (Punjab)
	NT.4. Total net middle enrolment ratio	50%	22%	25% (Punjab)
	NT.7. Total net matric enrolment ratio	34%	14%	16% (Punjab)
	NT.10. Total primary out of school children	39%	23%	14% (Punjab)
	NT.13. Total out of school children (class 1-12)	20.5%	44%	36% (KP)

Table 5: Clean Water and Sanitation

GOAL 6: CLEAN WATER AND SANITATION				
Target	**Indicator**	**AJK**	**National**	**Best**
4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	6.4.2 Level of water stress: freshwater withdrawal as a proportion of available freshwater resources	Urban: 49% Rural: 57%		
6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate	6.5.1 Degree of integrated water resources management implementation (0–100)	7.39 MAF		
	6.5.2 Proportion of transboundary basin area with an operational arrangement for water cooperation	25%		
6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies	6.a.1 Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan	Nil		
6.b Support and strengthen the participation of local communities in improving water and sanitation management	6.b.1 Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management	10,000 COS (15% area covered)		