End of Programme Evaluation Report

Programme Title: Promoting Child Rights in Cotton Farming Areas (CRCFA) of Pakistan

Date: September 2018
Acknowledgements

The evaluators i.e. Empowerment thru Creative Integration (ECI) and Results Based Consulting (RBC), are thankful to everyone who contributed to the evaluation. It is hard to name everyone here as the list is too long, however we are grateful for the support extended by the UNICEF Regional, Country Office and Provincial teams, government officials and implementing partners. The support extended by the communities was also tremendous.

This evaluation exercise was a team effort led by Anum Mughal as Evaluation Manager. Other key team members included Dr Sohail Amjad, Ubaidullah Chaudry and Muhammad Ashfaq. They were supported by research associates who assisted in the data collection exercise.

The evaluation team prepared this report after consultations with all identified stakeholders and drawn conclusions based on the findings regarding the programme. The recommendations, which are based on the strengths and weaknesses of the Child Rights in Cotton Farming Areas (CRCFA) programme, provide a pathway to UNICEF for implementation of integrated programmes in the future.

Anum Mughal (Evaluation Manager) / ECI Pvt. Ltd.
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Acronyms

ALP          Alternative Learning Pathway
BBSYDP       Benazir Bhutto Shaheed Youth Development Programme
BCC          Behaviour Change Communication
BISP         Benazir Income Support Programme
CBO          Community-Based Organization
CCT          Conditional Cash Transfer
CHW          Couple Health Worker
CMW          Community Midwife
CPU          Child Protection Unit
CRC          Convention on the Rights of the Child
CRCFA        Child Rights in Cotton-Farming Areas of Pakistan
CWI          Child Wellbeing Index
DRR          Disaster Risk Reduction
DSC          District Steering Committee
ECE          Early Childhood Education
ECI          Empowerment thru Creative Integration
EDM          Evaluation Design Matrix
EMIS         Education Management Information System
EPI          Expanded Programme on Immunization
FATA         Federally Administered Tribal Areas
FGD          Focus Group Discussion
HBB          Helping Babies Breath
HH           Household
HUD&PHED     Housing, Urban Development and Public Health Engineering Department
IGP          Income-Generating Project
IDI          In-Depth Interviews
IEC          Information, Education & Communication
IKEAF        IKEA Foundation
ILO          International Labour Organization
IP           Implementing Partner
IRC          Indus Resource Centre
KAP          Knowledge, Attitudes and Practices
KII          Key Informant Interview
LHW          Lady Health Worker
MFCC         Multi-Functional Community Centre
MM           Mixed Methodology
MNCH         Maternal, Neonatal and Child Health
MTE          Midterm Evaluation
NCHD         National Commission for Human Development
NFE          Non-Formal Education
NGO          Non-Governmental Organization
NRSP         National Rural Support Programme
ODF          Open Defecation Free
OECD-DAC     Organization for Economic Development – Development Assistance Committee
OOSC         Out Of School Children
PATS         Pakistan Approach for Total Sanitation
PBM          Pakistan Bait-ul-Mal
PMER         Programme Monitoring, Evaluation and Reporting
PPHI         People's Primary Healthcare Initiative
RBC          Results-Based Consulting
REC          Reach Every Community (for immunization)
RED          Reach Every District (for immunization)
RSPN         Rural Support Programmes Network
SMART        Specific, Measurable, Attainable, Relevant, Time-based
SRSO         Sindh Rural Support Organization
THQ  |  Taluka/ Tehsil Headquarter Health Facility
UC   |  Union Council
UNEG |  United Nations Evaluation Group
UNICEF |  United Nations Children's Fund
WASH |  Water, Sanitation and Hygiene
Executive Summary

“Promoting Child Rights in Cotton-Farming Areas of Pakistan” (CRCFA) was an IKEA Foundation (IKEAF) funded programme implemented by UNICEF Pakistan Country Office. Starting in 2011, the programme came to a close in December 2017 and aimed to provide backstopping support to multiple levels of government (particularly at the provincial and district levels), as well as communities, families and other stakeholders in order to strengthen the protective environment for children for the enhanced realization of child rights in the targeted areas.

Under the seven-year CRCFA programme, needs-focused interventions were implemented in 2,093 villages of six targeted districts:

- Lasbela (Balochistan),
- Khairpur, Ghotki (Sindh),
- Bahawalpur, Rahim Yar Khan and Rajanpur (Punjab).

The programme was rolled out in two phases, where in Phase I, activities were implemented in the selected villages of Lasbela, Bahawalpur, Rahim Yar Khan and Ghotki. In Phase II, which started in 2014 (after a programme midterm evaluation, MTE), Khairpur and Rajanpur were also added. Originally it was planned that four districts would be added after the MTE but Bahawalnagar and Khuzdar (Punjab and Balochistan respectively) were dropped.

The primary focus of the CRCFA programme was to strengthen the realization of a number of child rights, with a focus on child vulnerabilities in six of Pakistan’s cotton-producing districts. For this purpose, the programme was designed using an integrated approach focusing on cross-cutting themes of social protection, child protection, education, health and water, sanitation and hygiene (WASH). This integrated multi-sectoral design was proposed in response to multi-faceted issues and factors which affect child rights and child protection services.

Evaluation Purpose, Objectives and Scope

The end-of-programme evaluation was commissioned to evaluate the performance, key achievements, challenges and lessons learnt in order to assess how far the programme achieved its intended objectives based on criteria developed by the Organization for Economic Development’s Development Assistance Committee (OECD-DAC) criteria. For this purpose, the evaluators designed and carried out an unbiased and participatory evaluation where all the relevant stakeholders of the programme were consulted at each stage of the evaluation process (design, implementation, analysis and recommendations). As this is an end-of-programme evaluation, recommendations related to how integrated programmes should be implemented are a part of this report.

The evaluation was conducted for the whole period of the assignment (2011–2017) where the evaluators met stakeholders involved pre- and post-MTE in all targeted districts. The programme was implemented with the support of multiple partners from government, non-government sectors and civil society organizations. The evaluators met all stakeholders (donor, UNICEF Country Office and provincial offices, government departments, implementing partners (IPs), community beneficiaries) involved in the programme.

The primary audiences of the end-of-programme evaluation are IKEAF, UNICEF, implementing partners (IPs), and government partners. The evaluation findings, as stated, are based on the evidence collected from the field and provide the facts to all stakeholders of what worked well and what needs improvement. The lessons learnt, and recommendations provide a pathway to IKEAF, UNICEF, IPs and government partners for future programme implementation.

Eventually this report will benefit the communities at large where it is expected that based on the recommendations made in the evaluation report, programmes will be designed according to strategies that work best for these communities.
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**Evaluation Methodology**

The evaluation utilized creative ways to combine different evaluation frameworks, tools and techniques including quantitative and qualitative components as well as desk reviews. A panel or semi-panel design could not be adopted as there was no baseline conducted at the start of the programme.

The evaluation was a pre/post evaluation design with a mixed method (MM) approach that adopted a three-pronged strategy: a) desk review, b) primary qualitative and household survey, and c) secondary quantitative components. The MM approach was meaningful to explain and interpret phenomenon, address questions and theoretical perspective at different levels. The approach enabled the evaluation team to triangulate the findings of qualitative assessment and he household survey with the secondary data.

A total of 63 in-depth interviews, two meetings, 24 focus group discussions and 1,134 household surveys were conducted. Following the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, the research team maintained professional standards, confidentiality of documents obtained, impartiality and transparency during the research process. The research process and methodology employed for the review did not involve any interaction with children or marginalized members of society.

In order to ensure quality of the evaluation, principles, ethical guidelines and obligations for evaluators were described. For the challenges that came in the field, the team took pre-emptive and responsive mitigation measures.

**Key Findings and Conclusions**

**Relevance:** The CRCFA programme is concluded to have been relevant in terms of focusing on community needs. All the components (child protection, WASH, health, education) were found to be priority needs of the community based on the interaction of the evaluators with the targeted communities. Even the focus of programme on building capacity of the public sector to take forward the initiatives of CRCFA responded to an urgent need as the targeted public-sector outfits lacked the capacity to deliver responsive and improved services which are also sustainable. The design and implementation of the programme were also relevant to the UNICEF principles of human rights, gender equality and equity.

The selection of target areas did not fully follow the initial criteria that the programme had laid out, but with reference to the programme objectives, the selected regions in Punjab, Sindh and Balochistan were also in dire need of support related to child protection, education, health and water provision. The initial criteria for district selection were that selected districts/ villages should be cotton farming and the poorest; however, Lasbela was not a cotton-farming district and same was the case with some of the villages of other districts. For programme interventions the beneficiary selection largely aligned with the principle of equity, as mostly the poorest and excluded were reached.

Evaluation findings highlight that the programme strategies were very relevant to existing national priorities and policies on applicable child rights, where it was seen that the programme worked with the government in all the components to leverage its resources to maximize the achievements.

**Effectiveness:** The evaluation clearly indicates that majority of the outcomes were met as the utilization of public services by targeted communities evidently and significantly increased as a result of the programme, particularly in Punjab, followed by Sindh and then Balochistan. This is because public institutions are better developed and readily accessible in Punjab, followed by Sindh. Balochistan has a long way to go as public institutions still need to be set up and be easily accessible to targeted communities. The programme’s leveraging mechanism with government was one of its most effective strategies, helping to influence achievement of programme results by drawing on government outreach and resources (financial and human).

More than empowering individuals, CRCFA created empowered families and communities. Out of 15 expected outcomes, most reached close to their target numbers, some even exceeded them. However, it was seen that all programme components worked towards achieving their individual results and reported their individual results...
instead of working together to ensure child protection. Instead, the programme should have revolved around one focal unit: the Child.

**Efficiency:** The evaluation indicates that there were delays in transfer of funds which created challenges in implementation. Further, due to unavailability of a strong civil society implementing partner, multiple partners were engaged to carry out the same task in some districts, which created problems. However, in certain cases owing to partnership with relevant government counterparts such as Pakistan Bait-ul-Mal (PBM), synergies were created by capitalizing on comparative strengths and advantages and complementarities were built. This not only ensured increased value for money but also allowed to cut down costs and benefit from the comparative strengths of partners.

**Sustainability:** The programme lacked a clearly defined implementable exit strategy, which created challenges with reference to the sustainability of the interventions. However, it is pertinent to note that certain interventions were greatly appreciated by the government and replicated, which enhances the sustainability of the impact. For instance, based on the successes reported in Bahawalpur vis-à-vis WASH activities, the government of Punjab initiated a similar open defecation free (ODF) programme for Punjab, for the purpose of which a PC-1 project was approved. This indicates the success of the CRCFA intervention and its methodology and demonstrates a sustainable impact through government uptake. On the other hand, areas such as Rajanpur and Lasbela, which had been certified ODF, reported cases of reverting to the status quo due to lack of a proper maintenance mechanism. Given that the target areas are acutely economically marginalized, there was a dire need to plan a sustainable exit strategy, which was missing. The Operation and Maintenance Committees were not fully functional post-completion of infrastructural activities hence sustainability could not be ensured.

**Cross-Cutting Areas (Gender, Equity, Human Rights, Disaster Risk Reduction):** The review of programme approaches and results, point to limited attention being paid by thematic units in integrating these cross-cutting priorities in terms of design, implementation, monitoring and evaluation. It was found that human rights and equity were satisfactorily integrated into the programme, but in case of gender and disaster risk reduction (DRR)/environmental sustainability there were gaps. For gender it was seen that some of the programme outputs were gender-neutral which led to challenges in consolidation of data based on gender and age and programme budget was not gender-responsive. For DRR/environmental sustainability it was observed that none of the thematic areas focused on this even some districts were flood-prone.

**Recommendations**

Based on the successes and weaknesses of the programme, three levels of recommendations are made: the first set for UNICEF Country Office for strategic level decisions; a second set for UNICEF programmes (child protection, education, health and WASH) that were a part of the CRCFA programme, and the third set for the government.

Also based on the programme findings, an integrated programming strategy has been proposed in the report which highlights the steps that UNICEF should undertake for a successful integrated programme. This strategy is based on evaluators’ findings from the CRCFA programme only, however UNICEF should undertake a detailed study of all its integrated programmes and develop a comprehensive strategy for use in all future programmes.
Chapter 1: About the Report

This report presents the complete process and analysis of the findings of the end-of-programme evaluation of “Promoting Child Rights in Cotton-Farming Areas of Pakistan” (CRCFA). It provides an overview of the process undertaken for this evaluation, major findings according to OECD-DAC criteria and recommendations for future programmes.

The process of evaluation involved multiple meetings with UNICEF along with an in-depth literature review, which provided greater insight for the development of the report and gave a roadmap of how the evaluation would be conducted. In partnership with the UNICEF programme team, the scope of the evaluation was streamlined and finalized after a rigorous process. The methodology for implementation of the evaluation and the accompanying tools were carefully deliberated upon and viewpoints of the relevant stakeholders were incorporated. Concerns related to “reliability” and “authenticity” were catered to and the evaluation design, key questions, sampling techniques and units of analysis were finalized with technical input from the UNICEF programme team, IKEAF representatives and the consultant team.

Based on the approved methodology and tools in the inception report, multiple meetings were held with UNICEF staff at Country Office and Provincial Offices along with in-depth interviews (IDIs) with IPs, government counterparts and other stakeholders involved in the CRCFA programme. Community perspectives were elicited through focus group discussions (FGDs). A household survey was also conducted to assess the knowledge, attitudes and practices of programme households with reference to key interventions of the CRCFA programme.

The initial findings of the evaluation team were presented to UNICEF Country and Provincial Offices via a video call and based on the feedback received the analysis was further refined. The final findings of the evaluation are presented in this report.

This report is presented in six chapters, which reflect the scope of work of the evaluation as contained in the terms of reference. The first two chapters provide an introduction to the report and describe the context. The third and fourth chapter gives details about evaluation object and methodology. Chapter five presents the findings from the field against the evaluation questions along with the analysis of the findings. The last three chapters provide the conclusion, lessons learnt, recommendations and the integrated programming strategy. The length of the report is considerable but considering the sectors and partners involved, it sufficiently covers all the findings and recommendations.

The report has been developed after detailed feedback from UNICEF Country Office staff, field managers of the relevant components and the UNICEF Regional Office for South Asia.

1.1 Intended Users of the Report

The primary audience of the end-of-programme evaluation are IKEAF, UNICEF, IPs and government partners. The evaluation findings, as stated, are based on the evidences collected from the field and provide the facts to all stakeholders of what strategy worked well and which needs improvement. The lessons learnt, and recommendations provide a pathway to IKEAF, UNICEF, IPs and government partners for future programme implementation.

Eventually this report will benefit the communities at large where it is expected that based on the recommendations made in the evaluation report, programmes will be designed according to strategies that work best for these communities.
Chapter 2: Introduction

Pakistan is responsible for 9 per cent of global cotton production,\(^1\) making it the fourth largest producer of cotton\(^2\) in the world and the third largest global consumer. However, Pakistan also ranks among the top 10 countries producing cotton using forced child labour.\(^3\) High levels of poverty, lack of schools and well-trained teachers, inadequate healthcare systems and harmful cultural practices are factors contributing to children ending up in work. The economic exploitation of children is a key concern in a context where child labour is widely acceptable.

There is limited and variable data on child labour and cotton farming in Pakistan, for example one report suggests around 3.3 million are involved\(^4\) whereas another, more recent study suggests 11–12 million children.\(^5\) Nevertheless, it cannot be denied that the magnitude of child labour is grossly high in relative terms and occurs mostly in the cotton-growing districts of Pakistan.

Pakistan has been a signatory of the United Nations Convention on the Rights of the Child (CRC), which encompasses a range of human rights – civil, cultural, economic, political and social rights – since 12 November 1990, as well as other related Protocols and Conventions. Despite such commitments, the state of children in Pakistan is below par. Health indicators for the under-five category remain unmatched in spite of many initiatives and programmes due to a weak health system.

With 43.4 per cent of the population under the age of 15 years,\(^6\) under-five mortality is 81 per cent per 1,000 live births\(^6\) – substantially higher than the global average. The neonatal mortality rate (deaths within 28 days of birth) is as high as 46/1,000 live births\(^6\) and contributes to 48 per cent of under-five deaths. Moreover, children under five experience serious deprivations with respect to nutritional status; prevalence of moderate and severe stunting is 45 per cent\(^6\) and the proportion of timely initiation of breastfeeding within one hour of the birth is only 18 per cent.\(^6\) Only 34 per cent of children under 5 years have their births registered.\(^6\) Furthermore, about 64 per cent of the population is using improved sanitation facilities, while 52 per cent has access to non-piped improved water sources.\(^6\) Concerning access to education, net primary enrolment remains low, with considerable disparities by geography and gender (girls complete as little as 7.7 years of schooling). The youth literacy rate (for 15–24 year olds) stands at 71 per cent,\(^6\) whereas net attendance ratio in primary education is 64 per cent.\(^6\)

A rapidly expanding population base with increasing needs, rising poverty, poor governance and other issues remain key factors in a broader disabling environment, particularly for children. The situation is relatively more acute in rural areas particularly in poverty, conflict and natural disaster-stricken areas of Khyber Pakhtunkhwa and its Tribal Districts, Balochistan, Sindh and southern Punjab. Factors that add to the plight of children include: a) minimal social infrastructure, b) low quality of basic education, c) poor access to and availability of health services particularly Maternal, Neonatal and Child Health (MNCH), d) low scalability and inadequate coverage of social protection schemes, e) sociocultural values and structural inequalities perpetuating economic exploitation of children, and f) limited public institutional arrangements, coupled with inadequate financial provision to support the establishment/strengthening of an effective state system to protect children from abuse.

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2 http://www.pakissan.com/english/issues/child.labour.cotton.growing.districts.pakistan.shtml
3 Federal Bureau of Statistics, 1996
5 http://www.pbs.gov.pk/population-tables
6 https://data.unicef.org/country/pak/
2.1 Child Labour in Pakistan

In 2013, the Labour Force Survey revealed that 4.2 per cent of children between the ages of 10 and 14 years are part of the country’s labour force. However, the prevalence of child labour in formal and informal sector remains largely undocumented. Even estimates of the number of children involved in labour varies considerably from one publication to another, e.g. according to an ILO report (2013–2014), the number of child labourers in Pakistan exceeds 12 million, while according to “Understanding Children’s Work Project’s analysis of statistics from LFS Survey, 2010–2011” 13 per cent (2,449,480) of the population between 10 and 14 years of age is working. These working children are mainly involved in agriculture as indicated in the chart.

According to the 1996 National Child Labour Survey conducted by the Federal Bureau of Statistics, an estimated 3.3 million children between the ages of 5 and 14 were economically active, with 46 per cent of the working children active beyond the standard 35-hour work per week. Boys accounted for 73 per cent (2.5 million) of working children in this age group, and girls accounted for 27 per cent (0.8 million).

2.1.1 Legal Framework and Enforcement of Laws on the Worst Forms of Child Labour

Pakistan has ratified most key international conventions concerning child labour:

Table 1: Ratification of International Conventions on Child Labour

<table>
<thead>
<tr>
<th>Convention</th>
<th>Ratification</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILO C. 138, Minimum Age</td>
<td>✔</td>
</tr>
<tr>
<td>ILO C. 182, Worst Forms of Child Labour</td>
<td>✔</td>
</tr>
<tr>
<td>UN CRC</td>
<td>✔</td>
</tr>
<tr>
<td>UN CRC Optional Protocol on Armed Conflict</td>
<td>✔</td>
</tr>
<tr>
<td>UN CRC Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography</td>
<td>✔</td>
</tr>
<tr>
<td>Palermo Protocol on Trafficking in Persons</td>
<td>✔</td>
</tr>
</tbody>
</table>

The Government of Pakistan has also established relevant laws and regulations related to child labour, as listed in Table 2:

Table 2: Laws and Regulations Related to Child Labour

<table>
<thead>
<tr>
<th>Standard</th>
<th>Yes/No</th>
<th>Age</th>
<th>Related Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Age for Work</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

7 www.pbs.gov.pk/content/labour-force-statistics
Minimum Age for Hazardous Work | Yes | 14 | 1991 Employment of Children Act (13, 23, 33)
--- | --- | --- | ---
List of Hazardous Occupations Prohibited for Children | Yes | | 1991 Employment of Children Act (22, 23)
Prohibition of Forced Labour | Yes | | Bonded Labour System Abolition Act, Constitution of Pakistan (11, 36)
Prohibition of Child Trafficking | Yes | | Prevention and Control of Human Trafficking Ordinance 2002; Penal Code; Emigration Ordinance (27, 37, 38)
Prohibition of Commercial Sexual Exploitation of Children | Yes | | Penal Code (39, 40)
Prohibition of Using Children in Illicit Activities | No | | |
Minimum Age for Voluntary Military Service | Yes | 18 | National Service Ordinance of 1970 (27, 41)
Compulsory Education Age | Yes | 16 | Right to Free and Compulsory Education Act (42)
Free Public Education | Yes | 16 | Right to Free and Compulsory Education Act (42)

The Government has established institutional mechanisms for the enforcement of laws and regulations on child labour, including:

<table>
<thead>
<tr>
<th>Organizational Agency</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Labour Inspectors</td>
<td>Inspect industrial areas and markets to identify child labour violations, enforce both national and provincial labour laws, and pursue legal action against employers.</td>
</tr>
<tr>
<td>District Vigilance Committees</td>
<td>Implement the Bonded Labour System Abolition Act, assist in rehabilitating bonded labourers, and help labourers achieve the objectives of the law.</td>
</tr>
<tr>
<td>Anti-Trafficking Unit of the Federal Investigation Agency</td>
<td>Enforce transnational trafficking-related laws. Cooperate with other governments on trafficking cases, operate a hotline for victims, and publish information on anti-trafficking efforts on its website.</td>
</tr>
<tr>
<td>Police</td>
<td>Investigate cases of bonded labour and enforce the Bonded Labour System Abolition Act.</td>
</tr>
</tbody>
</table>

### 2.1.2 Government Policies on Child Labour

The Government of Pakistan has established policies related to child labour as indicated in Table 4 below:

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sindh and Punjab Provincial Plans of Action to Combat Bonded Labour</td>
<td>Details how Sindh and Punjab provinces will revise bonded labour legislation. Includes plans to strengthen the capacity of labour inspectors, generate awareness on bonded labour, improve reporting and computerize labour inspection data.</td>
</tr>
<tr>
<td>Provincial Plans of Action to Combat Child Labour</td>
<td>Details how each province will revise child labour legislation. Includes plans to strengthen the capacity of labour inspectors, generate awareness on child labour, improve reporting and computerize labour inspection data.</td>
</tr>
<tr>
<td>National Action Plan for Children</td>
<td>Aims to prohibit, restrict and regulate child labour with an eventual goal of its ultimate elimination. Lays out 14 key strategies and actions, including harmonizing work between government agencies, non-governmental organizations (NGOs), and donors; promoting research on child labour issues; developing non-formal education for child labourers; providing microcredit for</td>
</tr>
</tbody>
</table>
families of child labourers; and conducting national surveys on child labour. Also addresses child trafficking and outlines key objectives for its elimination.

<table>
<thead>
<tr>
<th>National Education Policy</th>
<th>Focuses on increasing the literacy rate and providing livelihood skills to children, including those engaged in child labour. Aims to expand non-formal and vocational education programmes to children, including child labourers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Alleviation Strategy</td>
<td>Describes the strategy for alleviating poverty in Pakistan, which includes priority access to microfinance for families of working children.</td>
</tr>
<tr>
<td>National Action Plan for Combating Human Trafficking</td>
<td>Describes the prevention, prosecution, and protection strategies for ending human trafficking, including child trafficking.</td>
</tr>
<tr>
<td>Child Protection Policy (FATA)</td>
<td>Describes how the Federally Administered Tribal Areas (now Tribal Districts of Khyber Pakhtunkhwa) will promote and create a protective environment for all children. Includes actions to be taken towards the prevention and elimination of child labour.</td>
</tr>
</tbody>
</table>

Though policies exist, weak enforcement and limited capacities of the relevant government departments remain a challenge to eliminating child labour.

2.2 Child Protection in Pakistan

Other relevant child protection laws in Pakistan include:

<table>
<thead>
<tr>
<th>Table 5: Governance and Legal Framework Relevant to Child Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal Laws</strong></td>
</tr>
<tr>
<td>• Juvenile Justice Systems Ordinance 2002.</td>
</tr>
<tr>
<td>• Child Marriage Restraint Act 1929</td>
</tr>
<tr>
<td>• Employment of Children Act 1991</td>
</tr>
<tr>
<td>• Guardian and Ward Act 1890</td>
</tr>
<tr>
<td>• Children (Pledging of Labour) Act, 1933</td>
</tr>
<tr>
<td>• The Female Infanticide Act, 1870</td>
</tr>
<tr>
<td>• The National Commission on the Rights of Child Act, 2017</td>
</tr>
<tr>
<td>• Prevention and Control of Human Trafficking Ordinance 2002</td>
</tr>
<tr>
<td>• Pakistan Penal Code 1860</td>
</tr>
<tr>
<td>• Prevention of Anti-Women Practices (Criminal Law Amendment) Act 2011</td>
</tr>
<tr>
<td>• Factories Act 1934</td>
</tr>
<tr>
<td>• Apprenticeship Ordinance 1962</td>
</tr>
<tr>
<td>• The Mines Act 1934</td>
</tr>
<tr>
<td>• Shop and Establishment Ordinance 1969</td>
</tr>
<tr>
<td>• Probation of Offenders Ordinance 1960</td>
</tr>
<tr>
<td>• The Birth, Marriage and Death Registration Act 1886</td>
</tr>
<tr>
<td>• Bonded Labour Abolition Act 1992</td>
</tr>
<tr>
<td>• The Prison Act 1894</td>
</tr>
</tbody>
</table>
Khyber Pakhtunkhwa:
- Khyber Pakhtunkhwa Child Protection and Welfare Act 2010
- The Khyber Pakhtunkhwa Prohibition of Employment of Children Act, 2015
- NWFP Orphanages (Supervision and Control) Act 1976

Balochistan:
- Balochistan Compulsory Education Act 2014
- Balochistan Orphanages (Supervision and Control) Act 1976
- Balochistan Juvenile Smoking Ordinance 1959

Sindh has advanced furthest among the provinces in terms of creating institutional arrangements and ensuring the implementation of child protection laws. Balochistan’s child protection law was passed in 2016, and implementation of the law is yet to occur. While Punjab has various laws for children, an institutional set-up for the implementation of a Child Protection Act needs to be established.

However, none of these policies and initiatives specifically address the issue of child labour in cotton-growing regions. Furthermore, the protection offered by existing laws is diminished by a lack of implementing mechanisms and institutions, meaning that their applicability and impact is very low.
Chapter 3: Object of Evaluation

3.1 Programme Description

The “Promoting Child Rights in Cotton-Farming Areas of Pakistan” (CRCFA) was a medium-term programme implemented by UNICEF in partnership with IKEAF. Starting in 2011, the programme came to a close in December 2017 and aimed to provide backstopping support to government at various tiers, particularly at the provincial and district levels, as well as communities, families and other stakeholders, in order to strengthen the protective environment for children for the enhanced realization of child rights in targeted areas.

Under the seven-year programme, interventions focused on child protection, education, health and WASH were implemented in specific areas of six targeted districts in the provinces of Balochistan, Punjab and Sindh. The selection of these districts was done on the basis of official data, including social, administrative and economic indicators and data collected from various published sources.

The primary focus of this programme was to strengthen the realization of a number of child rights, with a focus on child vulnerabilities in six cotton-producing districts. For this purpose, the programme was designed using an integrated approach focusing on cross-cutting themes of social protection, child protection, education, health and WASH. This integrated multi-sectoral design was proposed in response to multi-faceted issues and factors which affect child rights and protection services.

The programme was aligned to multiple national development policies, strategies and plans for its chosen sectors, including social protection, education, health, WASH, child protection and others. The programme was designed and approved before the formulation/launch of the UNICEF Social Protection Strategy, and its design related to the four stated functions or pillars (of the strategy) namely social transfers, programmes to ensure access to services, social support and care services, and legislative and policy reforms. The programme objectives were assessed to be coherent with the priorities and strategies of other development partners, including United Nations system agencies like ILO, WHO, IFAD, UNESCO and others. The programme design was well synchronized with IKEAF corporate social responsibility strategies and approaches.

The CRCFA programme was one of the most important programmes concluded by UNICEF in recent years. During meetings with UNICEF staff it was observed by the evaluators that the programme was highly important to the organization based on its mandate, size and duration. The programme was also unique due to its integrated approach, as the organization as a whole is now moving more and more towards integrated programming.

<table>
<thead>
<tr>
<th>Table 6: Key Information on the CRCFA Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>IKEA Foundation Reference</td>
</tr>
<tr>
<td>Programme Title</td>
</tr>
<tr>
<td>Amount given by IKEA Foundation</td>
</tr>
<tr>
<td>Timeframe</td>
</tr>
</tbody>
</table>
3.2 Programme Districts

The programme was implemented in three districts of Punjab (Bahawalpur, Rahim Yar Khan and Rajanpur), two districts of Sindh (Ghotki and Khairpur) and one district of Balochistan (Lasbela). The cotton production in these areas over the years has been as follows:

<table>
<thead>
<tr>
<th>District</th>
<th>Cotton Production in '000 Hectares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahawalpur</td>
<td>273.16</td>
</tr>
<tr>
<td>Rahim Yar Khan</td>
<td>221.76</td>
</tr>
<tr>
<td>Rajanpur</td>
<td>107.23</td>
</tr>
<tr>
<td>Ghotki</td>
<td>63.46</td>
</tr>
<tr>
<td>Khairpur</td>
<td>62.72</td>
</tr>
<tr>
<td>Lasbela</td>
<td>17.39</td>
</tr>
</tbody>
</table>

The child well-being index (CWI) of the targeted districts is as follows:12

<table>
<thead>
<tr>
<th>District</th>
<th>Cotton Production in '000 Hectares (16-17)</th>
<th>CWI Rank in Province (2012)</th>
<th>CWI Index Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahawalpur</td>
<td>241.99</td>
<td>31/35</td>
<td>Least Developed District</td>
</tr>
<tr>
<td>Rahim Yar Khan</td>
<td>205.99</td>
<td>32/35</td>
<td>Least Developed District</td>
</tr>
<tr>
<td>Rajanpur</td>
<td>135.16</td>
<td>35/35</td>
<td>Least Developed District</td>
</tr>
<tr>
<td>Ghotki</td>
<td>97.43</td>
<td>5/22</td>
<td>Developed District compared to others in the province</td>
</tr>
<tr>
<td>Khairpur</td>
<td>82.78</td>
<td>4/22</td>
<td>Developed District compared to others in the province</td>
</tr>
<tr>
<td>Lasbela</td>
<td>14.17</td>
<td>10/31</td>
<td>Developed District compared to others in the province</td>
</tr>
</tbody>
</table>

The selection criteria of districts under the CRCFA programme were based on cotton production and the CWI rank in the province.

3.3 Partner Organizations

The programme was implemented with the support of multiple partners from government and non-government sectors and civil society organizations. Departments from provincial and district governments were taken on board throughout the process, from planning to implementation, reporting and evaluation. These departments/organizations included:

Table 9: Programme Stakeholders

### Balochistan: Lasbela district

<table>
<thead>
<tr>
<th>Implementing Partners</th>
<th>Duty Bearers</th>
<th>Right Holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Rural Support Programme (NRSP)</td>
<td>District Health Department, District Education Department, PBM, Public Health Engineering Department, Social Welfare Department</td>
<td>Couple Health Workers (CHW), Lady Health Visitors (LHVs), Community Midwives (CMWs) and medical officers/women medical officers, Members of Women Self-Help Groups, Out of school children (boys and girls), Programme beneficiaries (men, women, boys and girls), Schoolchildren (boys and girls), Teachers (all levels), Community groups (parents and caregivers)</td>
</tr>
</tbody>
</table>

### Sindh: Ghotki and Khairpur districts

<table>
<thead>
<tr>
<th>Implementing Partners</th>
<th>Duty Bearers</th>
<th>Right Holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Pakistan, Rural Support Programme Network (RSPN), DevCon (Ghotki), Right to Play, Indus Resource Centre, HANDS</td>
<td>Benazir Bhutto Shaheed Youth Development Project (BBSYDP), Child Protection Unit, District Health Department, District Education Department, PBM, Indus Resource Centre (IRC), Social Welfare Department</td>
<td>CHWs, LHVs, CMWs and medical officers/women medical officers, Members of Women Self-Help Groups, Out of school children (boys and girls), Programme beneficiaries (men, women, boys and girls), Schoolchildren (boys and girls), Teachers (all levels), Community groups (parents and caregivers)</td>
</tr>
</tbody>
</table>

### Punjab: Bahawalpur, Rahim Yar Khan and Rajanpur districts

<table>
<thead>
<tr>
<th>Implementing Partners</th>
<th>Duty Bearers</th>
<th>Right Holders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Pakistan, Sanjh Preet Organization (SPO), RSPN, NRSP, Ali Institute, Better Cotton Initiative</td>
<td>National Commission for Human Development (NCHD), Child Protection Bureau, District Health Department, Housing &amp; Urban Development, Public Health Engineering Department (HUD&amp;PHED), School Education Department, PBM, Social Welfare Department</td>
<td>CHWs, LHVs, CMWs and medical officers/women medical officers, Members of Women Self-Help Groups, Out of school children (boys and girls), Programme beneficiaries (men, women, boys and girls), Schoolchildren (boys and girls), Teachers (all levels), Community groups (parents and caregivers)</td>
</tr>
</tbody>
</table>
In addition, Apex Consulting was involved from time to time for monitoring of the programme.

The roles of each stakeholder under the CRCFA programme were as follows:

<table>
<thead>
<tr>
<th>#</th>
<th>Stakeholder</th>
<th>Role/Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NRSP (Lasbela)</td>
<td>Implementation of programme activities around multiple outcomes and outputs.</td>
</tr>
<tr>
<td>2</td>
<td>Plan Pakistan</td>
<td>Plan had all four components, and subcontracted them to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• IRC and NRSP in Sindh</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bunyad, LPP, Ali Institute, NCHD and Better Cotton Initiatives in Punjab.</td>
</tr>
<tr>
<td>3</td>
<td>HANDS</td>
<td>HANDS was responsible for providing improved water sources, rural sanitation and hygiene services in Sindh pre-MTE.</td>
</tr>
<tr>
<td>5</td>
<td>RSPN</td>
<td>Post-MTE, RSPN was awarded WASH and child protection components in Sindh which they subcontracted to SRSO. In Punjab, post-MTE, RSPN was awarded child protection component which they subcontracted to NRSP.</td>
</tr>
<tr>
<td>7</td>
<td>Ali Institute</td>
<td>Pre-MTE, Ali Institute was allocated training and skill development activities.</td>
</tr>
<tr>
<td>8</td>
<td>Better Cotton Initiative</td>
<td>Pre-MTE, Better Cotton Initiative was allocated training and skill development activities.</td>
</tr>
<tr>
<td>9</td>
<td>District Government (health, education, child protection, WASH)</td>
<td>Oversight, coordination, monitoring.</td>
</tr>
<tr>
<td>10</td>
<td>Pakistan Bait-ul-Mal</td>
<td>Conditional cash transfers.</td>
</tr>
<tr>
<td>11</td>
<td>HUD&amp;PHED</td>
<td>Responsible for WASH activities in all targeted districts post-MTE.</td>
</tr>
<tr>
<td>12</td>
<td>BBSYDP</td>
<td>Engaged pre-MTE for training on skill development.</td>
</tr>
</tbody>
</table>

### 3.4 Logic Model and Programme Interventions

Following the midterm evaluation (MTE) of the programme and subsequent comprehensive consultations with the programme teams, proposed revisions to the programme’s design were agreed upon and incorporated. Accordingly, a log frame matrix, monitoring framework and impact table were developed and the original programme proposal was revised and approved by IKEAF.

The revised programme outline aimed to identify and address the key areas underpinning a protective environment for children’s rights in Pakistan, thereby aiming to address the root causes of child labour in cotton-growing districts and mitigate the negative impacts of the phenomenon by building government capacity at the district level. Based on the recommendations of the MTE, 15 output-level indicators for a total of eight outcomes were revisited and changes were proposed both at outcome and output levels. These changes included revision, rephrasing, change of orders, revision and re-setting of targets. In the revised proposal, the goal of the programme was agreed to strengthen the protective environment for children through increased access to social service delivery. Moreover, new outputs were added for Outcome 8 on Child Labour Reforms. Accordingly, a log frame matrix, monitoring framework, work breakdown structure and impact table under each outcome are presented in Table 11.
### Table 11: Programme Outcomes, Outputs and Verifiable Indicators

<table>
<thead>
<tr>
<th>Outcome 1 - Poverty: By the end of the programme, 100,000 children from 25,000 families have access to educational and/or vocational pathways and/or livelihood opportunities and/or social infrastructure improvements aimed at reducing intergenerational deprivation and poverty.</th>
<th>Outputs</th>
<th>Verifiable Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1:</strong> Children from 25,000 families belonging to bottom poverty quintile are accessing conditional cash transfers (CCTs).</td>
<td>70% targeted families with a 20% positive change in their poverty score.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 2:</strong> 1,150 social funds established at community level to support implementation of child-friendly infrastructure/public interest programmes.</td>
<td># of social funds established at community level.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 3:</strong> 4,500 women from bottom poverty quintile selected for community-based income-generating programmes.</td>
<td># of community-based income-generating programmes set up by women from bottom quintile and their family members.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 2 - Education: 300,000 boys and girls in target schools will benefit from child-friendly and inclusive education</th>
<th>Outputs</th>
<th>Verifiable Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 4:</strong> 2,000 existing educational facilities in target districts provide quality teaching and learning opportunities.</td>
<td>10% increase in student enrolment from baseline.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 5:</strong> 4,000 primary school teachers trained in interactive and child-friendly teaching and learning methodologies.</td>
<td># of primary school teachers trained in interactive and child-friendly teaching and learning methodologies.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 6:</strong> 150,000 OOSC – baseline from 2010 – access educational opportunities.</td>
<td># of OOSC enrolled in targeted locations; # of working children enrolled in targeted locations (i.e. 80.5% of the total OOSC enrolled will be number of working children).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 3 - Water: Additional 300,000 households using improved drinking water sources</th>
<th>Outputs</th>
<th>Verifiable Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 7:</strong> Additional 300,000 households accessing improved drinking water sources.</td>
<td># of households using improved drinking water sources.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 8:</strong> Additional 250,000 households having access to improved sanitation.</td>
<td>Number of water supply schemes developed, rehabilitated or supported with strengthened management structure.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 4 - Sanitation: Additional 250,000 households in targeted villages live in ODF environment</th>
<th>Outputs</th>
<th>Verifiable Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 8:</strong> Additional 250,000 households having access to improved sanitation.</td>
<td># of people living in ODF villages.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 5: Health: By the end of the programme, 60% of programme Union Councils have improved access and use quality primary health care networks and/or facilities by 50%</th>
<th>Outputs</th>
<th>Verifiable Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 9:</strong> 1,357,844 children and women access and use the public primary health services.</td>
<td>50% improvement in Health Services utilization rate.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 9:</strong> 1,357,844 children and women access and use the public primary health services.</td>
<td># of 0-11 month old children having received BCG.</td>
<td></td>
</tr>
<tr>
<td>Outcome</td>
<td>Outputs</td>
<td>Verifiable Indicators</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
<td>-----------------------</td>
</tr>
<tr>
<td><strong>Outcome 6: Child Protection:</strong> Reported cases of child abuse (violence, exploitation and neglect) are received, managed and referred by a public child protection mechanism</td>
<td></td>
<td># of 12-23 month old children receiving measles vaccination; # of pregnant women who receive antenatal care from a skilled health care provider; # of births assisted by skilled providers; # of deliveries at facility level.</td>
</tr>
<tr>
<td><strong>Output 10:</strong> Establishment of public child protection case management/referral mechanisms in programme districts of Sindh and Balochistan.</td>
<td>Three public child protection mechanisms established.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 7: Community development, social mobilization and awareness-raising:</strong> By programme end, awareness increased, and behaviour changed among 1,000,000 people in target districts on the right of the child to: survival and development; education, health and protection</td>
<td>% of targeted population have increased awareness on child survival and development; education, health and protection demonstrated by increased demand and use</td>
<td></td>
</tr>
<tr>
<td><strong>Output 11:</strong> 1,200 multi-functional community centres (MFCC) established and functional by programme end.</td>
<td># of MFCCs established in programme areas.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 12:</strong> 1,000,000 people from programme areas, as well as selected groups at provincial level, targeted with Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) material, sessions and campaigns.</td>
<td># of people reached through Social and Behaviour Change Communication interventions, i.e. IEC materials and campaigns.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 8: Child Labour Reform:</strong> Child protection, including child labour, policy and legislative frameworks aligned with applicable minimum</td>
<td></td>
<td>One evidence-based model child labour law and one evidence-based child protection law, aligned with applicable minimum international standards available.</td>
</tr>
<tr>
<td><strong>Output 13:</strong> Child labour survey conducted in Punjab, Sindh and Balochistan</td>
<td>Child labour survey report finalized.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 14:</strong> Child protection law and model law developed on prohibition of employment of children developed</td>
<td>Model law on prohibition of employment of children endorsed.</td>
<td></td>
</tr>
<tr>
<td><strong>Output 15:</strong> Model health and safety standards developed for women and young people employed in agriculture</td>
<td>Model safety standards formally agreed.</td>
<td></td>
</tr>
</tbody>
</table>
The logic model of the programme was as follows:

**Revised Project Goal:** Protective environment for children strengthened through increased access to social service delivery

**Revised Purpose Statement:** The proposed project aims to contribute to the realization of a strengthened protective environment for children in targeted cotton-growing project areas through protection, including protection from economic exploitation in the agricultural sector (Articles 19 and 32 UNCR/C); health (Article 24 UNCR/C); social protection/security (Article 26 UNCR/C) and education (Article 28 UNCR/C). In particular, it aims to support enhanced service-delivery (health, WASH, education, protection, including social protection) as a basis for the strengthened realization of the aforementioned rights of the child in targeted cotton-farming districts in Balochistan, Punjab and Sindh.

**Outcome 1:**
- **Poverty:** By the end of the project, 100,000 children from 25,000 families have access to educational and/or vocational pathways and/or livelihood opportunities and/or social infrastructure improvements aimed at reducing inter-generational deprivation and poverty.

**Outcome 2:**
- **Education:** 300,000 boys and girls in target schools benefit from child-friendly and inclusive education

**Outcome 3:**
- **Water:** Additional 300,000 households using improved drinking water sources

**Outcome 4:**
- **Sanitation:** Additional 250,000 households in targeted villages live in Open Defecation Free (ODF) environment

**Outcome 5:**
- **Health:** By the end of the project, 60% of Project Union Councils have improved access and use quality primary health care networks and/or facilities by 50%

**Outcome 6:**
- **Child Protection:** Reported cases of child abuse (violence, exploitation and neglect) are received, managed and referred by a public child protection mechanism

**Outcome 7:**
- **Community development, Social Mobilization and awareness raising:** By project end, awareness increased and behaviour changed among 1,000,000 people in target districts on the right of the child to: survival and development; education, health and protection

**Outcome 8:**
- **Child Labour Reform:** Child protection, including child labour, policy and legislative frameworks aligned with applicable minimum international standards drafted.
3.5 Programme Activities

The 15 outputs of the programme included a comprehensive set of activities for each sector:

- **Output 1**: Children from 25,000 families belonging to bottom poverty quintile are accessing CCTs: Key activities to achieve this output were targeting/identification of families through Benazir Income Support Programme (BISP) data, compliance monitoring supported by education departments, and technically supporting PBM for enrolment, payment processing and programme monitoring.

- **Output 2**: 1,150 social funds established at community level to support implementation of child-friendly infrastructure/public interest programmes: Key activities included, mapping of programme(s) working in the area of social funds; microcredit; income-generation and skill-training, including financial management at district and community levels, assessment of community-identified programmes of public interest focusing on women and children; technical and material support for implementation, evaluation and assessment.

- **Output 3**: 4,500 women from bottom poverty quintile selected for community-based income-generating programmes: Activities under this output were identification of eligible grant/loan recipients at the community level using the Poverty Score Card; technical backstopping for assessment and training on business models; provision of business grants and/or linkage with available loans/grants schemes; assessment and evaluation of recipient families; and a study conducted on the percentage increase in the Poverty Score Card.

- **Output 4**: 2,000 existing educational facilities in target districts provide quality teaching and learning opportunities: Output activities included a trainers’ manual and teachers’ guide on effective teaching and learning/education standards (including topics on interactive methods of teaching and non-violent disciplinary solutions and on gender sensitization); teacher training module on effective teaching and learning and use of teachers guide, and revised/comprehensive school self-assessment developed, based on National Standards on Quality Learning. It also included development of school improvement plans and its implementation in targeted schools.

- **Output 5**: 4,000 primary school teachers trained in interactive and child-friendly teaching and learning methodologies: Key activities included development of school-specific capacity development plans, based on the school self-assessment and applied to target educational institutions; reviews to gauge schools’ transformation towards effective pedagogy; and provision of school supplies for improved teaching and learning in target educational institutes.

- **Output 6**: 150,000 out of school children (OOSC) – baseline from 2010 – access educational opportunities: Key activities were to conduct household surveys to identify OOSC/validate available data of OOSC in target villages, followed by house-to-house campaigns for increased enrolment in educational institutions; establishment of alternative learning pathway (ALP)/ non-formal education (NFE) centres for OOSC; training of Village Education Committees of target educational institutions to support effective functioning of formal schools and non-formal basic education centres; and conduct tehsil-level social mobilization events/walks to sensitize communities for increased enrolment.

- **Output 7**: Additional 300,000 households accessing improved drinking water sources: Key activity was to implement Pakistan Approach for Total Sanitation (PATS) – water component (water supply systems).

- **Output 8**: Additional 250,000 households having access to improved sanitation: Key activity was to implement PATS – demand and supply for sanitation package.

- **Output 9**: 1,357,844 children and women access and use public primary health services: Key activities included implementation of the Reach Every District (RED) Strategy, injectable polio vaccine introduction/Expanded Programme on Immunization (EPI) communication campaign conducted in all programme districts, Essential newborn care training, Helping Babies Breath (HBB) training conducted for health facility staff and CMWs in programme districts, training of Lady Health Workers (LHWs) and Community Midwives (CMWs) on Women Support Groups, strengthening of District Headquarter hospital sick newborn care units, conducting
two rounds of Mother and Child Weeks, supportive supervision and monitoring in programme districts, salary support and training of 50 Couple Health Workers (CHW) in Punjab programme districts only, counselling sessions for pregnant and lactating women by LHWs and CHWs (on universal MNCH messages / preparation of oral rehydration salts / demonstration of handwashing etc).

- **Output 10**: Establishment of public child protection case management/referral mechanisms in programme districts of Sindh and Balochistan: Key activities include mapping exercise of child protection services provided by public and private actors (CBOs/NGOs working at the district level); technical input in support of development of a draft child protection law for Balochistan to ensure compliance with international minimum standards; post enactment of draft bill, provide technical input for the development of rules of business, hiring of expert for operational design of child protection referral mechanism; conduct consultative sessions in Balochistan and Sindh in furtherance of establishment and ownership of formal child protection referral mechanism.

- **Output 11**: 1,200 MFCCs established and functional by programme end: Key activities included establishment of MFCCs where absent and support to existing MFCCs; technical support for the development of MFCC workplans; MFCC coordinators/community volunteers facilitating/administering educational toolkit, as well as conducting modular sessions.

- **Output 12**: 1,000,000 people from programme areas, as well as selected groups at provincial level, targeted with IEC and BCC material, sessions and campaigns: Key activities included development and delivery of comprehensive awareness-raising strategy on the rights of the child, survival and development; education; health and protection.

- **Output 13**: Child Labour Survey conducted in Punjab, Sindh and Balochistan: Key activities included policy dialogue on the survey, technical support to provincial governments on its design using SIMPOC methodology, technical support for the delivery of the survey.

- **Output 14**: Child protection law and model law developed on prohibition of employment of children: Key activities included convening key stakeholders and facilitating consultations on model law; technical support for the development of draft law, especially, advising on minimum international standards.

- **Output 15**: Model health and safety standards developed for women and young people employed in agriculture: Key activities included convening key stakeholders and facilitating consultations on model health and safety standards and providing technical support for the development of model health and safety standards.
Chapter 4: Evaluation Design

This is an end-of-programme evaluation, where the achievements of the seven-year CRCFA programme were assessed against the indicators set out in the initial proposal as well as the revised proposal. The evaluation involved assessing the relevance, effectiveness, efficiency and sustainability of the programme and the success of the programme in each targeted district.

A rights-based, equity-focused approach was used for the purpose of the evaluation, which included a disaggregated assessment of the status of and trends in the realization of children’s rights; an analysis of the immediate, underlying and structural causes of shortfalls and disparities in the programme; and policy and programmatic recommendations to address the shortfalls and disparities and accelerate progress towards development goals and the fulfilment of human rights conventions. By focusing on the key knowledge gaps related to inequities and child deprivations and promoting the broad engagement of all stakeholders, this evaluation aims to make an important contribution to shaping future integrated programmes implemented by UNICEF.

4.1 Purpose of Evaluation

After the programme concluded on 31 December 2017, UNICEF wanted to evaluate the performance, key achievements, challenges and lessons learnt in order to assess how far the programme had achieved its intended objectives. This evaluation would ensure better planning and implementation for future programmes. It would also assist the UNICEF team in addressing any queries raised by donors after completion of the programme.

4.2 Objectives of Evaluation

The key objectives were defined as follows:

- An assessment of programme achievements at the end of term, vis-à-vis programme objectives and targets;
- An overall assessment of the performance of the programme based on relevance, effectiveness, efficiency and sustainability of the CRCFA initiative; and
- Identification of lessons learnt, formulation of conclusions and recommendations on improvement measures for consideration in any future programming, with a view to enhancing results, where applicable, including through an equity lens.

4.3 Scope of Evaluation

As mentioned previously, the evaluation followed the methodology outlined in the inception report. It covered the following districts:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>Rahim Yar Khan, Bahawalpur</td>
<td>Rajanpur</td>
</tr>
<tr>
<td>Sindh</td>
<td>Ghotki</td>
<td>Khairpur</td>
</tr>
<tr>
<td>Balochistan</td>
<td>Lasbela</td>
<td></td>
</tr>
</tbody>
</table>

The evaluation was implemented using a multi-sectoral approach, broadly focusing on the themes of health, education, WASH, poverty alleviation and child protection measures. It was carried out between September 2017 and April 2018.

13 Particularly the Convention of the Rights of the Child (CRC).
The evaluation reached out to a range of beneficiary groups (direct and indirect). Although the programme was for children, due to ethical reasons no interviews or FGDs were conducted with children. All the information regarding children was gathered from adult household members.

The programme aimed to reach over 1.2 million children (including families) as direct and indirect beneficiaries. Table 13 presents a breakdown of the actual direct beneficiaries over the project lifespan:

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Number of direct beneficiaries</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children: 0–5 years</td>
<td>147,000</td>
<td>34%</td>
</tr>
<tr>
<td>Children: 6–14 years</td>
<td>193,000</td>
<td>44%</td>
</tr>
<tr>
<td>Children: 15–18 years</td>
<td>91,000</td>
<td>21%</td>
</tr>
<tr>
<td>Female beneficiaries of community action</td>
<td>2,400</td>
<td>0.5%</td>
</tr>
<tr>
<td>Primary school support</td>
<td>2,000</td>
<td>0.5%</td>
</tr>
<tr>
<td>Total number of children directly benefiting from the programme</td>
<td>435,000</td>
<td>100%</td>
</tr>
<tr>
<td>Estimated total number of children indirectly benefiting from the programme</td>
<td>794,955</td>
<td></td>
</tr>
<tr>
<td>Total number of children benefiting both directly and indirectly</td>
<td>1,229,955</td>
<td></td>
</tr>
</tbody>
</table>

4.4 Principles of Evaluation

The underlying principles and ethical guidelines for the assessment of programme achievements and performance included the following:

- **Utilization-focused**: Evaluation value is ultimately determined by its utility and actual use by intended users.
- **Multiple sources and methods**: Different and diverse types of data (both quantitative and qualitative) were obtained from a wide range of data sources which lead to a credible, holistic understanding of the programme.
- **Contextually and culturally sensitive**: Awareness of specific operational and institutional environments, as well as national and cultural contexts was reflected in the collection of data and conduct of field research.
- **Gender equality**: The evaluation approach was designed with a view to supporting and promoting gender equality and taking the cultural context into consideration. In the evaluation it has been ensured that women are a part of all the field activities.
- **Stakeholder engagement and participation**: Stakeholder consultation and engagement was prioritized at each stage of the assessment.
- **Cost-effectiveness and efficiency of the evaluation**: Most cost-effective and efficient means to conduct the evaluation were determined.
- **Contribution to good practices**: The evaluation has the potential to generate new knowledge about effective approaches to, and practices in, programming.

4.5 Obligations of Evaluators

The evaluators were given the following set of obligations to follow during the evaluation exercise:

- **Independence**: Evaluators shall ensure that they are not unduly influenced by the views or statements of any party. Where the evaluator comes under pressure to adopt a particular position or to introduce bias into the evaluation findings, it is the responsibility of the evaluator to ensure that independence of judgement is maintained. Where such pressures may endanger the completion or integrity of the evaluation, the issue will be referred to the evaluation manager who will discuss the concerns of the relevant parties and decide on an approach which will ensure that evaluation findings and recommendations are consistent, verified and independently presented.
• **Impartiality:** Evaluators shall:
  o Operate in an impartial and unbiased manner at all stages of the evaluation.
  o Collect diverse perspectives on the subject under evaluation.
  o Guard against distortion in their reporting caused by their personal views and feelings.

• **Credibility:** Evaluation shall be credible and based on reliable data and observations. Evaluation report shall show evidence of consistency and dependability in data, findings, judgements and lessons learned; appropriately reflecting the quality of the methodology, procedures and analysis used to collect and interpret data. The evaluation manager shall endeavour to ensure that evaluation is accurate, relevant and timely and provides a clear, concise and balanced presentation of the evidence, findings, issues, conclusions and recommendations.

• **Conflicts of Interest:** Conflicts of interest shall be avoided as far as possible so that the credibility of the evaluation process and product shall not be undermined. The members of the evaluation team are required to disclose in writing any past experience, of themselves, their immediate family, close friends or associates, which may give rise to a potential conflict of interest.

### 4.6 Evaluation Approach

The following methodological approach was followed while designing and carrying out the evaluation:

- The evaluation process was carried out in close coordination with the UNICEF Country Office focal team and concerned Provincial Offices.
- The principal investigator and qualitative analyst led field teams for data collection and consultative meetings with relevant agreed stakeholders.
- The team used the most recommended tools that were relevant to OECD-DAC framework (Evaluation Design Matrix, EDM, based on Relevance, Effectiveness, Efficiency, Impact and Sustainability).
- The evaluation process was inclusive and participatory, which means that the perspective of all relevant stakeholders was accounted for to draw objective conclusions.
- The evaluation team particularly took into account the following:
  - Research Ethics: Following UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, the research team maintained professional standards, confidentiality of documents obtained, impartiality and transparency during the research process. It is also important to note that the research process and methodology employed for the review did not involve any interaction with children or marginalized sections of the society.
  - The approach to data gathering was voluntary and participatory and the permission of all participants was sought and recorded;
  - Women were approached only by a team of male and female researchers and only after the family head and community leaders’ permission had been received;
  - All data was gender-disaggregated;
  - Data gathered represented the whole community and took into account gender, ethnicity, religion, geographical location and tribe/caste.

### 4.7 Evaluation Design

The evaluation utilized creative ways to combine different evaluation frameworks, tools and techniques including quantitative and qualitative components as well as desk reviews. A panel or semi-panel design could not be adopted as there was no baseline conducted at the start of the programme.

The evaluation was a pre/post evaluation design with an MM approach that adopted a three-pronged strategy: a) desk review, b) primary qualitative and household survey, and c) secondary quantitative components. The MM approach was meaningful to explain and interpret phenomena, address questions and theoretical perspective at different levels. The MM enabled the evaluation team to triangulate findings of qualitative assessment and household survey with the secondary data. End-line outcome level indicators for KAP (outcome 7) were compared with questions incorporated in KAP survey questionnaire based on six years back recall questions (2012) as

34 [http://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF](http://www.unicef.org/supply/files/ATTACHMENT_IV-UNICEF_Procedure_for_Ethical_Standards.PDF)
benchmarks for programme indicators for change in KAP. Furthermore, recall questions were also used for qualitative data collection through FGDs.

### 4.7.1 Evaluation Design Matrix

An EDM\(^{15}\) was developed on the basis of initial documents shared by UNICEF and pre-inception meeting with programme staff. During the pre-inception meeting, relevant programme staff briefed the evaluation team on various programme aspects along with limitations of the programme. The EDM determined how the evaluation would be conducted, what indicators would be measured and analysed and how best could the information be presented for UNICEF to act upon.

### 4.7.2 Evaluation Criteria and Key Questions

The evaluation team used OECD-DAC criteria (Relevance, Effectiveness, Efficiency and Sustainability) for the end-of-programme evaluation. The evaluation followed United Nations Evaluation Group (UNEG) Norms and Standards and UNICEF quality standards for evaluation process and reporting. A pre/post evaluation design was adopted, and an attempt was made to assess any long-term outcomes of the programme through that design. Programme outcomes in the impact table of revised proposal were compared with actual performance and achievement against programme set targets. The percentage increase in output performance indicators for end-of-programme targets with actual achievements were analysed. Moreover, findings of a KAP survey and qualitative assessments were compared with the KAP baseline from six years earlier, captured through recall method, and triangulated around overachievement/underachievement of outputs and outcomes. This approach demonstrated effectiveness and logical links of the result-chain and helped to eliminate gaps due to the non-availability of a KAP baseline for the programme.

Besides, the OECD-DAC framework, the evaluation took note of UNICEF core programming priorities such as gender, equity, human rights and DRR.

The key questions of the evaluation were as follows:

1. **RELEVANCE**

   Were programme strategies and interventions relevant to address existing priorities and needs of targeted communities?

   i. How relevant was the selection and targeting of programme areas (districts and villages) with regard to programme objectives?
   
   ii. Were the programme outcomes and selection of beneficiaries relevant to the vulnerable community’s needs and priorities in target areas?
   
   iii. Were the programme strategies relevant to existing national priorities and policies on applicable child rights?
   
   iv.Were awareness campaigns relevant to improving KAP of communities on applicable child rights, child protection services, WASH, education and other public services?
   
   v. How do communities view the CRCFA programme and its outcomes for them?

2. **EFFECTIVENESS**

   Has the CRCFA programme achieved its intended outcomes and targets effectively?

   i. Were the programme strategies and interventions effective in increasing utilization of public services by targeted communities?
   
   ii. Did the coordination and leverage mechanism with government effectively influence achievement of programme results?
   
   iii. What were the major factors influencing or hindering the effective achievement of programme results?
   
   iv. Did the programme reach out to vulnerable and deprived target populations?

\(^{15}\) EDM is attached as Annex III.
3. **EFFICIENCY**

Has the CRFA programme been implemented and achieved its intended outcomes and targets efficiently?

i. To what extent did the programme leverage additional resources to address identified gaps?

ii. Was the programme budget used efficiently by the IPs?

iii. How well were UNICEF resources, both human and financial, managed to ensure the timely, cost-effective and efficient attainment of results?

4. **SUSTAINABILITY**

Are CRFA programme strategies and interventions sustainable in the long run?

i. Was there an implementable programme exit strategy?

ii. To what extent will community-based established structures (MFCC, Safe Play Areas) sustainably continue working after the programme?

iii. To what extent has the programme contributed to strengthened capacity of duty bearers/service providers in health, education, WASH and child protection services?

5. **CROSS-CUTTING AREAS (GENDER, EQUITY, HUMAN RIGHTS, DRR)**

To what extent are cross-cutting issues such as gender, equity, human rights and DRR incorporated at various levels of programme planning and implementation?

i. Did the programme improve people’s lives especially women, children and the under-served?

ii. How successful was the programme in reaching vulnerable groups (women, men, girls and boys) and in what ways?

### 4.8 Evaluation Methodology

#### 4.8.1 Universe of Evaluation

The sampling frame included a range of data sources and stakeholders due to the MM approach along with secondary data inputs. The universe of evaluation varied according to the methodology used.

For the qualitative component, the universe of evaluation included representatives of donor organizations and IPs at national, provincial and district levels. At the district level, Chief Executive Officers of the education and health departments along with representatives from line departments and other relevant stakeholders were included. At community level, FGDs were conducted with community beneficiaries (male and female) and household survey was conducted with direct beneficiaries.

#### 4.8.2 Evaluation Design

Pre/post evaluation design with the MM approach, as well as secondary data inputs, were employed for the evaluation. Quantitative methods employed cross-sectional evaluation design for purposive household survey, which was useful for assessment of community KAP on child rights protection and their rights to access and utilize education, health and WASH services. FGDs and IDIs were used for the qualitative component.

To this end, 63 IDIs and two meetings were conducted with UNICEF at national and provincial level, along with three case studies, and 24 FGDs with the aforementioned sampling frame for the qualitative component. With regard to the quantitative section, out of 2,092 intervention villages, 106 (5 per cent) were selected through mixed purposive and random sampling methodology from all districts. Data of 1,060 households in six districts was collected, comprising 10 households from each village. Elements of gender and equity-based rights approach were given special focus during all stages of the evaluation including design, execution, analysis and reporting.

Throughout the evaluation, a participatory approach was used, where the evaluators met one-on-one with the stakeholders (UNICEF programme and provincial teams, government departments, IPs and community) for data collection. During the data cleaning stage, if any discrepancies arose, again the relevant stakeholders were contacted. When recommendations were being developed, the relevant UNICEF teams from the Country and Provincial Offices were taken on board and findings shared with them in the first instance. Based on their responses to the findings, recommendations were formulated which were shared with the UNICEF team. Hence
the evaluation design, at each step, adopted a participatory approach ensuring that all the relevant points of all stakeholders were covered.

### 4.8.3 Secondary Data Analysis

Secondary data analysis included detailed analysis and deliberations on OECD-DAC criteria (Relevance, Effectiveness, Efficiency and Sustainability) for the end-of-programme evaluation. Overachievement and underachievement of output and outcome level indicators were analysed.

A) Programme outcomes in the impact table of revised proposal were compared with end-of-programme achievements against set targets.

B) The percentage increase in output performance indicators for end-of-programme targets with actual achievements were also analysed.

### 4.8.4 Primary Data Collection

The following tools were used for the quantitative and qualitative data collection:

1. **Household questionnaire**: Used to assess KAP of direct beneficiaries of programme interventions on child protection including household structure, general demographics, education, access to health and WASH services, and KAP pertaining to applicable child protection rights. Furthermore, KAP HH questionnaire particularly captured data and information on the scenario of six years earlier through the recall method for comparison on change in KAP of communities.

2. **IDI tools**: Used for diverse representatives at national, provincial and district levels to assess relevance, effectiveness, efficiency and sustainability of programme interventions including inclusion of gender perspectives.

3. **FGD questionnaire**: The tool was designed to get community perspectives on programme interventions on child protection issues, access and utilization of child protection services, access and utilization of health, education and WASH services including economic opportunities.

4. **Observation checklist**: This tool was designed during fieldwork at the directive of UNICEF staff. The observation checklist was based on purely the observations of the evaluation team in a particular village on various child practices, including: child labour, recreational activities, etc.

5. **Question guide**: Developed for meetings with UNICEF staff and other stakeholders to understand various coordination mechanisms carried out for effective implementation of programme interventions based on DAC criteria.

#### 4.8.4.a Evaluation Teams:

For data collection two clusters were formed. Punjab comprised one cluster and Sindh and Baluchistan the second cluster. A team of six persons was hired per cluster.

<table>
<thead>
<tr>
<th>Cluster 1 (Punjab)</th>
<th>Cluster 2 (Sindh &amp; Baluchistan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Sohail Amjad (Principal Investigator)</td>
<td>Mr Ubaid Ullah Chaudry (Qualitative Analyst)</td>
</tr>
<tr>
<td>Ms Tasneem Raza (Field Level Coordinator)</td>
<td>Mr Najeeb Razzaq (Note Taker)</td>
</tr>
<tr>
<td>Mr Kashif Rafiq (Enumerator &amp; Note Taker)</td>
<td>Mr Ameer Hamza (Field Level Coordinator)</td>
</tr>
<tr>
<td>Mr Muhammad Rafiq (Enumerator)</td>
<td>Ms Gul Jan (Enumerator)</td>
</tr>
<tr>
<td>Mr Sajid Iqbal (Enumerator)</td>
<td>Ms Yasmeen (Enumerator)</td>
</tr>
<tr>
<td>Ms Shazia Noreen (Enumerator)</td>
<td>Ms Mehwish (Enumerator)</td>
</tr>
<tr>
<td>Ms Farzana Irum (Enumerator)</td>
<td>Mr Mazhar Ali Sial (Enumerator)</td>
</tr>
<tr>
<td></td>
<td>Mr Ahmed Khan (Enumerator)</td>
</tr>
</tbody>
</table>

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16 *Data Collection tools are attached as Annex IV.*
### Table 14: Data Collection Teams

<table>
<thead>
<tr>
<th>Cluster 1 (Punjab)</th>
<th>Cluster 2 (Sindh &amp; Baluchistan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team for IDIs</td>
<td></td>
</tr>
<tr>
<td>Dr Sohail Amjad and Mr Kashif Rafiq conducted KIIs in Bahawalpur and Rahim Yar Khan. Due to unavailability of the IP in Sindh in the initial days of fieldwork, the field plan for Sindh and Balochistan was delayed. For this reason, Sindh team members (Mr Ubaid Ullah Chaudry and Mr Najeeb Razzaq) conducted KIIs in Rajanpur.</td>
<td>Mr Ubaid Ullah Chaudry and Mr Najeeb Razzaq conducted KIIs in Lasbela, Karachi, Khairpur and Ghotki.</td>
</tr>
<tr>
<td>Team for Meetings/IDIs in Provincial Capitals</td>
<td></td>
</tr>
<tr>
<td>• IDIs in Lahore were conducted by Dr Sohail Amjad, Mr Ubaid Ullah Chaudry and Mr Kashif Rafiq.</td>
<td></td>
</tr>
<tr>
<td>• IDIs in Karachi were conducted by Mr Ubaid Ullah Chaudry and Mr Najeeb Razzaq.</td>
<td></td>
</tr>
<tr>
<td>• In Balochistan, since all the activities were conducted in one district only and substantial information was retrieved, it was mutually agreed with UNICEF that the evaluation team would not need to visit Quetta.</td>
<td></td>
</tr>
<tr>
<td>• National-level IDIs were conducted by Dr Sohail Amjad and Mr Ubaid Ullah Chaudry.</td>
<td></td>
</tr>
</tbody>
</table>

### 4.8.4.b In-Depth Interviews

A total of 63 IDIs, along with two meetings with UNICEF staff were conducted at three levels: national, provincial and district. The following stakeholders were met:17

### Table 15: Distribution of IDIs by Stakeholders and District

<table>
<thead>
<tr>
<th></th>
<th>Islamabad</th>
<th>Lahore</th>
<th>Bahawalpur</th>
<th>Rahim Yar Khan</th>
<th>Rajanpur</th>
<th>Karachi</th>
<th>Khairpur</th>
<th>Ghotki</th>
<th>Lasbela</th>
</tr>
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<tbody>
<tr>
<td>UNICEF Office</td>
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<td>National Commission for Human Rights</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Rural Support Programmes Network</td>
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<td>Bunyad</td>
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<td>Provincial Labour Department</td>
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<tr>
<td>Provincial Social Welfare Department</td>
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</tbody>
</table>

17 Details of IDI’s conducted is attached as Annex VII
### Table 15: Distribution of IDIs by Stakeholders and District

<table>
<thead>
<tr>
<th>Stakeholder and District</th>
<th>Islamabad</th>
<th>Lahore</th>
<th>Bahawalpur</th>
<th>Rahim Yar Khan</th>
<th>Rajanpur</th>
<th>Karachi</th>
<th>Khairpur</th>
<th>Ghotki</th>
<th>Lasbela</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Education Office</td>
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<td>✓</td>
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<td>✓</td>
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<td>District Health Department</td>
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<tr>
<td>Punjab Child Protection Bureau</td>
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<tr>
<td>District Steering Committee (DSC) Focal Person</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Provincial Office, BBSYDP, Karachi</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Head Office, IRC, Karachi</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>District Office, Sindh Rural Support Organization</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### 4.8.4.c Focus Group Discussions

Four FGDs were conducted in each evaluation district; one FGD per selected village with maximum programme interventions. The target groups were as follows:

a) Community Beneficiary Female (Village 1)
b) Community Beneficiary Male (Village 2)
c) Community Beneficiary Female (Village 3)
d) Community Beneficiary Male (Village 4)

Considering prevalent sociocultural norms, female enumerators conducted FGDs with female groups to avoid any gender concerns and facilitate the free sharing of information for collection of richer data.

### 4.8.4.d Household Survey

Multistage purposive and random sampling was followed to select sampling units of 1,060 (with 95 per cent confidence level and 3 per cent precision) beneficiary households in all six districts. In Stage 1, all 2,092 villages in each district were enlisted where CRCFA programme interventions were implemented. Stage 2 followed purposive and random sampling to select 5 per cent villages in each district using explicit selection criteria of villages with implementation of all components or few components (Table 16). Once the villages were selected (full intervention and partial intervention components), in Stage 3 10–11 households were selected through
systematic random sampling in each village, resulting in a sampling frame of households in each district. According to the inception report, the household target to be drawn was 1,060 but keeping in view data collection errors the survey was conducted with 1,134 households in six districts.

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Villages with one, two, three and four components implemented</th>
<th>District wise total number of villages</th>
<th>5% number of villages</th>
<th>Sample Size as proposed in Inception Report*</th>
<th>Actual Sample Size**</th>
<th>Selection of Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lasbela</td>
<td>275  19  0  0</td>
<td>294</td>
<td>15</td>
<td>150</td>
<td>161</td>
<td>15 villages (randomly selected among villages where two components were implemented)</td>
</tr>
<tr>
<td>Bahawalpur</td>
<td>111  69  38  5</td>
<td>223</td>
<td>11</td>
<td>110</td>
<td>119</td>
<td>11 villages (all five villages with four components were selected and remaining 6 villages were selected randomly among villages where three components were implemented)</td>
</tr>
<tr>
<td>Rahim Yar Khan</td>
<td>293  123  47  7</td>
<td>470</td>
<td>24</td>
<td>240</td>
<td>240</td>
<td>24 villages (all seven villages with four components were selected and remaining 17 villages were selected randomly among those where three components were implemented)</td>
</tr>
<tr>
<td>Rajanpur</td>
<td>418  20  0  0</td>
<td>438</td>
<td>22</td>
<td>220</td>
<td>241</td>
<td>22 villages (all 20 villages with two components were selected and remaining 2 villages were selected randomly among villages with one component implemented)</td>
</tr>
<tr>
<td>Ghotki</td>
<td>199  71  1  0</td>
<td>271</td>
<td>14</td>
<td>140</td>
<td>154</td>
<td>14 villages (one village with three components was selected and remaining 13 villages were selected randomly among villages where one component was implemented)</td>
</tr>
</tbody>
</table>
Table 16: Sampling Design, Frame and Size for HH Survey

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Villages with one, two, three and four components implemented</th>
<th>District wise total number of villages</th>
<th>5% number of villages</th>
<th>Sample Size as proposed in Inception Report*</th>
<th>Actual Sample Size**</th>
<th>Selection of Villages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khairpur</td>
<td>One 258, Two 68, Three 69, Four 2</td>
<td>397</td>
<td>20</td>
<td>200</td>
<td>219</td>
<td>20 villages (all two villages with four components were selected and remaining 18 villages were selected randomly among villages with three components implemented)</td>
</tr>
<tr>
<td></td>
<td>Total 1554, 370, 155, 14</td>
<td>2093</td>
<td>106</td>
<td>1060</td>
<td>1134</td>
<td></td>
</tr>
</tbody>
</table>

* 10 households were initially proposed to be selected from each village through Systematic Random sampling

** Keeping in view data collection errors, data was collected from 10–11 households in each village

During programme implementation, the four components of the CRCFA programme selected their villages for implementation independently and no specific selection criteria was available in reviewed programme documents. Therefore, an extensive data review shaped four scenarios for end-line sampling: 1) villages having interventions of all four programme components i.e. child protection, health, education and WASH; 2) villages having at least three components, including child protection; 3) villages having at least two components including child protection; and 4) villages with one component, which may be health, education, child protection or WASH. It was agreed with UNICEF to purposely select villages having maximum programme component interventions, with child protection as compulsory component, but where child protection was not implemented other components were included. The sampling approach ensured the following:

1- Villages with maximum programme components;
2- All villages with child protection intervention as an essential criterion; and
3- Adequate representation of all four programme components.

In this way, evaluation team further ensured inclusiveness (all programme villages were part of the sampling frame without any exception), adequate representation of all four programme components, and sufficient geographical representation within a district.
The sociodemographic characteristics of the individual household respondents show that 59.7 per cent were female, and 40.3 per cent were male. Attempts were made to ensure a gender-equitable sample size.

From Balochistan 112 females were included in sample, while 227 females from Sindh and 336 females from Punjab participated in the survey. Moreover, 48 males from Balochistan participated, along with 146 males from Sindh and 261 males from Punjab.

Age brackets for respondents were 18–25, 26–35, 36–45 and older than 45 years. However, it is pertinent to note that majority of the respondents belonged to the 26–35 and 36–45 year age brackets.

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Gender Distribution of Respondents of HH Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td>Punjab</td>
<td>Bahawalpur</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Rahim Yar Khan</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>Rajanpur</td>
<td>154</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>336</td>
</tr>
<tr>
<td>Sindh</td>
<td>Ghotki</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>Khairpur</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>227</td>
</tr>
<tr>
<td>Baluchistan</td>
<td>Lasbela</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>675</td>
</tr>
</tbody>
</table>

### 4.8.5 Data Quality Assurance

A key priority was to ensure data quality for which the following methodology was adopted:

- **Orientation workshop for field teams:** The Principal Investigator and Qualitative Analyst conducted a two-day orientation of field teams to bring them on board regarding the purpose of evaluation and to orient them about the data collection tools. The session emphasized the purpose of each tool, the information to be collected with each tool, and probing techniques. During the workshop, it was ensured that the research associates fully understand all questions in the tools and had the practical ability to adequately conduct them in the field. The importance of notetaking was emphasized along with how documentation should be done. Further, an observation checklist was drafted during the orientation workshop and the enumerators assisted its development. The observation checklist was implemented across all data collection sites.

- **Pre-testing of survey questionnaire:** The tools developed for household survey were pre-tested in Bahawalpur. Some new questions were added to the HH questionnaire, while a few questions were rephrased. Based on the field testing and feedback, tools were further refined and finalized. Urdu translation of HH questionnaire was also finalized based on the refined tools and were printed for field implementation.

- **Analysis of KAP survey:** For the household survey, a senior statistician was brought on board to develop the application for data entry and analysis. A data entry team was oriented and supervised by the statistician. All completed questionnaires were checked for accuracy and consistency of recorded responses before entry into the computer. A data entry module was designed and developed using Statistical Package for Social
Sciences (SPSS). After cleaning, data was exported to SPSS for analysis. Frequency tables and cross-tabulations were produced. Further, thematic and content approaches were used to analyse all the qualitative data. Broad commonalities were identified emanating from the qualitative basements. All data sources were triangulated to produce this evaluation report.

- **Data entry:** To ensure quality assurance, a double-entry mechanism was followed whereby each form was entered twice to ensure accuracy. In all, 2,268 entries were made, and errors were found in four forms entered. For analysis purposes data of 1,130 household was used.

- **Monitoring of enumerators:** The principal investigator and qualitative analyst conducted random spot checks on teams carrying out household surveys to ensure the required data was being collected, and also monitored FGDs.

- **Submission of data forms from field to Islamabad office:** The teams were told to take pictures of the filled forms and send them to a central mobile number (via WhatsApp) immediately in case any of the forms were lost. Once the transcripts/household survey questionnaires were finalized, the field team couriered them to ECI-RBC Islamabad Office.

### 4.9 Evaluation Related Gaps and Limitations

#### 4.9.1 Programme Related Gaps and Findings

<table>
<thead>
<tr>
<th>#</th>
<th>Gaps Identified</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Selection of programme districts</td>
<td>It was clearly communicated in the original proposal that the poorest and most deprived, along with the largest cotton-farming districts will be selected for programme interventions. Review of the programme documents revealed that this criterion was not fully followed in selection of districts. For example, Lasbela was selected even though this district is neither the largest cotton-farming district nor lowest on the CWI. Similarly, Bahawalnagar, which ranks among the top three cotton-producing districts of Pakistan, was selected initially and dropped out early, with no reasons recorded at any level.</td>
</tr>
<tr>
<td>2</td>
<td>Selection of programme villages</td>
<td>The method followed for selection of programme villages was not fully in line with programme objectives. The selection of villages was done by the respective district governments; though targeted guidelines and selection criteria was available, it was observed that the selection of villages was not evidence-based.</td>
</tr>
<tr>
<td>3</td>
<td>Defining SMART indicators for the programme</td>
<td>Goal, objectives and outcome-level indicators were not SMART and Realistic. Principles of results-based management were not clearly laid out during the design phase of the programme.</td>
</tr>
<tr>
<td>4</td>
<td>Integrated programming approach</td>
<td>Programme design envisioned a comprehensive integration approach to take advantage of the complementarities of all sectoral interventions to achieve the larger results of child wellbeing and creating protective environment; the activities were largely designed and implemented by UNICEF sections with more thematic focus and limited effort to leverage complementarities. Hence, there is a lack of consensus among thematic teams as they had a varied understanding of the programme interventions as one unit.</td>
</tr>
<tr>
<td>5</td>
<td>Baseline information</td>
<td>Baseline information was not collected at the start of the programme in 2011. Albeit the revised proposal suggested impact-level indicators and baselines were established from the 2011 MICS surveys implemented in Punjab, Sindh and Balochistan. It is also proposed in the revised proposal that findings of the impact-level indicators should be compared with the values of the indicators taken from upcoming scheduled surveys in 2017. For the purpose of</td>
</tr>
</tbody>
</table>
this evaluation, recall methodology was used where in KIs and household survey’s respondents were asked about the condition of a specific indicator at the start of the programme and then towards the end.

6  Unavailability of disaggregated data

The beneficiary matrix shared by UNICEF, which gave details on programme achievements against each output, did not present disaggregated data; nor was disaggregated data available with UNICEF provincial teams.

4.9.2 Field Related Gaps and Challenges

<table>
<thead>
<tr>
<th>#</th>
<th>Gaps &amp; Challenges</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There was some information failure among staff members at the UNICEF Country Office about stakeholders who had worked in the field during the programme. During the inception phase, the evaluation team had submitted a detailed evaluation design to the UNICEF Country Office, clearly indicating the stakeholders to be interviewed. This was shared with all relevant team members and approved by the UNICEF Country Office. However, when the evaluation team started their field visits, new stakeholders (including HUD&amp;PHED and NCHD) were identified and added for evaluation purposes, which resulted in the need to develop IDI tools for the newly-identified stakeholders. During the seven years of programme implementation, there was staff turnover at the Country Office, hence full information regarding the stakeholders could not be ascertained. Since unidentified stakeholders emerged after the initial evaluation, IDI tools had to be developed which the evaluation team did despite their tight schedules in the field in order to avoid delay in the field activity schedule.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Staff of the Sindh Rural Support Organization (SRSO), an implementing partner focused on child protection, were not available during the proposed dates for interviews and data gathering causing a delay in the field calendar. In order to address this, the field team started data collection in Lasbela and then moved to districts of Sindh.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>District Steering Committees (DSC) were formed during the programme cycle (2013–2017) as a governance mechanism overseeing the implementation, coordination and progress of the activities. However, field visits revealed that DSCs in all programme districts were non-functional in the last year of the programme cycle due to change in the role of District Coordination Officer and a new governance system at district level. These designations were changed to Deputy Commissioners and Health and Education As the evaluation was conducted after the end-of-programme activities, the evaluation team could not always meet the district steering committees (DSCs) but in some districts a few DSC members were available, and the evaluation team ensured meetings with them.</td>
<td></td>
</tr>
</tbody>
</table>
Authorities were established, with Executive District Officers changed to Chief Executive Officers.

4 There was an absence of consolidated data from IPs for verification. A consolidated beneficiary data matrix sheet against each output indicator was received by the evaluation team from UNICEF. When the team tried verifying the data from the field, it was found that none of the IPs had segregated or consolidated data. The team did not have any other source of data quality assessment and verification of performance and thus it was decided to use the data presented in the beneficiary matrix sheet provided by UNICEF.

5 Evaluation started after the end of the programme, hence bringing stakeholders on board for evaluation was a challenge. Combined with this, some stakeholders were engaged for a limited time period, again bringing these stakeholders on board and retrieving information related to the programme was a challenge. UNICEF provincial teams were very helpful in setting up meetings with relevant government stakeholders and IPs which were involved till 2017. The team faced challenges getting time for KIIs with IPs that had only been involved in the pre-MTE period. Tracking these stakeholders took extra time but understanding the need to collect data from these stakeholders, UNICEF gave the extra time required.

4.10 Impact of Gaps and Challenges on Data Collection

- The knowledge gap of Country Office staff, delayed availability of SRSO staff and arrangement of meeting with relevant staff of government stakeholders and IP staff after the end of the programme resulted in delays in data collection in the field. Various mitigation strategies were adopted, as presented in the above section, to reduce this delay.

- Before the start of the data collection exercise, the evaluation team had expected that they would be able to meet the DSCs, which were critical bodies for retrieving information from the field regarding programme activities in a particular district. Most DSC members were not available during the data collection phase due to various reasons; however, the evaluation team ensured meetings with whichever DSC member was available in the programme districts. This resulted in multiple KIIs which were not a part of the scope of the evaluation methodology outlined in the inception report (leading to extra days spent by the evaluators in the field) but the evaluators felt that it was critical that these KIIs were conducted to retrieve maximum information.

- The data collected from the field was based on recall methodology as baseline information was missing. This methodology is biased and may not give 100 per cent accurate results.
Chapter 5: Findings & Analysis

The findings in this section are presented according to the key evaluation questions. The findings are based on the IDIs conducted with relevant stakeholders, FGDs and household surveys conducted with community beneficiaries of the programme.¹⁸

5.1 Relevance
Were programme strategies and interventions relevant to address existing priorities and needs of targeted communities?

How relevant was the selection and targeting of programme areas (districts and villages) with regard to programme objectives?

As detailed in the programme description, the selection of programme areas (districts and villages in the three provinces) was done on the basis of official data, including social, administrative and economic indicators and data collected from various published sources. The following paragraphs indicate the relevance of the selection to the programme objectives, which were to strengthen the realization of a number of child rights, with an integrated approach focusing on cross-cutting themes of social protection, child protection, education, health and WASH.

Child protection was a key focus of the programme interventions, which is why cotton-farming areas were prioritized as children are engaged in manual labour to assist with cotton farming. The findings of the HH survey indicated that among the respondents, the average number of children per household was highest in Sindh with 4.79 children per household, followed by 4.56 in Balochistan and 4.11 in Punjab. However, the number of children attending school per household in each of the province was different. The HH survey found the highest proportion of children attending school in Punjab (46 per cent) followed by Sindh (42 per cent) and Balochistan (36 per cent). It must be noted that percentage of girls going to school was less compared to boys in each province. In interviews, multiple reasons were given by respondents for not sending their girls to school, including social norms and lack of basic facilities.

HH survey results were used to access the extent of child labour in programme areas. The survey shows that families allowed their children to work on two levels: either to help out with household chores or to help in generating income for the family. With regard to children working for money, Balochistan showed a particularly grim picture, with 31 per cent of families sending their children to work. In interviews, respondents highlighted poverty as the leading cause of child labour in Balochistan. In order to add to the family income, parents were willing to send their children to work rather than school.

In Balochistan 68 per cent of families, and 69 per cent of those in Sindh, allowed their children under 18 to perform household chores. However, in Punjab only in 45 per cent of families were children involved in household chores.

¹⁸ In the findings section (graphs and content), target districts are grouped under their respective provinces: Punjab includes Bahawalpur, Rahim Yar Khan and Rajanpur; Sindh includes Ghotki and Khairpur, and Balochistan includes Lasbela.
The percentage of children (under 18 years of age) working to contribute to the family income in the target regions was: 10.4 per cent (62 children) in Punjab, 13.8 per cent (22 children) in Balochistan and 16.9 per cent (63 children) in Sindh.

MICS results show that in 2014 prevalence of child labour was 16.4 per cent in Punjab and in 2017 it dropped to 13.5 per cent. The CRCFA intervention villages show a child labour prevalence of 10.4 per cent, indicating the achievement of the programme interventions.

In Sindh, MICS shows child labour prevalence at 26 per cent in 2014. This stands at 16.9 per cent currently in intervention villages.

In Punjab of the 62 children involved in paid labour, 12 were aged 5–10 years, while the others were aged 11–15. In Sindh 15 children and in Balochistan 7 children were aged 5–10 years.

The highest number of children working to contribute towards the household income was reported in Ghotki, followed by Rajanpur, Lasbela and Khairpur.

Conclusion: The selection of target areas did not fully follow the initial criteria that the programme had laid out, but with reference to programme objectives, selected regions in Punjab, Sindh, and Balochistan were in dire need of reforms related to child protection, education, health and WASH. The initial criteria were for selected districts/villages to be cotton-farming and amongst the poorest; however, Lasbela was not a cotton-farming district, nor were some villages in other districts.

Were the programme outcomes relevant to the vulnerable community’s needs and priorities in target areas?
Since government and non-government organizations implemented aspects of the programme in all the target areas, the satisfaction level of the population varied across different areas and sectors.
Satisfaction levels with various interventions, depicted in the graphs above, also show the relevance of these initiatives in the target areas.

**Punjab**

HH survey results indicated that respondents expressed greatest satisfaction with interventions in the education sector, by NGOs and government, followed by improvements in clean drinking water availability and health.

“There is no immunization facility for newborns.” *FGD Village 41 DB, Yazman, Bahawalpur*
MFCCs also garnered a positive response but law enforcement under child protection and sanitation were indicated as neglected areas by the survey respondents. Further, it is pertinent to note that respondents living below the poverty line were not satisfied with health services. This was corroborated during FGDs and community interviews whereby it was highlighted that there was a need for incentive based grants for LHWs and CHWs to ensure proper service delivery, which was lacking in the CRCFA programme as well.

Regarding provision of improved water sources, the programme was not based on a realistic assessment since access to a drinking water source is not an issue in Punjab; the household survey conducted in the programme districts showed that 94 per cent of the people have access to water sources and 80 per cent have their own hand pumps at the household level. Therefore, the focus should have been on the provision of safe drinking water rather than accessibility to clean drinking water as indicated in the logical framework.

Sindh

In Sindh, respondents indicated their satisfaction with interventions pertaining to clean drinking water sources, followed by education and MFCCs. Interviews with stakeholders also indicated the same findings. Community feedback during the interviews stated that social funds and income-generating projects (IGP) were well received by the community members. Further, it was pointed out that awareness sessions were instrumental in creating improved understanding of children’s rights including the negative effects of early marriage and the right to education. It was mentioned during the interviews that Hindu minorities were engaged in the education interventions whereby members from the Bheel and Kholi castes were included, indicating the inclusivity of the programme design. But law enforcement for child protection and health remained a problem.

In Ghotki, Village Qadirpur, a girl (13 years of age) was sexually assaulted and murdered while she was selling milk from door to door to support her family. A case was filed but was closed without any results as the accused belonged to an influential family.

In Khairpur, “10 years ago there were 165 health facilities serving a population of 10 lacs. Today the population has increased to 24 lacs but the number of health facilities remains the same.” Mr Jatoi, Focal Person, health department, Khairpur.
Balochistan
Around 64 per cent of people expressed satisfaction with improvements in education, followed by satisfaction on services rendered for access to clean water resources. Of those satisfied with improved education services, 70 per cent lived above the poverty line and 22 per cent below it.

The sanitation situation in Balochistan is grim. Only 14 per cent of respondents expressed their satisfaction with sanitation services. The health sector also needs improvement as 26 per cent of respondents were not satisfied with it. However, many respondents identified improvements in hygiene due to increased public awareness.

Since ensuring the health and wellbeing of children is among the key objectives of CRCFA it is pertinent to assess how many children have easy access to government health services. The HH survey highlights that only 16 per cent of children in Balochistan have easy access to government health facilities.

Social funds were used to provide computers in a few MFCCs in Lasbela and Ghotki. However, community feedback during FGDs expressed dissatisfaction with this as it was not in line with the priorities of the parents. Given that there is acute poverty, parents wanted to prioritize basic necessities. Moreover, as all MFCCs were located on privately-owned land, providing computers or tangible products to a private property was not met with positive feedback from the community.

The IPs indicated that the computer labs and libraries were established on recommendation by the communities. However, the communities showed their dissatisfaction with this investment and direct observation by the evaluation team showed that the libraries were not being effectively used by the children, as demonstrated by the layer of dust present on the books in the libraries.
Based on the data collected, conclusions on the relevance of programme outcomes and listed in Table 20.

<table>
<thead>
<tr>
<th>#</th>
<th>Outcome</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poverty: By the end of the project, 100,000 children from 25,000 families have access to educational and/or vocational pathways and/or livelihood opportunities and/or social infrastructure improvements aimed at reducing intergenerational deprivation and poverty.</td>
<td>This outcome consisted of CCT initiative, Social Funds and IGPs. The outcome was closely linked to community needs due to the role of poverty in child labour. The CCT gave relief (though the amount was minimal) to parents whose children were enrolled in school. The programme’s intended social funds were established, but post-midterm the communities were not satisfied with their utilization of funds when it was decided by UNICEF to use funds for the construction of safe play areas only. Communities across the board pointed out that their areas had other pressing issues and funds should have been utilized there instead of making safe play areas which were not even being maintained in most communities after the end of the programme. For IGPs, the strategy was very relevant to programme needs but the amount given to women to start their projects was found to be insufficient for a sustainable enterprise. It can be concluded that poverty alleviation was a dire need for targeted communities, but this outcome did not fully address this need.</td>
</tr>
<tr>
<td>2</td>
<td>Education: Boys and Girls enrolled in target schools benefit from quality, child-friendly and inclusive education</td>
<td>This outcome was fully relevant to community needs and priorities. Communities reported this component as being the most satisfactory in terms of their needs and the services delivered.</td>
</tr>
<tr>
<td>3</td>
<td>Water: Additional 300,000 households using improved drinking water sources</td>
<td>This outcome partially addressed the issues that the communities were facing. In Sindh provision of water was a problem hence it was important that the targeted communities received access to improved drinking water sources. But in Punjab access to water was never a problem, and it would have been preferable to concentrate on provision of safe drinking water which was not the aim of the programme. Thus, this outcome should have concentrated on provision of clean drinking water to communities instead of just ensuring provision of water.</td>
</tr>
<tr>
<td>4</td>
<td>Sanitation: Additional 250,000 households in targeted villages live in ODF environment</td>
<td>The outcome was highly relevant to community needs as it was important to change behaviours around open defecation to reduce preventable diseases and the risk of sexual assault.</td>
</tr>
<tr>
<td>5</td>
<td>Health: By the end of the project, 60% of Project Union Councils have improved access and use quality primary health care networks and/or facilities by 50%</td>
<td>This outcome was for union council level though the units targeted under the programme were villages.</td>
</tr>
<tr>
<td>6</td>
<td>Child Protection: Reported cases of child abuse (violence, exploitation and neglect) are received, managed and referred by a public child protection mechanism</td>
<td>The outcome was relevant as there is a need for institutional mechanisms dealing with child protection cases exclusively.</td>
</tr>
</tbody>
</table>
### Table 20: Relevance of programme outcomes

<table>
<thead>
<tr>
<th>#</th>
<th>Outcome</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Community development, social mobilization and awareness-raising:</td>
<td>This component comprised the establishment of MFCCs, awareness campaigns, child labour survey, development of child protection law and development of model health and safety standards.</td>
</tr>
<tr>
<td></td>
<td>By project end, awareness increased, and behaviour changed among</td>
<td>The satisfaction level of communities with MFCCs in targeted areas shows that this was not fully relevant to the priorities of target areas.</td>
</tr>
<tr>
<td></td>
<td>1,000,000 people in target districts on the right of the child to:</td>
<td>The computer labs and libraries set up in the MFCCs did not align with communities’ perceived needs, as was clearly highlighted in FGDs.</td>
</tr>
<tr>
<td></td>
<td>survival and development; education, health and protection</td>
<td>The awareness campaigns under the programme were very relevant to the needs of target areas and positive results were seen from this.</td>
</tr>
</tbody>
</table>

### Were the programme strategies relevant to existing national priorities and policies on applicable child rights?

#### Child Protection

A key achievement in aligning the programme with existing national policies was the UNICEF contribution to the drafting of child protection laws, along with ensuring right to education, in Sindh and Balochistan. In Balochistan, the child protection law was passed, as the first in Pakistan to be fully aligned with the CRC. However, while the law has been passed, it is yet to be translated into actionable results. Aside from the need to develop institutional structures to support and implement this law, at the community level, this is due to a multitude of reasons whereby community members are hesitant to seek institutional help for matters pertaining to child protection and prefer to refer to traditional means of redressal such as the jirga system. However, the passage of the law in Balochistan’s cultural context is a major achievement.

In Sindh, a child protection law was passed prior to the CRCFA and under the programme the Sindh Child Protection Authority was established to ensure the rights of the children in need of protection measures. However, the functionality of the body was not brought up during the interviews. In Punjab, a child protection policy has been drafted with UNICEF technical expertise but is pending approval.19

In short, progress was made by UNICEF under the child protection component, but challenges have appeared.

#### Education

The National Education Policy (2009) emphasizes early childhood education (ECE) and aims to provide adequate facilities, services and infrastructure for ECE classes, increasing access/enrolment, and improving quality through providing separate trained teachers. Also, the policy targets universalization of primary education which includes provision of financial incentives to deserving/disadvantaged children and their families.

All these aspects were well addressed through the CRCFA programme, where social funds (pre-MTE) were used to provide facilities like latrines and boundary walls for formal government schools. Facilities like these encouraged the parents to enrol daughters in school.

The National Education Policy also emphasizes teacher training to improve quality of education. Again, this component was a part of the CRCFA programme under which 4,30820 primary school teachers were trained across programme districts. Also, through the PBM, deserving families received financial incentives for enrolling and regularly sending their children to school.

The success of the NFE model of the CRCFA programme contributed to the development of Sindh’s NFE Policy in 2017. The government of Sindh prepared this policy to offer an alternative path to educate children who had dropped out of school or had never attended school.

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19 Child Protection Courts (CPC) have been established under section 22 of the Punjab Destitute & Neglected Children Act, 2007 which provide that the Government may, by notification, establishes one or more Courts under this Act for local area.

20 The information was provided in the Beneficiary Matrix of the CRCFA Programme shared by UNICEF.
and adults who lacked literacy skills. To increase enrolment of children the CRCFA programme linked to the CCT initiative already being implemented by PBM.

**WASH**

The Pakistan Approach for Total Sanitation (PATS) is a means of achieving and sustaining an open defecation free (ODF) environment in both rural and urban contexts, with a clear emphasis on behaviour change and social mobilization to enhance the demand side of sanitation. UNICEF aimed to leverage government resources to replicate and upscale project activities and assisted the government in the preparation of a PC-1 and the HUD&PHED was able to secure funding of PKR 400 million from the government. Through its advocacy efforts, UNICEF was able to secure political will and the PATS approach was successfully replicated in 36 districts of Punjab, including the programme intervention districts. UNICEF’s third-party monitor (Apex) verified that more than 80 per cent of villages had succeeded in changing open defecation habits of its inhabitants.

Under the CRCFA programme there were deliberate efforts to scale up PATS. Health and hygiene sessions were conducted in schools and communities along with construction of latrines in households. The scaling up of the WASH activities through the engagement of the government was a key achievement of the programme. Cross-sectoral coordination for the PATS programme was another success of the programme.

**Health**

The National Health Vision of Pakistan states “To improve the health of all Pakistanis, particularly women and children, through universal access to affordable quality essential health services, and delivered through resilient and responsive health system, ready to attain Sustainable Development Goals and fulfil its other global health responsibilities”.

In line with this vision, the CRCFA programme had a special focus on women and children. It was reported by UNICEF that by the end of the programme 1,288,452 women and children had accessed and used the government primary health services. The CRCFA programme leveraged various ongoing initiatives of the government and ensured that these initiatives were also present in CRCFA programme areas. These included EPI, polio campaigns and Mother and Child Health Week. Through these government-led initiatives routine immunization of children and maternal health interventions were enhanced. Equipment was provided to Basic Health Units to strengthen the services they provide to communities.

CRCFA also improved capacity of LHWs and in areas where they were not working, CHWs were introduced to improve family planning services and overall health care.

**Conclusion:** The programme strategies were highly relevant to national priorities and policies on applicable child rights. The programme worked with the government in all the components to leverage its resources and maximize achievements.
Were awareness campaigns relevant to increase KAP of communities on applicable child rights, child protection services, WASH, education and other public services?

Throughout the CRCFA, all components included a shared mission of raising awareness. These spanned topics about child protection, WASH, health and education.

In every activity there were sessions related to wellbeing of children; people were not aware about the importance of education as a right of children or other rights of child, because of which child labour was high before the programme interventions. Children engaged in child labour were exposed to injury and illness due to minimal or no safety measures taken by employers.

IPs in all target areas conducted awareness sessions targeting both males and females to promote child rights. Overall, communities showed satisfaction over child rights awareness provision as gauged from the FGDs. During the FGDs participants also shared horrific incidents of child sexual abuse and murder, which implied that the programme had increased confidence to voice their thoughts over tabooed subjects.

Employing strategies such as use of street theatre to communicate social messages received positive feedback from beneficiaries and indicated that such mediums were effective for disseminating social messages. A common finding across provinces was the efficacy of awareness sessions.

Other than child rights, communities also reported that awareness sessions regarding hygiene resulted in behaviour changes where children and their household members were now washing hands before eating and after using latrines. Even in education, the parents were seen to be more concerned about the education of their children (both girls and boys) compared to six years ago. Some parents were even sending their children for middle and higher education outside their villages.

Respondents were asked about their sources of information in comparison to six years previously. It emerged from the findings that mobile phones are the main source of information and over the years, their role has gained prominence. In Punjab 91 per cent of respondents, 73 per cent in Sindh and 82 per cent in Balochistan indicated mobile telephones were their chief source of information. The medium of television, too, amassed increased significance. However, radio was now the least preferred source of information. This shifting trend towards mobile telephones from radio as the preferred mode of information is in line with the trend nationally. This important finding should guide future interventions that can benefit from using mobile telephones to generate awareness about social issues. Further, it is a cost-effective medium, offering greater cost-benefit advantage.

Conclusion: Awareness campaigns were seen to have positive effect on the behaviours of the communities in all components. Though the duration of awareness campaigns during the programme is questionable as it was seen that due to these campaigns communities did change their behaviours for a time but eventually reverted to old practices. This was especially seen under WASH where Bahawalpur was certified as ODF during the tenure of the programme, but the HH survey found that almost 21 per cent had reverted to their previous practices. IPs reported similar concerns.

How do communities view the CRCFA programme and its outcomes for them?

The CRCFA programme was a multisectoral programme where the sectors involved were all supposed to be working towards their own goal instead of converging to a single goal of child protection. Due to the missing link between the sectors, the communities rated various sectors as follows:
From the information presented in the graphs above, it can be seen that education interventions showed highest community satisfaction while sanitation and child protection were lowest rated.
Child Protection Units
In Balochistan, feedback from the interviews showed that there is a lack of child rights protection mechanisms in place. The CPU established by UNICEF was not able to effectively address issues pertaining to child rights. Owing to lack of funds and facilities, it could not effectively address complaints registered by the community. One reason for this could be that the child protection legislation was approved in 2017 and time was required by the Balochistan government to establish systems/functions (establishment of a Child Protection Commission is currently underway in Balochistan).

Cases of abuse are primarily discussed with nominated elders of the community, who resolve these incidents by negotiating with the parties involved. Further, the majority of cases go unreported as families are hesitant to report abuse, deeming it a social taboo. Hence, cultural constraints are a key impediment to families from reporting cases of abuse. Families also lack awareness about legislative procedures. Given these constraints, families prefer to resolve such issues through traditional means such as jirgas or councillor meetings where community stakeholders are present.

In Balochistan, it was learnt during the interviews that UNICEF was not able to effectively support the CPU; there was lack of field support staff and they were not provided any transportation allowance, which is necessary for identifying such cases.

Social Funds
There were concerns put forward by the communities regarding implementation of social funds post-midterm. During the FGDs, community members stated that rather than prioritizing safe play areas for utilization of social funds, there were other more urgent needs of children that could have been addressed and funds could have been utilized more constructively.

In communities where the safe play areas were constructed on private property, discontentment was even greater as there was no community ownership; the locals of the area had offered their land for construction of safe play areas, but it remained the person’s property instead of the community’s. In some communities it was noticed that after the end of the programme, the landowners took over the safe play area and it was not accessible to all the children of the community.

Moreover, it was noted that the construction of the safe play areas was not in line with the playing habits of the local children. This again indicates the importance of factoring in local cultural topographies when designing interventions.

MFCCs
The community satisfaction was not very high with the MFCCs. This was mainly because the MFCCs also hosted computer centres for the community, but provision of computers was not a priority for the target beneficiaries since they belonged to the poorest category.

Some of the MFCCs were also developed on private property; in communities where MFCCs were on private land and had been equipped with computers the dissatisfaction was even greater; again after the end of the programme, some such computer centres became inaccessible to the locals.

IGPs
Overall there was dissatisfaction among IGP beneficiaries regarding the amount (PKR 14,000) given to them to start a sustainable business. Questions were also raised on the selection of IGP beneficiaries. The IPs took the
data from BISP of the poorest beneficiaries, but since BISP data is old not all the deserving poor were included. Hence the community’s perception was that a few favoured by the IPs were selected for the IGP.

CCT
Through FGDs it was suggested that the sustainability of CCT interventions could become more effective if the amount of cash was increased and also if secondary school students were included in the CCT portfolio.

**Conclusion:** The communities found the overall programme and its outcomes very relevant to their needs but expressed dissatisfaction with implementation of these outcomes. Education (Outcome 2) showed highest satisfaction but reservations were apparent about all the other outcomes.

Outcome 1: The communities expressed their reservations on implementation of social funds on construction of safe play areas and the amount of funds given under IGPs.

Outcome 3: The communities showed satisfaction on aim of programme to provide improved water sources to communities however concerns were raised through proven laboratory tests on cleanliness of the water especially for drinking purposes.

Outcome 4: Sanitation under the programme comprised of construction of latrines, but the community felt that the problems related to open defecation can only be fully addressed once drainage system (open drains) is improved along with disposal of garbage.

Outcome 5: The outcome focused on union council level while in all targeted areas concerns were raised regarding ill-equipped and non-provision of medical staff at health units at/near village level.

Outcome 6: Child protection is a new concept in the targeted communities. The programme was successful in raising awareness regarding this sensitive topic among communities however it will take another programme like the CRCFA in the targeted areas for the communities to start accessing institutions developed for child protection.
5.2 Effectiveness
Has the CRCFA programme achieved its intended outcomes and targets effectively?

Were the programme strategies and interventions effective in increasing utilization of public services by targeted communities?

The HH survey showed stark differences in access to health services. About 60 per cent had access to health services in Punjab, but the proportion was almost half in Sindh, at only 36 per cent. Balochistan faced the worst situation with only 16 per cent having access.

Education is also of prime significance when it comes to child protection and safeguards. Government schools are a cheap and effective mechanism to ensure that the basic right to education is extended to every child in the country. However, the survey showed that 50 per cent of children in Balochistan lacked easy access to government schools. This is a huge proportion and indicates that Lasbela lags far behind target districts in Sindh and Punjab when it comes to providing education to children.

Keeping in view child labour and OOSC, income-generation projects were granted to women belonging to the lowest wealth quintile. The HH survey highlighted the extent to which deserving households had access to income-generation projects: 53 per cent in Sindh followed by 51 per cent in Punjab and 48 per cent households in Balochistan had access to IGPs. However, FGDs with IGP beneficiaries showed that the amount allocated for the projects (PKR 14,000) was not sufficient to establish a sustainable enterprise.

The access to IGPs was as indicated above, but the level of satisfaction among the respondents of various regions was different. About 68 per cent of those who had access to IGPs in Punjab were satisfied with the services provided while 32 per cent expressed their dissatisfaction. According to the survey 64 per cent of those who had easy access to such services were satisfied in Sindh. However, the level of dissatisfaction among respondents with access to IGPs was highest in Balochistan, at 82 per cent, showing that these services are failing to meet the requirements of the people.

**Conclusion:** Increase in utilization of public services varied from area to area; Punjab utilized public services most, followed by Sindh and then Balochistan. This is because public institutions are better developed and readily accessible in Punjab, followed by Sindh. Balochistan has a long way to go as the public institutions need to be set up which are easily accessible to the targeted communities.
Did the coordination and leverage mechanism with government effectively influence achievement of programme results?

The CRCFA programme leveraged government initiatives and government departments very well, which led to increased outreach of the programme and sustainability of some initiatives. Achievements in leveraging mechanism with government include the following:

Child Protection
Under child protection, laws were drafted and approved in Balochistan and Sindh. In Sindh as part of the child protection policy, CPUs were set up, which was a key programme achievement. Under CRCFA, funds were utilized to strengthen the institutional capacity of these CPUs in the target regions. The government took over the CPUs and a PC-1 was initiated to do so given the successes that were reported through the help of CPUs. The CPU in Khairpur registered sexual abuse cases from different sources including direct community response, social media and NGOs. An integrated strategy was followed whereby advocacy campaigns were carried out through the local radio station FM 92 to generate awareness about the CPU helpline so that people could report cases of violation with reference to children. IPs formed community groups which were entrusted with the task of carrying out awareness-raising campaigns regarding the CPUs and encouraging people to report cases of abuse. Awareness sessions were conducted regarding child protection and ensuring the rights of the children. Owing to these awareness sessions, a 40 per cent reduction was reported in cases salient to child protection. It was reported during the interviews that owing to awareness sessions, only 40 cases of child labour were reported in the last three years.

With the establishment of the CPU, 89 cases of bonded labour were reported in Khairpur. It was found that a landlord had detained a minor in a private jail and after the incident was reported in the news, the labour department was taken onboard to look into the matter and ensure release. A field assessment was carried out and with the help of the police, 56 children were recovered and moved to a safe and child-friendly place. The CPU played an integral role in registering the case and referring it to the relevant departments/services.

Another successful intervention in Sindh was the establishment of Child Rights Committees, which were instrumental in sensitizing people including children about their rights and the risks they are exposed to. It was indicated during interviews that awareness sessions were instrumental in creating improved understanding of child rights including the negative effects of early marriage and the right to education.

Education
The success of the non-formal education model under the CRCFA programme contributed to formation of the first ever NFE policy in Sindh. Indus Resource Centre (IRC) handled the improvement and organization of NFE institutes in various villages of target districts in Sindh. This was effective in providing access to education to OOSC, with the aim to eventually support their transition to formal schools. Similarly, in Punjab, non-formal schools were established by NCHD and the Bunyad Foundation. This led to the government identifying the potential in the model and formulating it in a policy.
The education component also collaborated with PBM and aimed to increase primary school enrolment through CCTs. Bahawalpur, Rajanpur and Khairpur were already a part of the PBM CCT initiative, but through UNICEF advocacy Lasbela and Ghotki were also added. UNICEF also directly supported the institutional capacity-building of PBM by upgrading its system and software to improve transparency and effectiveness. Through this institutional development, PBM in Lasbela established two schools. A mechanism for reporting attendance on a daily basis was established. If attendance of any student was 80 per cent or above only then would she or he be eligible for the stipend. Hence the deployment of software systems and hardware by UNICEF was extremely effective in assuring transparency of funds.

Under CRCFA schools were equipped with improved infrastructure, but lack of maintenance meant that this was not as effective as it could have been.

In Bahawalpur, OOSC on average were approximately 2 children per household and in Rahim Yar Khan (where CCT initiative was absent) the figure was approximately 3 children per household, indicating the success of the initiative.

The CRCFA programme also trained 4,308 teachers in interactive and child-friendly teaching and learning methodologies which increased the quality of education in government schools. Along with this, facilities like latrines, boundary walls and development of school improvement plans of government schools were also supported to increase enrolment.

The Punjab literacy department opened feeder/ mobile/ satellite schools in cotton-picking areas, whereby students received three hours of education on weekdays but had the flexibility to attend school in the morning, afternoon or evening. The students who attended these feeder schools were then mainstreamed into the formal education system.

**WASH**

The WASH component worked with HUD&PHED to implement its targets through PATS (water supply, rural sanitation and hygiene). All the targeted villages of Bahawalpur under this programme were certified as ODF by the authorities. Apex (CRCFA third-party monitors) reported 80 per cent of targeted villages were ODF during the programme intervention period.

**Health**

The health component leveraged the ongoing programmes of the government to increase immunization and improve maternal health. These programmes included EPI, Mother and Child Week and polio campaigns. The CRCFA ensured that these initiatives were also implemented in targeted programme areas. Support for implementation of Reach Every District and Reach Every Community (RED/REC) vaccination strategies included training of vaccinators to develop micro-plans, provision of mobility support to vaccinators and monitoring staff, monthly EPI review meetings by district health offices to improve immunization coverage. CRCFA also strengthened the capacity of government health staff by providing training such as Essential Newborn Care training, HBB training, etc. Finally, recruitment and training of CHWs in LHW-uncovered areas to enhance maternal, newborn and child health coverage and service delivery was a great intervention accepted by the communities.

The programme’s health component also collaborated with the People’s Primary Healthcare Initiative (PPHI) in Sindh to improve conditions at Basic Health Units which saw a significant improvement in healthcare facilities. Support was provided to THQ Hospital Ghotki and Civil Hospital Khairpur to strengthen their capacity for treating sick newborns; equipment including incubators, phototherapy units, vital signs monitors, oxygen cylinders, pulse oximeters and baby carts were provided.

Targeted villages of Bahawalpur, under this programme, were certified as ODF, but the HH survey and FGDs (conducted a few months after the end of programme activities) showed that people were reverting to their practice of defecating openly (especially men). This means that the awareness component for ODF needs to be implemented again to ensure the practice is fully rooted in a community.

21 Various terminologies were used regarding these schools by education departments and IPs interviewed.
Thus far the success rate of coordination and leverage mechanism with the government influencing programme results is undeniable in all regions be it education, WASH or health. Some minor glitches could have been overcome with stronger check on maintenance.

**Conclusion:** The programme’s leveraging mechanism with government was one of its most effective strategies. This strategy helped the programme in influencing achievement of programme results as the programme used the government’s outreach and resources (financial and human).

**What were the major factors influencing or hindering the effective achievement of programme results?**

The following were identified as major hindrances that affected the programme results:

**Flow of funds**
The IPs and government counterparts identified the flow of funds from UNICEF and their contractors as a hindrance to programme implementation. Through UNICEF it was found that there was inconsistency in flow of funds from IKEAF; though UNICEF did try fulfilling the funding requirements from other programme funds but there were delays in payments.

**Lack of integrated programming strategy**
Multisectoral programme implementation is a relatively new phenomenon in the development sector in Pakistan. It has multiple benefits but also certain challenges. CRCFA experimented with approaches during its implementation; pre-MTE, it adopted an integrated programming approach under the Child Protection Unit leadership and after the MTE, the programme was divided into four units that exercised full autonomy, minimizing horizontal collaboration and coordination. The post-MTE vertical approach helped in achieving unit targets. However, in the absence of the horizontal linkages, and coordination, the integrated benefits to the programme communities were compromised to a significant extent. The beneficiaries received partial support at different time intervals, which resulted in achievements of unit targets but not to the overall programme objective of reduction in child labour. In the case of the pre-MTE approach, it is understandable that working horizontally is always a challenge. As such, it is recommended that all concerned unit must be engaged at the proposal development stage and budget allocation process with clear roles and responsibilities. All units must select one geographical implementation area so as to address the theory of change for better results.

The achievement of targets set out for each output was as follows:

> “If we reconceive CRCFA, we should design it with holistic approach making child as central point. If child is born somewhere all interventions should revolve around that child, including birth registration, vaccination, breastfeeding, mental development, early childhood and till his or her primary school education and ensure follow up. All parameters should be monitored.” Dr Tahir Manzoor, Health Specialist, UNICEF Punjab

> “By increasing outreach services, immunization coverage has improved in target union councils by 5 to 6%.” Ayaz Hussain Soomro, Health Specialist, UNICEF
**Target Achievement per Output (2013-2017)**

<table>
<thead>
<tr>
<th>Output 1</th>
<th>Output 2</th>
<th>Output 3</th>
<th>Output 4</th>
<th>Output 5</th>
<th>Output 6</th>
<th>Output 7</th>
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<tr>
<td>Overall Programme Achievement (2013 end)</td>
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<td>385</td>
<td>693</td>
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<td>Cumulative Achievement till December 2014</td>
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<td>4,438</td>
<td>2,528</td>
<td>4,308</td>
<td>142,823</td>
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</tbody>
</table>

**Conclusion:** A truly integrated programme should have revolved around a single unit: the Child. However, it was seen that all programme components worked towards achieving and reporting individual results instead of working together to ensure child protection.
5.3 Efficiency

Has the CRCFA programme been implemented and achieved its intended outcomes and targets efficiently?

To what extent did the programme leverage additional resources to address identified gaps?

The programme was very successful in identifying additional resources to fill gaps by leveraging government resources (as previously described) as well as private sector partnerships. CRCFA leveraged the services of the mobile service provider Mobilink (now known as Jazz) for CCT payments. During the registration process Mobilink teams performed biometric enrolment using three devices through which the first payment was sent on the spot. Two camps were arranged at a time in which nearby beneficiaries received payments under supervision of PBM teams. No problems were faced in disbursement. PBM successfully conducted this activity for four years (2013 onwards).

Was the programme budget used efficiently by the IPs?

There was some positive reporting from the community in effective utilization of funds by the IPs, especially pre-MTE, when the social funds were not restricted to the development of safe play areas. The funds were then used to develop overhead reservoirs, provision of brick pathways for school-going children, and purified water facilities, all of which were needs of the community.

The community also brought up reservations regarding selection of IGP and CCT beneficiaries, construction of safe play areas on private property, and provision of computers and libraries in MFCCs.

As per the findings, it can be assessed that funds were efficiently used by the IPs in order to accomplish programme objectives. Even though school materials and water facilities were dire necessities, the need for play grounds and computer centres could be debated because, as mentioned before, the locals held this down far below in their priority list.

How well were UNICEF resources, both human and financial, managed to ensure the timely, cost-effective and efficient attainment of results?

From IDIs with UNICEF staff, it can be concluded that both human and financial resources were managed well. Wherever the programme was short of funds, government programmes were leveraged. This strategy led to timely, cost-effective and efficient attainment of results.

However, from IDIs with IPs it can be seen that there were multiple occasions over the course of the programme when funding from UNICEF was delayed because of delays in the release of a tranche from IKEAF. This led to delays in some field activities.

In village 47 DB, Yazman, Bahawalpur, the Village Organization Committee prioritized the construction of a recreational park which served both as a protected place for children to play and a social gathering place for women.
5.4 Sustainability

Are CRCFA programme strategies and interventions sustainable in the long run?

To what extent will community-based established structures sustainably continue working after the programme?

In some components, the programme was able to ensure sustainability, while in others it was seen that the sustainability aspects were completely missing. Some aspects of programme, which face sustainability issues included:

Safe play areas
The rationale behind the creation of safe play areas was to provide a healthy and interactive environment to children residing in villages so that they could learn from each other, play with each other in leisure time and maintain their physical fitness. But in most cases the construction of safe play areas was objected to as communities stated that they had other pressing needs. Additionally, the evaluators noticed first-hand that the condition of these play areas was not safe, where the installations were broken and there was no maintenance mechanism in place. The play areas were present, but they were not safe.

CPUs
Interviews indicate that with the programme conclusion, the CPU established in Khairpur was not able to continue functioning at the same pace as when the programme was ongoing. Child protection cases persisted but there was no way to take them forward for follow-up. With the government taking over the management of the CPUs, there were gaps and limitations since trained staff and support from civil society organizations was not sufficiently available.

In Balochistan, feedback from the interviews indicated that there was a lack of child rights protection mechanisms in place, with no specific bureau for child protection. Primarily, cases of abuse were discussed with the nominated elders of the community who resolved these incidents by negotiating with the involved parties. The majority of the cases went unreported due to cultural constraints. Families also lacked awareness about legislative procedures and were reluctant to report violations of child rights, and also wished to avoid media publicity. Given these constraints, victims’ families preferred to resolve issues in jirgas or councillor meetings among community stakeholders are present.

In Ghotki, some children sustained injuries in the play areas due to broken swings.

It was noted that in more conservative communities girls did not have equal access to safe play areas. Parents did not allow or prefer mixed gathering of boys and girls.

It was recommended during interviews that UNICEF should provide trained staff, lawyers and psychologists for another three years and an MoU should be signed with social welfare departments to ensure the sustainability of the CPUs.

In Balochistan, cultural constraints render parents and guardians reluctant to report cases of child rights abuse particularly sexual abuse. It is recommended that awareness sessions are organized where communities are sensitized towards such issues and also encouraged to report cases of violation as non-reporting perpetuates perpetrators.

In Balochistan, cultural constraints render parents and guardians reluctant to report cases of child rights abuse particularly sexual abuse. It is recommended that awareness sessions are organized where communities are sensitized towards such issues and also encouraged to report cases of violation as non-reporting perpetuates perpetrators.
Interviews indicated incidences of reverting to old practices of open defecation after WASH activities were concluded. In targeted villages of Bahawalpur (under CRCFA), that had been certified as ODF, it was gauged through the HH survey that 21 per cent respondents were practising open defecation.

**CHWs**

This was a star intervention of the health component over the tenure of the programme, with a concept that was well-conceived and gave productive results. However, CHWs were not adopted by the government after the end of the programme; efforts are still underway by UNICEF to advocate for the adoption of the model by the government based on the popularity of CHWs among communities and the positive results they delivered in immunization, maternal health and birth control.

**MFCCs**

These centres were created to host multi-functional activities, but also provided the communities with spaces to meet and discuss issues beyond the programme’s scope. The MFCCs established on public property were functioning though their libraries were not being used by the communities; this was evident from the dust that was present on the books when evaluators visited. Moreover, computers were not fully functional after the end of the programme as no funds were available for routine maintenance. However, some of the MFCCs developed on private property became inaccessible to the locals as the owners of the land took over the facility along with the library and computer facilities.

**Conclusion:** Sustainability varied from component to component.

- **Education:** All activities undertaken in this component were sustainable where after the end of the programme, the literacy/education departments took over the activities and continued delivering.
- **WASH:** Though WASH activities had a positive impact during the course of the programme, in some instances just four months after the end of the programme communities had reverted to their old practices of open defecation. In case of WASH the awareness-raising component should have been of a longer duration so that best practices for ODF could have been cemented in the practices of the communities.
- **Health:** The health component had planned its sustainability of the initiatives with the government which had committed to take forward their CHW initiative. However, the expected timeline was not achieved.
- **Child protection:** During the evaluation (i.e. after the end of the programme) it was seen that CPUs in Sindh were not able to meet the pace of functionality/ productivity they had had during the programme. This is because the government lacked trained staff to carry out activities or the monetary funds to hire such staff. Though ownership of CPUs was very strong, if the government remains unable to hire trained staff or is not supported in staffing CPUs these entities will not be sustainable.

To what extent has the programme contributed to strengthened capacity of duty bearers/ service providers in health, education, WASH and child protection services?

The capacity-building component of the programme was very strong, where UNICEF worked on building capacity of government officials for improved services and sustainability purposes. However, staff transfers after the conclusion of the programme limited the long-term benefits of this capacity building.
Child protection
The programme worked on building capacity of Child Protection Committees in Punjab along with trainings of CPU staff in Sindh. Till the programme was ongoing the CPU staff in Sindh showed sufficient progress in the communities with identifying cases related to child rights and then referring them to relevant departments.

Education
Under the CRCFA programme, three-day teacher trainings were conducted on interactive and child-friendly teaching and learning methodologies. Refresher courses were also conducted on demand of teachers to further clarify teaching constructs.

Due to these sessions, incidences of corporal punishment reduced and quality of teaching improved. This led to decreased dropouts and increased admissions to schools.

The programme also aimed at improving conditions of the schools through establishment of Parent-Teacher School Management Committee to gain feedback on the performance of students and teachers. If there were issues of performance, the committee informed the relevant authorities.

Health
Under the health component, various trainings were conducted to improve health facilities being provided to the communities, increase immunization and improve maternal health. For this purpose, training was given on HBB to CMWs, on Essential Newborn Care to CMWs and health facility staff, and on Women Support Groups to CMWs and LHWs. Counselling material was also provided to LHWs to be used during visits to households. Moreover, Basic Health Units were equipped with required equipment and doctors to enhance capacity.

Conclusion: The programme has been successful in increasing capacity of various government staff through training initiatives under the programme.

5.5 Cross-Cutting Areas (Gender, Equity, Human Rights)
To what extent are cross-cutting issues such as gender, equity, Human Rights incorporated at various levels of programme planning and implementation?

Did the programme improve people’s lives especially women, children and under-served?
How successful was the programme in reaching vulnerable groups (women, men, girls and boys) and in what ways?

Overall the programme had a positive impact on the lives of beneficiaries. The extent of impact varied from area to area and component to component. In each of the component gender, equity and human rights were well addressed.

Child protection
Through the programme, the communities were made aware of the concept of child rights and in some areas, communities started exercising this right. The awareness was created due to the awareness drives carried out by IPs. But in conservative communities like those of targeted districts, implementation of child protection and child rights is a slow process. It will take another comprehensive programme like the CRCFA for the beneficiaries to fully understand the importance of the concept and implement it.

In most of the targeted areas it was found that there are no organizations working on child protection and the only exposure that community had had on child protection was through the
awareness sessions conducted by IPs. Also, for child protection concepts to be implemented, it is important to build trust of people in the institutions, e.g. police.

With support through CRCFA a child protection law was approved in Balochistan but its implementation is awaited. Although a CPU had been established in Lasbela, the community was not fully aware of its existence or purpose. In Punjab the situation was the same, where communities were not aware of existence of child protection bureau.

In Khairpur, Sindh, the situation regarding CPU was very different; the CPU was fully functional during the course of the programme and 714 cases of child protection (including violence, child marriage, bonded/child labour, etc.). In Khairpur the awareness regarding role and procedures associated with CPU was higher due to role of Child Rights Committees in sensitizing the communities.

An indirect result of the CRCFA programme in all the targeted areas was a reduction in incidences of child marriages. In Khairpur, people even started reporting cases of child marriages to the CPU.

With respect to birth registration, 33 per cent of the total respondents indicated their children’s births had been registered. According to the HH survey, birth registration was the lowest in Sindh, with only 16 per cent of births registered. The statistics were better in Punjab and Balochistan with 48 per cent and 31 per cent registered.

Health
This component was awarded the least amount of funds, and the HH survey and FGDs show that satisfaction of the communities was 60 per cent in Punjab, 35 per cent in Sindh and 26 per cent in Balochistan. About 55 per cent of FGD respondents (mostly in Punjab) reported that they had health facilities within their villages or close to the villages while 45 per cent reported that they had to travel to Tehsil/Taluka/City Headquarter Hospitals to avail healthcare. The respondents who reported health facilities within/ close to their villages also indicated that the facilities were ill-equipped. But the FGDs revealed that health conditions in all areas had become significantly better compared to six years back in terms of awareness, where the people were well aware of routine immunization, maternal health. Previously there were no equipped hospitals at tehsil level but now this facility exists and ambulances were available to take patients from villages to tehsil-level hospitals. But all the respondents had consensus on the fact that basic health facilities should be available and equipped at village level as in cases of emergency it is hard to travel all the way to higher-level facilities.

Men in all FGDs appreciated the awareness that the programme had raised regarding family planning through CHWs. They reported that previously discussions regarding birth control were limited to women only though LHWS but addition of CHWs had helped make men aware about this important topic as well as about prenatal check-ups and their importance for the health of the mother and baby. The FGDs also indicated that in the targeted villages of CRCFA programme, 100 per cent children aged 11–23 months were immunized which was not the case six years ago; this was done through providing fuel allowance to vaccinators so that they could travel to villages to vaccinate the children.
**Education**

This component showed highest satisfaction among the community members as gauged through FGDs and HH survey: 92 per cent in Punjab, 77 per cent in Sindh, and 64 per cent in Balochistan. CCTs and improvement in school facilities (through social funds) encouraged parents to enrol their children in school. There was also positive change seen in behaviour of parents: in all villages parents were in favour of enrolling their children and understood the importance of education in lives of their children.

The education component was also seen to work with disabled students and through their non-formal schools' initiative the majority of girls were enrolled. This was because such facilities were available within the villages or in nearby villages so parents preferred sending their children to these schools.

Through CCT initiative, cash is paid for enrolment of up to two children into primary school. Parents who had more than two children preferred sending boys to school over girls.

Ghulam Sarwar, who had a hearing impairment, was identified by the IP through his hard work and his interest in attending school. His family was convinced to enroll him in school. The local teacher worked hard with the boy, even after hours, and today Sarwar can read/ write, solve mathematics sums and demonstrate hand washing. Jamal Tiyara Revenue Village, Lasbela

Alongside these successes, the education component was not able to fully address the corporal punishment problem in the targeted areas. In Sindh and Rajanpur incidences of corporal punishment were reported during FGDs.

“A student committed suicide due to physical torture by his teacher when he did not learn his lesson.” FGD Village Kot Tahir, Rajanpur

“In CPU a case was registered of corporal punishment, which was first referred to the health department and then police.” Mr Mahar, Deputy Director CP Department, Ghotki

**WASH**

The satisfaction of WASH component in the programme was assessed in terms of improved water sources and sanitation. Satisfaction with improved water sources was high at 70 per cent in Punjab, 83 per cent in Sindh and 64 per cent in Balochistan. Mostly this component included installation of hand pumps and particularly high satisfaction was shown in Sindh because six years back women had to travel long distances to fetch water for daily use. The installation of hand pumps has eased this travel of women. But through FGDs concerns were raised regarding how safe the drinking water was from waste/chemicals/germs. Ms Sabahat (UNICEF) also reported “The water component of the project was not based on a realistic assessment since access to water is not an issue in Punjab; 94 per cent of the people have access to water resources and 80 per cent have their own hand pumps at the household level. Therefore, the focus should have been on the provision of safe water rather than accessibility as indicated in the logical framework.”

On the other hand, the sanitation initiative showed far less satisfaction: 16 per cent in Punjab, 31 per cent in Sindh and 14 per cent in Balochistan. Under sanitation the concentration was on the construction of latrines but less efforts were put into fixing the problems of open drains and the negative effects of these drains. However, provision of toilets within the households reported to have several positive effects especially for women and children including reduction in diseases due to open defecation and fear of sexual violence.

“For clean water women had to travel a distance of 3 km.” FGD, Village Peer Hoti Noti, Khairpur

“The main source of drinking water is hand pump in the area. The water looks safe to drink but according to medical reports it is contaminated due to sugar mill stagnant water.” FGD, Village Qadirpur, Ghotki

61
The HH survey enabled a comparison between the availability of latrines and the population with access to latrines six years earlier. In Punjab, 47 per cent of the respondents had no latrine available six years ago, compared to 78 per cent at the time of the survey. In Balochistan 40 per cent had latrines available six years ago, rising to 69 per cent. Measures in establishing latrines have showed promising results for the communities.

However, awareness level of parents and family’s own attitude towards hygiene and cleanliness are contributing factor in the health and well-being of the children. The HH survey highlighted that only eight of the families in Sindh, six in Balochistan and two families in Punjab had never asked their children to wash hands before eating. On the other hand, 93 per cent of families in Punjab, 82 per cent in Sindh and 72 per cent in Balochistan always asked their children to wash their hands before eating.

The HH survey also compared awareness among children about washing their hands before eating and after using the toilet six years previously with today. It showed that six years previously, 91 per cent of respondents in Punjab had this knowledge rising to 97 per cent at the time of the survey. In Balochistan the change was from 54 per cent to 92 per cent and in Sindh 60 per cent to 91 per cent. Respondents reported that awareness regarding handwashing had reduced diseases due to hygiene.

**Economic empowerment**

In order to reduce child labour, the programme gave IGPs, of PKR 14,000, to selected women. There are various case studies reported by IP’s on the successes of IGPs but 82 per cent of the respondents to FGDs reported dissatisfaction as the amount allocated to them was not enough for setting up a sustainable enterprise. As a result, most of the IGPs failed.

**Cross-cutting areas**

**Human rights:** The programme clearly identifies protecting child rights in cotton-growing areas of Pakistan as its ultimate goal. The evaluators found significant evidence that people of all ages, sex and religion were recognized as programme beneficiaries. The programme also adopted an inclusive approach where marginalized and underprivileged people were targeted in the programme villages.

**Gender and equity:** Gender was evaluated in terms of programme design, implementation approach, monitoring, reporting and budgeting perspective. The findings were:

1. Various programme outputs, including Outputs 1, 5, 6, 9 and 12 were observed to be gender-neutral where clear bifurcation of male and female targets was missing.
2. As the outputs did not identify gender-based targets, gender-disaggregated data was not available. This was a major constraint for the programme.
3. The programme budget indicated weaknesses around gender-responsive budgeting.

The findings regarding principles of equity in the CRCFA programme are satisfactory, where the beneficiary selection focused on incorporation of elements of poverty (through BISP data), gender, physical ability and religion. But it should be noted that BISP data was old and many people who were below the poverty line were not included in the selection process.
DRR/ Environmental Sustainability: In none of the thematic focuses of the programme was environmental sustainability seen to be mainstreamed. Although the programme was implemented in some of Pakistan’s most flood-prone districts, nowhere were DRR awareness campaigns carried out, nor was this part of the training initiatives implemented for teachers/school staff. In case of water schemes, only six months after the end of the programme some schemes had even become dysfunctional especially in Lasbela.

**Conclusion:** The review of programme approaches and results points to limited attention paid by the thematic units in integrating cross-cutting priorities in terms of design, implementation, monitoring and evaluation.
Chapter 6: Conclusions and Lessons Learned

This chapter sheds light on the outcomes of the CRCFA programme by bringing out good practices and lessons learnt during implementation, providing guidelines for future programmes. The challenges faced in implementing the programme, both at government’s and partners’ end are also highlighted. Some recommendations are included to guide the future course of action of upcoming programmes.

Table 21 below gives ratings of key aspects of the programme based on the analysis provided in chapter 5:

<table>
<thead>
<tr>
<th>Evaluation Component</th>
<th>Programme Design</th>
<th>Budget Utilization</th>
<th>Baseline</th>
<th>Partnerships</th>
<th>Governance Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>4</td>
<td>3.5</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Efficiency</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Sustainability</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Ratings have been made on a scale of 1-5 where 1 = Poor and 5 = Excellent

Table 22 presents the ratings of the outcomes of the programme based on the four evaluation components:

<table>
<thead>
<tr>
<th>Evaluation Component</th>
<th>Poverty</th>
<th>Education</th>
<th>Water</th>
<th>Sanitation</th>
<th>Health</th>
<th>Child Protection</th>
<th>Community Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Efficiency</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sustainability</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Ratings have been made on a scale of 1-5 where 1 = Poor and 5 = Excellent

Based on the data collected during the HH survey, a relationship was found between the number of interventions in each village and the incidence of child labour in that village, as depicted in the figure to the right. The figure shows that villages with two interventions had the highest number of cases of child labour followed by those with three interventions. Villages with all four interventions had the fewest instances of child labour. This shows that integrated programming is needed to eliminate child labour.

6.1 Good Practices

The good practices of the programme include community-level engagement and multiple stakeholders from all sectors including governmental bodies and NGOs. Moreover, new initiatives in the form of ALPs, CHWs and child-friendly schooling help realize the programme objectives to a great extent.

6.1.1 Community Involvement

From the outset, the programme aimed at providing community-driven interventions for protection and promotion of child rights. In this regard community members were engaged in the programme at various stages.

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Footnote: 22 Four villages had only one intervention each. Due to the small number of villages falling in this category, they have been excluded from this analysis.
A total of 1,229,955 children benefited directly or indirectly from the programme. Due to the involvement of community elders and other eminent stakeholders the programme’s benefits extended beyond the immediate beneficiaries and will lead to increased awareness among both direct participants of the programme and the targeted communities as a whole.

### 6.1.2 Partnership with Multiple Stakeholders

The programme was implemented through partners in both public and private sectors. Many departments from provincial and district governments were taken on board to carry out the programme effectively. This strategy enabled the programme to leverage its partnerships, increase outreach and make use of resources (human resource and infrastructure) to deliver results which were better, faster and more cost-effective.

### 6.1.3 Successful Models under CRCFA

Several models under the CRCFA emerged as good practices:

1. The CHW model was appreciated by the government department and was also highlighted by the communities especially men. It was found that male community members were very comfortable in interacting with male CHWs to discuss their problems and learn about family planning and prenatal check-ups for pregnant women.
2. PATS resulted in marked progress towards ODF status in targeted villages. During the programme tenure, all targeted villages of Bahawalpur and Ghotki became ODF-certified.
3. Awareness-raising was seen as a major success, where the communities highly appreciated these efforts and highlighted the positive changes that had resulted from these initiatives, including: improvement in hand washing habits, decrease in instances of child marriages (this was an unintended achievement of the programme), decrease in instances of corporal punishments.
4. Establishment of feeder schools was well received where parents were more comfortable in enrolling daughters into schools which were within their communities.
5. The NFE model was a great success, based on which Sindh developed an NFE policy. In Punjab, 190 NFE centres were mainstreamed through a main PC-1.
6. CPUs equipped with trained professional staff in Sindh saw a number of cases registered and communities were also seen to be gaining confidence in the institution.
7. Capacity-building of duty bearers added to institutional strengthening and better performance.

### 6.1.4 Implementation Modalities

Table 23 indicates the implementation modality followed in each region along with the key takeaways and lessons that have emerged from it.

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Implementation Modality</th>
<th>Lessons Learnt, Key Takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balochistan</td>
<td>There was one implementing partner throughout i.e. NRSP, and all the four components were allocated to them. After the midterm evaluation, the health and education component was transferred to the government.</td>
<td>Working with one implementation partner was conducive to delivering results and led to improved ownership so is recommended as a good strategy for future programmes.</td>
</tr>
<tr>
<td>Sindh</td>
<td>Pre-MTE:</td>
<td>Subcontracting should be better planned and reflective of ground realities and UNICEF Provincial Offices should be taken on board as their feedback is critical to designing successful programmes.</td>
</tr>
</tbody>
</table>

- The CHW model was appreciated by the government department and was also highlighted by the communities especially men. It was found that male community members were very comfortable in interacting with male CHWs to discuss their problems and learn about family planning and prenatal check-ups for pregnant women.
- PATS resulted in marked progress towards ODF status in targeted villages. During the programme tenure, all targeted villages of Bahawalpur and Ghotki became ODF-certified.
- Awareness-raising was seen as a major success, where the communities highly appreciated these efforts and highlighted the positive changes that had resulted from these initiatives, including: improvement in hand washing habits, decrease in instances of child marriages (this was an unintended achievement of the programme), decrease in instances of corporal punishments.
- Establishment of feeder schools was well received where parents were more comfortable in enrolling daughters into schools which were within their communities.
- The NFE model was a great success, based on which Sindh developed an NFE policy. In Punjab, 190 NFE centres were mainstreamed through a main PC-1.
- CPUs equipped with trained professional staff in Sindh saw a number of cases registered and communities were also seen to be gaining confidence in the institution.
- Capacity-building of duty bearers added to institutional strengthening and better performance.

### 6.1.4 Implementation Modalities

Table 22 indicates the implementation modality followed in each region along with the key takeaways and lessons that have emerged from it.
Table 22: Region-wise Implementation Modalities and Lessons Learnt

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Implementation Modality</th>
<th>Lessons Learnt, Key Takeaways</th>
</tr>
</thead>
</table>
| Sindh           | • In Sindh under IKEAF two WASH IPs were engaged and standard implementation strategy was adopted for WASH component.  
• BBSYDP was engaged pre-MTE for training on skill development.  
Post-MTE:  
• After the MTE, the contract was awarded to RSPN and RSPN further subcontracted it to SRSP. SRSP was awarded WASH and child protection.  
• UNICEF awarded the education component to IRC in Khairpur.  
• Health was transferred to Sindh government. | The authority to finally select IPs should rest with the UNICEF Country Office but after consultative process with UNICEF Provincial Offices.  
SRSP should have been directly reporting to UNICEF. The chain of communication was unnecessarily long.  
BBSYDP deviated from the regular protocols and extended their beneficiary criteria to cater to CRCFA needs and included adolescents. This provides a window for future programmes where BBSYDP might add a certain age group which is not a part of their regular programme. |
| Punjab          | Pre-MTE:  
UNICEF directly contracted with Plan who further subcontracted to Bunyad, LPP, Ali Institute, NCHD and Better Cotton Initiatives:  
• NCHD and Bunyad were allocated the education component.  
• LPP was allocated the WASH and child protection component.  
• Ali Institute, Better Cotton Initiative were allocated trainings, skill development activities. Ali Institute specializes in education trainings.  
Post-MTE:  
• RSPN was the only partner as the engagement of multiple partners created implementation challenges. Child protection rested with RSPN.  
• Health was allocated to the health department.  
• WASH was allocated to the HUD&PHED.  
• Education was allocated to the Literacy department. | Rather than engaging multiple partners, it is better to keep it narrowed down and select few partners after thorough capacity assessment. |
| Government Counterparts: PBM. | UNICEF directly supported the institutional capacity-building of PBM which had had an active cash grant programme since 2005. UNICEF | It is good to leverage the comparative advantages of partners working in target areas |
Table 22: Region-wise Implementation Modalities and Lessons Learnt

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Implementation Modality</th>
<th>Lessons Learnt, Key Takeaways</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>primarily supported the upgradation of their system and software to improve the transparency and effectiveness of the system. UNICEF also advocated with PBM to extend their geographic scope to all CRCFA programme areas. As a result, Ghotki and Lasbela were included. Bahawalpur, Rajanpur and Khairpur were already their programme target areas. However, Rahim Yar Khan was not included due to funding limitations.</td>
<td>and to develop synergies to help maximize impact, cut costs, ensure improved value for money, and build effectiveness. Similarly, the IGP component could have been linked with BISP to maximize impact since PKR 14,000 is too nominal an amount to deliver impact. Programme design should be geared towards consolidating gains.</td>
</tr>
</tbody>
</table>

6.2 Implementation Challenges

The programme encountered many implementation challenges including the lack of a clear-cut design and approach, and a reliance on many partners that ultimately affected the efficiency, sustainability and finances of the programme. Lack of selection criterion for districts and delayed allocation of funds also affected the outcomes of the programme.

6.2.1 Lack of Clear-Cut Design Approach

Initially the programme was designed with a comprehensive integration approach. However, majority of the programmes under it were completed with a thematic focus. Furthermore, the lack of consensus about the programme interventions within UNICEF resulted confusion for teams working in field. Moreover, baseline information was not collected at the start of the programme in 2011. However, impact-level indicators were formulated in 2011. The initial information used for the programme is gathered from partners and it is a huge assumption and a design flaw that this information is credible.

6.2.2 No SMART Goals

The goals of the programme were not SMART: Specific, Measurable, Attainable, Relevant, Time-based. Therefore, the outputs and activities planned under the programme were not fully aligned with its objectives. As a result, the overall efficiency and outcome level of the programme were affected.

6.2.3 Lack of Selection Criterion for Villages and Union Councils

The original proposal clearly communicated that the poorest and the most deprived, along with the largest cotton-farming districts, would be selected for the programme. However, the ground realities suggest that these criteria were not followed. For example, Bahawalnagar, which ranks among the top three cotton-producing districts of Pakistan was not part of the intervention districts.
6.2.4 Changing Partners and Their Low Capacity

In some cases, the programme changed its partners, and this adversely affected the efficiency and outcome of the programmes. Moreover, the lack of compliance from government bodies once the programme ended had serious ramifications for sustainability. It is pertinent to note that while subcontracting took place with the consent of UNICEF, this approach reduced the efficiency, effectiveness, value for money.

6.2.5 Delayed Allocation of Funds

The budget allocation for the programme was not clearly defined which caused many delays and affected the efficiency and financial management of the programme. While carrying out the interviews it was noted that since funds were not always allocated on time, the programme could not attain their desired goals because it led to delays in the implementation of intervention. Furthermore, RSPN opted to transfer funds through online accounts, which was a deviation from the modalities employed previously, and a novel concept that required patience and understanding to learn its operative mechanism.

6.2.6 Lack of Integration in Programme Strategies

Integrated programme implementation is a relatively new phenomenon in the development sector in Pakistan and involves a multisectoral approach where various sectors work towards one goal. It allows multiple benefits but there are also certain challenges associated with it.

CRCFA experimented with approaches during its implementation; pre-MTE, it adopted an integrated programming approach under UNICEF’s Child Protection section at the Country Office. After the MTE, the programme was divided into four units that exercised full autonomy, minimizing horizontal collaboration and coordination. The post-MTE vertical approach helped in achieving the unit targets. However, in the absence of horizontal linkages and coordination, the benefits of integration to programme communities were significantly compromised. The beneficiaries received partial support at different time intervals, which resulted in achievements of unit targets but not to the overall programme objective of child protection.

6.3 Unexpected Results of the Programme

The programme had both positive and negative unexpected results, including:

<table>
<thead>
<tr>
<th>Table 23: Positive Unexpected Results of the Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Level</td>
</tr>
<tr>
<td><strong>WASH:</strong> Through the efforts and success of the ODF efforts of the programme, the Punjab Approach to Total Sanitation project was triggered and its PC-1 was approved by the government along with a funding of PKR 400 million.</td>
</tr>
<tr>
<td><strong>Child protection:</strong> The approval of Balochistan’s CRC-aligned child protection law was an additional result during the duration of the programme.</td>
</tr>
<tr>
<td><strong>Poverty reduction:</strong> BBSYDP had the policy of providing employable skills to youth aged 18–35. Special provision was given by BBSYDP for CRCFA programme districts to include adolescents aged 15-18.</td>
</tr>
<tr>
<td><strong>CHWs:</strong> High acceptability of these workers and the high demand for this model from the communities was an unexpected result.</td>
</tr>
</tbody>
</table>
Table 24: Unexpected Negative Results of the Programme

<table>
<thead>
<tr>
<th>Programme Level</th>
<th>Community Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Protection:</strong> Government of Punjab disconnected from the programme for the agenda of child protection and CPUs were never established there.</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 7: Recommendations

The recommendations presented in this chapter have been derived from:

- Findings from the targeted communities,
- Consultations with UNICEF staff and various other stakeholders, and
- Feedback received on various drafts of the report submitted to UNICEF staff.

Throughout the evaluation, a participatory approach was used, where the evaluators met one-on-one with the stakeholders for data collection. After the data collection, during data cleaning stage if any discrepancies arose, the relevant stakeholders were contacted again. When recommendations were being formed, UNICEF teams from Country and Provincial Offices were taken on-board and the findings were shared with them directly. Based on their responses, recommendations were formulated which were again shared with the UNICEF team. Hence the evaluation design, at each step, adopted a participatory approach ensuring that all the relevant points of all stakeholders were covered.

7.1 Strategic Level Recommendations

<table>
<thead>
<tr>
<th>#</th>
<th>Recommendation</th>
<th>Stakeholder Responsibility</th>
<th>Response Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Programme Design</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.1| • Selection of districts should be based on criteria laid out in the initial proposal. Selection of districts/union councils and targeted villages should be equity-based.  
• SMART Indicators should be set out by the programme.  
• A Theory of Change should be formulated at the beginning of all future programmes.  
• Programme design and budgeting should be gender-responsive.  
• Cross-cutting themes should be integrated into the programme design. | UNICEF Country Office + Donor                   | Urgent            |
| 2  | **Programme Implementation**                                                                                                                 |                                                 |                   |
| 2.1| • Rather than engaging multiple partners, it is better to narrow down the pool and select a few partners after a thorough capacity assessment.  
• Working with a single IP was seen to be conducive to delivering results and leading to improved ownership. | UNICEF Country Office                           | Intermediate      |
| 2.2| • Subcontracting should be better planned and reflective of ground realities and UNICEF provincial teams should be taken on board as their feedback is critical to designing successful programmes.  
• The authority to select IPs should rest with the UNICEF Country Office but after a consultative process with provincial Offices.  
• UNICEF programmes should leverage the comparative advantages of partners working in target areas and to develop synergies, maximize impact, cut costs, ensure improved value for money, and enhance effectiveness. | UNICEF Country Office + UNICEF Provincial Team   | Intermediate      |
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3 Way Forward

- UNICEF should commission research on integrated programming to inform the development of detailed guidelines.
- Based on the successes and weaknesses of the CRCFA programme, chapter 8 describes a detailed integrated programming strategy that UNICEF should adopt for all its future programming.

UNICEF Country Office  Urgent

7.2 Component-wise Recommendations

<table>
<thead>
<tr>
<th>Component</th>
<th>Recommendation</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In conservative communities like those in the targeted districts, implementation of child protection and child rights is a slow process. It will take another comprehensive programme like the CRCFA for the beneficiaries to fully understand the importance of the concept and implement it.</td>
<td>Intermediate</td>
</tr>
<tr>
<td></td>
<td>In most target areas it was found that there are no organizations working on child protection and the only exposure that community has had on child protection is through the awareness sessions conducted by IPs. For future programmes it is important that UNICEF ensures selection of IPs in districts who have the potential to work on child protection. Otherwise UNICEF should bring in experts/consultants who can build capacity of communities on child protection.</td>
<td>Urgent</td>
</tr>
<tr>
<td></td>
<td>For child protection concepts to be implemented by communities, it is important to build trust in institutions, e.g. police. Simultaneously it is also important that UNICEF builds capacities of institutions on dealing with cases related to sensitive matters like child protection.</td>
<td>Urgent</td>
</tr>
<tr>
<td></td>
<td>In targeted areas of Punjab, it was found that communities were not aware of the existence of child protection outfits formed under CRCFA. While in Sindh the communities were well aware of the CPUs due to the awareness-raising role played by Child Right Committees. This shows that such committees should be an integral part of awareness-raising.</td>
<td>Intermediate</td>
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<td>After the end of the programme, the highly effective CPUs in Sindh became less effective due to an absence of trained staff. UNICEF should further provide support to CPUs by supporting trained staff till the time that government allocates funds for staffing CPUs.</td>
<td>Urgent</td>
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<td>In conservative areas like Balochistan, members of jirgas should be sensitized towards child protection and their capacities should be built on this topic. This is because in Balochistan platforms like CPUs are unlikely to be successful due to cultural mores.</td>
<td>Intermediate</td>
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<td>The need for any aspect of a programme should be assessed separately for each community. Communities pointed out that instead of provision of computers, libraries and safe play areas, funds should have been utilized on other pressing needs, e.g. improving school facilities. This assessment should be undertaken for all ongoing programmes.</td>
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<td>Ongoing maintenance of structures is a huge gap. Just four months after the end of the programme, it was noticed that the installations in safe play areas were not being maintained and they were not safe anymore. It was also noticed that expecting communities to maintain safe play areas is not sustainable as these communities have other pressing needs. Hence for</td>
<td>Urgent</td>
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future programmes, the establishment of safe play areas should be reconsidered.

In all future programmes, it should be ensured that no interventions rely on privately-owned land. Under CRCFA there were instances where MFCCs and safe play areas constructed on private land and the evaluators observed that the owner of the land did not keep them open to the community after the intervention ended.

The IGP funds were not sufficient for setting up sustainable enterprises. It is important that UNICEF evaluates the amount provided to beneficiaries based on current market rates.

**WASH**

CRCFA initiatives related to ending open defecation were highly successful during the programme, but after its end people began reverting back to their old practice. This shows that the duration of the awareness campaigns of WASH initiatives need to be re-examined. In the targeted communities the awareness campaigns should be held quarterly for two years so that the message is reinforced.

The awareness campaigns played an important role in improving hygiene of the targeted communities and street theatres were highly appreciated by communities in this regard.

The WASH component should also build in safe disposal of waste in its future programmes as most of communities pointed out garbage dumping is a major issue in their areas.

In future WASH should built in provision of clean drinking water sources to the communities instead of focusing on provision of water sources only.

**Health**

The success of the CHW model shows the utility of teams of men and women to talk about sensitive matters like family planning. This strategy should be adopted by UNICEF immediately.

CCTs and improvement in school facilities (through social funds) encouraged parents to enrol their children in school. These strategies should be adopted by UNICEF in all programmes related to school enrolment.

Strategy of feeder schools was also very successful especially for female and disabled students. This strategy should be used in other programmes related to girl education.

The non-formal based education model was a great success and should be replicated in other programmes.

The maintenance of various facilities provided in schools need to be looked at. It should be ensured that maintenance committees play their role proactively.

In the CCT programme, UNICEF should work with the government to include secondary school children as well. This will further increase the enrolment of OOSC.

### 7.3 Government Level Recommendations

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<th>Recommendation</th>
<th>Priority</th>
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<td>1</td>
<td><strong>Adopt the CHW model:</strong> The high acceptability of the CHW model among communities and its positive results under the CRCFA programme show the model’s effectiveness. The government should replicate the CHW model in areas that are not covered by the LHW programme.</td>
<td>Intermediate</td>
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<td>2</td>
<td><strong>Staffing for Child Protection Units:</strong> During the evaluation (which was after the end of the programme) it was seen that CPUs set up in Sindh were not able to maintain the functionality and productivity they had demonstrated during the programme. This is because the government lacks trained staff to carry out these activities and does not have the funds to hire trained staff. Though the ownership of CPUs is very strong, if the government is unable to hire trained</td>
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staff or is not given the assistance required staff CPUs with trained individuals these bodies will not be sustainable for long. The government should ensure trained staff are deployed to CPUs.

| 3 | **Replicate ODF interventions and arrange solid waste disposal:** The ODF model pioneered by UNICEF should be adopted by the government throughout the country (it is already being implemented in Punjab). The government should also look into the safe disposal of solid waste. Dumping of garbage is a huge issue in all targeted communities which results in health issues. | Long-term |
| 4 | **NFE sites:** Funds should be allocated for strengthening of NFE mobile and static units. | Intermediate |
| 5 | **CCTs:** For effective monitoring of the CCT initiative, the PBM should adopt the biometric system used by Mobilink during the CRCFA programme. This will increase the overall effectiveness of the CCTs and will be an automatic monitoring system. | Long-term |
Chapter 8: Integrated Programming Strategy

Based on the findings and conclusions of this evaluation of the CRCFA programme, it is evident that an integrated programming strategy is key for UNICEF. This chapter outlines the steps that UNICEF should be undertaking in future for all its integrated programmes, based on good practices and challenges faced in implementing the CRCFA programme.

The process of developing collective frameworks helps bond national and external policies to yield practical results. It takes into account ground realities and local sentiments, helping to enhance beneficiary satisfaction. A number of steps can be taken to contribute to this process. A recommended integrated programming strategy is described below.

8.1 Pre-Programme Activities

Proposal development

The integration process begins with the first step of any given United Nations initiative – planning and proposal development. Experts and locals must be made part of the proposal formation project to deeper understand the problems on the agenda. The development of proposals in isolation has repeatedly lead to an inaccurate direction of efforts, which aligns less with the improvement of circumstances and more with the achievement of irrelevant goals. First-hand information can provide a clearer picture of the scenarios and also help streamline efforts into areas of priority. This information can speak to the viability, cultural acceptability, need and suitability of various initiatives planned across geographic regions.

Along with this it is important that all UNICEF departments involved in implementation of the programme are consulted while drafting the proposal and setting SMART goal/outputs/outcomes/indicators. This will make the programme indicators realistic and since various departments will have input in drafting the programme, they will eventually also own the programme.

Theory of change

Under the theory of change, the result-chain represents an explicit linking of inputs and activities to outputs and finally to the outcome. The goal or impact represents the ultimate conditions of wellbeing that is sought.

Outputs represent the immediate product of administrative activity, such as completion of trainings, improvement of schools and health facilities or distribution of IGP and CCTs. Outputs are usually necessary, but rarely sufficient, for changes in outcomes to occur. Inputs are the human and financial resources that are deployed in order to address programme outcomes and goals, whereas processes describe the activities that are undertaken to translate inputs into outputs.

It was a universal observation that a weak programme theory of change resulted in a disconnect between outputs and outcomes and therefore lack of achievement of set targets. All the outputs under each outcome must contribute to outcome results, which was not appropriately linked, resulting in a weak result-chain. It is therefore recommended to develop a robust result-chain and result framework with SMART indicators and results to ensure the change.

Selection of programme implementation areas

Selection of targeted districts, union councils and villages should be done using pre-set criteria. The CRCFA programme clearly set out criteria for selection of districts but these criteria were not fully followed. It is important that once the criteria are set, the lead programme component follows the basis of selection of a particular district. Similarly, criteria for the selection of villages should also be delineated; under CRCFA, selection of villages was done by the district government without any specific geographic targeting guidelines or criteria.

Selection of IPs

Selection of IPs for any programme should follow a formal bidding process where UNICEF advertises its Expression of Interest for a specific component and all IPs interested in applying for the process respond. In the second round qualifying IPs submit detailed proposals and a committee (comprising both Provincial and Country Office staff) reviews the technical and financial proposals based on set criteria. The IP who scores highest in technical and
financial combined should be selected for programme implementation of a specific component. This process is already followed by UNICEF, however under CRCFA the bidding process was omitted, which resulted in contracts of various IPs being discontinued during the tenure of the programme.

It is important to note that a single IP might not have the capacity to implement activities in various components (e.g. child protection, health, WASH, education); so, when the bids are advertised, they should be done separately for each component. UNICEF should assess the capacity of an IP separately for each component and multiple component should be awarded to one IP only if they meet the following criteria:

- Has the technical capacity to work on a component;
- Has the technical and financial capacity to manage more than one component; AND
- Has access to the targeted geographic region.

**Selection of other stakeholders**

It is good to leverage the comparative advantages of partners working in target areas and to develop synergies since it helps maximize impact, cuts costs, improves value for money and enhances effectiveness. This was done by the CRCFA programme in its collaboration with PBM and this turned out to be a successful initiative. Same could have been done with IGPs and the BISP programme.

**One component as programme lead**

In order for a programme to work towards one goal, the lead of the programme should be with one component. In case of CRCFA, pre-MTE the lead was UNICEF’s child protection programme but post-MTE all components started working separately. This resulted in each component working towards its own targets instead of a unified goal.

**8.2 Programme Activities**

**Subcontracting**

Under CRCFA, IPs were allowed by UNICEF to subcontract but this did not turn out to be a very effective approach; it reduced efficiency, effectiveness and value for money. There were also delays in communication and the data was lost; this is evident from the fact that the evaluation team had no source to verify the figures given in the beneficiary matrix as the IPs on the ground said that they had no consolidated data on the activities they had undertaken. The only way to verify would have been a physical audit which was not within the mandate of the evaluation.

**Communication protocols**

Formal communication protocols need to be set, where each month the IP submits monthly report to the UNICEF Provincial Office which in turn submits the compiled report to the Country Office. UNICEF should make a set reporting template for all IPs on which IPs are to report each month. Monthly reports should be saved at a central server for evaluation purposes by the IP and UNICEF Provincial Office.

**Managing for results**

An effective and efficient monitoring and evaluation system is a prerequisite for achieving the desired results of economic growth, social development and poverty alleviation. This has shifted focus from the monitoring of management functions, processes and inputs towards results and outcomes in development programmes. Consequently, there has been a marked shift in monitoring and evaluation from monitoring the inputs and outputs of individual interventions to assessing the results and impacts of programmes, and their contributions to larger outcomes. This requires both traditional monitoring of inputs, processes, outputs and result-oriented monitoring of outcomes and is therefore a very useful tool for performance management.

The role of monitoring and evaluation should be viewed as deriving its value not from availability of accurate facts per se, but from the way in which it is used. Above all, monitoring and evaluation is intended to enhance the quality of decision-making processes i.e. by supplying programme managers with a flow of reliable information and analysis about what works and what doesn’t. Those responsible for monitoring and evaluation need to make sure that the right information gets to the right people at the right time. The monitoring and evaluation functions give managers a rational basis for making recommendations, refining institutional strategies and making the best choice of activities for improving the performance of their programme. Therefore, monitoring and evaluation is
not merely about retroactively documenting historical facts, but it is part of what makes development success happen and achievement of results. Monitoring and evaluation functions are needed in order to make sure that there is an effective process of transformation through the chain of change, from inputs and activities through outputs to immediate, intermediate and end outcomes.

It is further recommended to design a monitoring and evaluation system and mechanisms with explicitly agreed monitoring frameworks to carry out programme monitoring and using the information for evidence-based decision-making.

**Quarterly performance review meetings with IP**

UNICEF Provincial Offices should hold quarterly meetings with IPs to assess what is happening on the ground, what challenges the IP is facing while implementing activities and to discuss how programme efficiency and effectiveness can be increased. UNICEF staff can guide IPs accordingly.

UNICEF teams should also carry out monitoring activities to re-check the claims made by IPs in their monthly reports.

**Baseline survey**

In order to gauge change in the MTE and at the end of the programme, a baseline is very important. Before start of any programme a detailed baseline survey should be conducted so that actual results can be compared during midterm and end-of-programme evaluation. Comparison during the MTE will help in revising the log frame to achieve the set goals, while comparisons at the end of programme will reveal the actual success of the programme and identification of practices that worked best in the field.

The baseline survey will also help in identification of the needs of the community and the programme interventions can be modified accordingly.

**Selection of beneficiaries**

Eliminating inequalities and discrimination (human rights, gender equality and women’s empowerment principle)

This principle recognizes that United Nations programming is guided by international norms and standards that provide the normative basis to address the situation of individuals and groups which are, or are at risk of, being left behind not only because of their vulnerabilities but also as a result of entrenched inequalities and discrimination that prevent them from accessing services and resources.

In case of the CRCFA programme, CCT beneficiaries were selected from BISP data. Several deserving households were not a part of the selection process as they were not included in this data. Hence deserving households were left behind.

**Sustainability plan**

For any intervention to be successful on the ground, a exit strategy should be prepared. The most effective exit strategy is to give ownership of the intervention to the community; in the case of CRCFA social funds, no sustainability plan was devised for the initiatives undertaken hence there was no maintenance of the infrastructures developed under this initiative.

Before implementation of any initiative, the IP should show to UNICEF how these initiatives will be sustained after the life of the programme and only those initiatives should be implemented which have potential of sustainability. It should be built into the programme that funding for sustainability of any initiative may be cut during the tenure of the programme but mentoring support will continue for the life of the programme so that the community understands exactly it can be sustained.

In order for infrastructure to be sustained, it is important that it is constructed on public property or communal land instead of private property. It was noted that safe play areas constructed on private property were taken up by the landowner after the end of the programme and went out of reach of community children.

**Governance mechanism**

Under the CRCFA, DSCs were formed comprising government officials who were transferred to other districts. Hence the institutional memory of the programme never stayed fully with the DSC members. Instead of forming this committee exclusively with government officials, influential locals should be included as they are here to stay, understand local realities and know what is best for their communities.
Design of programme activities

Realities vary greatly from district to district, hence what is applicable for one district might not be suitable for the other. IPs need to adapt programme interventions from district to district and eventually village to village. Under CRCFA, computer labs and libraries were set up in MFCCs. Though the IP reported this to be a very useful initiative, the communities (largely non- or semi-literate adults) reported the opposite, feeling that the money could have been used elsewhere.

Under CRCFA IGPs were awarded to beneficiaries but the amount given was not deemed sufficient for sustainability. If cash amounts are being transferred to the community, a pre-assessment should be done of the amount which would result in effective execution and sustainability of IGPs.

The programme interventions also need to be in line with cultural realities and norms. The safe play areas made under the programme were mostly accessible to male children only as parents did not allow girls to play alongside boys. Moreover, the swings installed in the play areas were not according to the local games played by the children.

The success of the CHW model goes to show the importance of involving both male and female staff to see greater results. In the development sector a major focus is on women and all programmes focus on hiring women staff to address to problems of women in the communities. However, the CHW model shows that it is important to sensitize men about the problems that women face as they are primary decision-makers in a household. The success of the CHW model proved that in order to solve problems in communities it is important to target both men and women through gender-balanced teams.

Capacity-building of state-level institutions

It has been UNICEF’s mandate to ensure sustainability of the programme and this can be done best if state-level institutes have the capacity to take the initiative forward. Under the CRCFA, UNICEF built institutional capacity of PBM, and provided trainings to teachers, CHWs, LHWs etc., increasing capacity of the institutions and eventually sustaining programme activities after the funding ended.

Follow-up activities

A one-off activity is never enough, it is important that reinforcement behaviour change messages are given from time to time to ensure that the good practices prevail. In CRCFA target areas it was noted that beneficiaries were reverting to practice open defecation. Follow-up interventions should have been ensured so that such practices could have been sustainably rooted out from communities.

8.3 Post-Programme Activities

End-of-programme evaluation

A detailed end-of-programme evaluation should be carried out where a third party should be involved through a formal bidding process. The third-party evaluators should have access to all reports including monthly reports submitted by the IPs to UNICEF Provincial Offices, quarterly reports and all reports submitted by UNICEF to the donor. This will assist the team in validating data.

Along with this the evaluation team should conduct a mixed methodology evaluation which comprises of household survey, FGDs and IDIs, helping the evaluation team gauge:

1. Changes brought about at household level;
2. Perspective of communities (satisfaction and dissatisfaction with programme activities); and
3. Perspective of stakeholders.
Annexes
Annex I: Terms of Reference

REQUESTING SECTION/FIELD OFFICE: PMER & Child Protection, Islamabad Office, UNICEF Pakistan

1. PROGRAMME AREA & SPECIFIC PROJECT INVOLVED: YS-104 - Child Protection (strengthened institutional capacity to implement child protection legislation, policies and standards to protect children and women from abuse and exploitation) – Programme Title: Child Rights in Cotton Farming Areas (CRCFA)  
   (Specify programme area and project activity under the approved workplan)

2. NATURE & PURPOSE OF CONSULTANCY:

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2.1. Background:  
Pakistan is the sixth most populous country in the world. It is also a young country; among its estimated population of 180 million, the median age is 21 and two-thirds are under the age of 30. Being a child in Pakistan means facing a variety of serious challenges ranging from poverty, limited access to welfare and protective services, rising militancy and violent extremism, social and cultural practices detrimental to their healthy development and wellbeing, to the consequences of natural disasters and climate change.

Following the ratification of the UN Convention on the Rights of the Child (CRC) in 1990, the Government of Pakistan confirmed its commitment to uphold the right of each child to survival, development, protection and participation, for each girl and boy to grow and thrive in a conducive, supportive and protective environment. UNICEF Pakistan is thus mandated to support technically federal and provincial government authorities, as well as families, communities and other stakeholders, to establish, strengthen or demand systems and services contributing to the full realization of the rights of the child for the healthy development and overall wellbeing of all children in the country.

Nevertheless, the survival of children in Pakistan is currently undermined by children’s poor access to immunization services, as demonstrated by only 54 per cent of children nationally aged 12-23 months being fully immunized. Children's survival is further undermined by poor access to and utilization of quality maternal and newborn care services. The skilled birth attendance rate is 52 per cent and the still high national neonatal mortality rate is 55 per 1,000 live births, the limited access of these life-saving interventions is further complicated by huge disparities between provinces, income, rural/urban locations, and level of education, particularly of mothers.

The right of the newborn to survive and thrive appears to be further violated during the intrapartum period, resulting in premature births and low birth weights, as well as in the first hour, the first 28 days of life, and into the first 1000 days of life. Newborns are dying of conditions which could be managed within households (low birth weight, hypothermia, sepsis), as well as other conditions requiring interventions in health facilities (birth asphyxia, prematurity). Neonatal survival is further complicated by other poorly-performing cross-sectoral family care practices and interventions, including suboptimal breastfeeding, hygiene and sanitation. At only about 38 per cent, the rate of exclusive breastfeeding for children younger than 6 months is much lower than skilled birth attendance. The gap between the two interventions shows poor quality of care around the time of delivery and the period thereafter. This has serious implications for overall Early Childhood Development (ECD) for affected children and could undermine the Government’s aspiration to develop a knowledge-based economy in line with the country’s vision 2025. Overall, immunization dropout rates are highest among the most marginalized and vulnerable children, with both huge provincial and rural/urban disparities. Notably, whereas full immunization coverage in Punjab stands at 65.6 per cent, it is only 16.4 per cent in Balochistan.

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24 Pakistan Demographic and Health Survey, 2012-2013.
25 Pakistan Demographic and Health Survey, 2012-2013.
With specific Millennium Development Goal (MDG) targets remaining unmet, the Government highlights its commitment to universal health coverage through the country’s National Health Vision 2016-2025 and also specifically in the 2016-2025 National Vision document, as relating to priority action on Reproductive, Maternal, Newborn, Child, Adolescent Health (RMNCAH) to address significant challenges in the sector.

Yet Pakistan has made steady progress towards national-level access to improved water (91 per cent) and sanitation (64 per cent) and has met the MDG WASH targets by 2015. Advocacy by UNICEF and other sector partners has spurred government leadership to scale up large-scale sanitation programmes, as evidenced by the Punjab Government’s USD $20 million commitment of its own funds to end open defecation by 2019. Nevertheless, disparities remain between rural and urban coverage, as well as between income groups. For example, approximately 83 per cent of urban dwellers have access to improved sanitation, compared to only 51 per cent of those in rural areas. The challenge thus remains not only to sustain gains made, but also to respond to the ambitious targets set by the SDGs. Lack of proper disposable systems have rendered latrines unhygienic in rural as well as urban and peri-urban areas. Women and children are the most affected by lack of quality, reliable and accessible water supply and sanitation facilities.

Furthermore, child protection is a high priority for UNICEF and the organization follows a detailed strategy to prevent and eliminate violence and abuse against children, including working with the numerous stakeholders to strengthen the delivery of the child protection mandate in the country. Government counterparts are drawn from both federal and provincial levels and comprise representation primarily from the social and justice sectors, as well as international and national NGOs and other UN agencies.

To date, Pakistan is striving to establish a comprehensive and coordinated child protection system at the provincial/territorial level, aligned with applicable international minimum standards and responsive to specific gender-related protection concerns. Birth registration stands at 33.6 per cent nationally, while 6 per cent of women aged 20–49 are estimated to have been married before age 15, and 32 per cent of women aged 20–49 were married before 18. Existing data on child labour is partial and extremely out of date, while child-friendly mechanisms for children in contact and conflict with the law are inadequate. Moreover, due to the absence of a child protection case management and referral system in the country, data on child protection issues – as well as actual processes to protect children – are extremely limited.

With regard to the right of the child to learn, despite some progress over the last years in reducing the number of out of school children, access to quality learning opportunities remains a serious challenge in Pakistan. Currently, 5 million primary school-aged and 22 million children aged 5-16 years still do not attend school. UNICEF’s support to education in Pakistan is thus intended to strengthen systems and accelerate education reform to ensure that all boys and girls, particularly those from disadvantaged backgrounds, attend, stay and learn in school.

2.2. Object of Evaluation: Child Rights in Cotton Farming Areas (CRCFA) Programme:

UNICEF, in partnership with the IKEA Foundation, initiated a joint programme entitled ‘Promoting Child Rights in Cotton Farming Areas of Pakistan’ (CRCFA). The CRCFA is a medium-term programme which commenced in 2010 and ends in 2017. This project aims to assist Government authorities – especially provincial and district governments – communities, families and other stakeholders to strengthen the protective environment for children for the enhanced realization of a number of child rights in target areas. The seven-year CRCFA programme thus delivered interventions in specific areas of six cotton farming districts in the provinces of Balochistan, Punjab and Sindh and the said districts for the project were selected on the basis of official data, including social, administrative and economic indicators, and data collected from various published sources.

The overall goal of the programme is to strengthen the protective environment for children through increased access to social service delivery in targeted cotton-growing project areas, in order to enhance the realization of the right of the child to: protection, including protection from economic exploitation in the agricultural sector (Articles 19 and 32 UNCRC); health (Article 24 UNCRC); social protection/security (Article 26 UNCRC) and education (Article 28 UNCRC).

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26 Pakistan Demographic and Health Survey, 2012-2013.
The programme was rolled out in phases, with one planning and two implementation phases and aims to reach 300,000 households. The following is the programme roll-out plan in terms of geographic coverage.

### Table 1: Geographic Coverage

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<td>Punjab</td>
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<td>Rajanpur</td>
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<td>Sindh</td>
<td>Ghotki</td>
<td>Khairpur</td>
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<td>Balochistan</td>
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Following midterm evaluation of the programme and subsequent comprehensive consultations with the programme teams, proposed revisions to the project’s design were agreed and completed. Accordingly, a logframe matrix, monitoring framework, work breakdown structure and impact table was developed and the original project proposal was also revised and approved by the IKEA Foundation.

The key intervention areas, or programme components, are listed below, along with the defined objectives, as per the programme’s log frame in the following eight outcome areas:

**Outcome 1 - Poverty:** By the end of the project, 100,000 children from 25,000 families have access to educational and/or vocational pathways and/or livelihood opportunities and/or social infrastructure improvements aimed at reducing intergenerational deprivation and poverty. (Target: 70% targeted families with a 20% positive change in their poverty score).

**Outcome 2: Education:** 300,000 boys and girls in target schools benefit from child-friendly and inclusive education (Target: 10% increase in student enrolment from baseline).

**Outcome 3: Water:** Additional 300,000 households using improved drinking water sources (Target: Number of households using improved drinking water sources).

**Outcome 4: Sanitation:** Additional 250,000 households in targeted villages live in Open Defecation Free (ODF) environment (Target: # of people living in ODF villages).

**Outcome 5: Health:** By the end of the project, 60% of Project Union Councils have improved access and use quality primary health care networks and/or facilities by 50% (Target: 50% improvement in Health Services utilization rate).

**Outcome 6: Child Protection:** Reported cases of child abuse (violence, exploitation and neglect) are received, managed and referred by a public child protection mechanism (Target: 03 public child protection mechanisms established).

**Outcome 7: Community development, social mobilization and awareness-raising:** By project end, awareness increased and behaviour changed among 1,000,000 people in target districts on the right of the child to: survival and development; education, health and protection (Target: % of targeted population have increased awareness on child survival and development; education, health and protection demonstrated by increased demand and use).

**Outcome 8: Child Labour Reform:** Child protection, including child labour, policy and legislative frameworks aligned with applicable minimum international standards drafted (Target: One evidence-based model child labour law and one evidence-based CP law, aligned with applicable minimum international standards available).

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28 According to WHO/UNICEF Joint Monitoring Programme (JMP) an improved drinking-water source is defined as one that, by nature of its construction or through active intervention, is protected from outside contamination, in particular from contamination with faecal matter.

29 An Open Defecation Free (ODF) Environment is a human settlement where 100% people use latrine to defecate, with possibility of acceptable slippage up to 2%.
The intervention areas as listed above are essentially the programme components. The programme aims to reach out to a range of beneficiary groups (direct and indirect beneficiaries), where children and women appear as key direct beneficiaries.

2.3. Evaluation Purpose

This is a summative evaluation to assess the performance and progress towards achievement of programme objectives. The evaluation is expected to provide all key stakeholders (UNICEF, the IKEA Foundation and the Government of Pakistan) an unbiased review of the programme’s performance, key achievements, challenges and lessons learned in order assess how far the programme has achieved its intended objectives. The primary audience of the evaluation include the IKEA Foundation, UNICEF, implementing partners (IPs) and government stakeholders, involved either in funding, design and/or implementation of the CRCFA. Secondary audiences comprise sector partners (in multiple thematic areas) and beneficiary communities, who may benefit from context and programme-specific learning, as well as government authorities for possible replication and scale up of interventions and best practices.

2.4. Evaluation Objectives

Key objectives are defined as follows:

- An assessment of programme achievements at the end of term, vis-à-vis programme objectives and targets agreed post-MTE revisions.
- An overall assessment of the performance of the programme based on relevance, effectiveness, efficiency and sustainability of the CRCFA initiative; and
- Identification of lessons learned, formulation of conclusions and recommendations on improvement measures for consideration in any future programming, with a view to enhancing results, where applicable, including through an equity lens.

2.5. Evaluation Scope

- The scope of the evaluation is summative and it will be conducted from September to December 2017. It will review programme interventions implemented during Phases I and II in order to measure performance and identify, where appropriate/applicable, child rights policy developments at the national and/or provincial levels. Specifically, the scope of the evaluation will address the following:
  - Clarity of programme concept, design, goals and objectives, as well as with regard to priorities set and implementation undertaken;
  - Effectiveness of the service delivery approach and field partnerships;
  - Achievements pertaining to the creation of an enabling environment for enhanced realization of child rights through strengthened public service delivery and public awareness in selected districts;
  - Clarity of roles and responsibilities among stakeholders and the level of coordination between them;
  - Use of gender and equity approaches in design and implementation of the programme;
  - Adequacy and effectiveness of programme indicators with regard to monitoring the performance of the programme.

The programme interventions are being delivered in selected villages only in each district. Accordingly, the evaluation shall be carried out as per an agreed methodology in selected areas of the following provinces:

- Balochistan Province (Lasbela District)
- Punjab Province (Rahim Yar Khan, Bahawalpur and Rajanpur Districts)
- Sindh Province (Ghotki and Khairpur District)

2.6. Methodology

This is a summative evaluation and applicants are invited to propose a robust design, including a mixed methods approach - using both qualitative and quantitative methods. The absence of baselines is a huge challenge to measure the progress and changes caused by the programme to the lives of beneficiaries. Accordingly, a comprehensive methodology will be expected from the evaluation team as part of its proposal. A detailed and robust use of qualitative methods will be helpful in the absence of baselines for the programme, however, other innovative measures to address this gap may also be considered. Prior to submission of the inception report, the selected evaluation team will be expected to undertake an extensive literature and desk review of all key documents, including the project proposal, surveys, workplans, progress reports and routine...
monitoring data etc. The evaluation is expected to rely more on the qualitative methods, such as semi-structured Key Informant Interviews (KII), Focus Group Discussions (FGDs) and consultative workshops.

The United Nations Evaluation Guidelines (UNEG - UNICEF adapted) norms, standards and ethical considerations will guide and inform the evaluation at each stage – namely, the evaluation’s design, fieldwork (data collection methods and tools), and analysis of data and reporting.

The successful evaluation team will be expected to assess, discuss and refine the evaluation methodology and questions in the inception report. An Evaluation Matrix is proposed (see Annex 2) to provide information on sub-questions, data sources, data-collection methods and intended evaluation tools for the major evaluation questions under UNEG standards.

2.7. Evaluation Criteria
The evaluation will use the UNEG standards for an impartial, coherent and effective evaluation. The OECD/DAC criteria - including relevance, efficiency, effectiveness and sustainability - will be used to assess the CRCFA programme. The evaluation will not measure the criterion of impact in this evaluation since it is not intended to be an impact evaluation. Additionally, cross-cutting issues will also be used as part of the evaluation criteria in this exercise. All major evaluation questions are given in the following under the OECD/DAC criteria:

2.8. Major Evaluation Questions

2.8.1. RELEVANCE
- How relevant and meaningful are the programme objectives and activities in terms of addressing the needs and priorities of marginalized and vulnerable children, men and women, particularly with regard to identified child rights, in the programme areas?
- To what extent the strategies used in this programme are relevant to national (Government of Pakistan) priorities and policies related to specific rights of the child being addressed under the programme?
- How relevant is the selection and targeting of project areas (districts and villages) with regard to programme objectives?

2.8.2. EFFECTIVENESS
- To what extent has the programme achieved its objectives and what were the major factors influencing the achievement or non-achievement of the objectives?
- To what extent has the implementation of strategies and programme approaches - such as multi-sectoral delivery - worked as intended, particularly post the midterm evaluation and subsequent adjustments?
- How effectively UNICEF engaged with the Government to strengthen coordination and how far government leadership and political will influenced the achievement of results, or vice versa?
- How successful was UNICEF in reaching the most vulnerable groups in the target areas?
- What other changes (positive/negative, direct/indirect, intended/unintended) have occurred as a result of CRCFA interventions?

2.8.3. EFFICIENCY
- To what extent has the programme leveraged additional resources to address identified gaps?
- How well have UNICEF’s resources, both human and financial, been managed to ensure the timely, cost-effective and efficient attainment of results?

2.8.4. SUSTAINABILITY
- What measurable indications are there that community platforms established under the programme (such as MFCCs, Village Sanitation Committees, etc.) will continue working after the culmination of the programme?
- To what extent has the programme contributed to the strengthened capacity of duty bearers / service providers in health, education, WASH and Child Protection related services?
• What evidence exists to inform the view that particular activities in the programme are being replicated beyond the initially intended reach of the programme (e.g. outside of geographic areas or target groups)?

2.8.5. CROSS-CUTTING AREAS (GENDER, EQUITY, HUMAN RIGHTS, DRR)
• To what extent are cross-cutting issues such as gender, equity, HRBA and DRR incorporated at various levels of planning and implementation?

2.9. Evaluation Ethics
Children remain the most significant yet sensitive group of respondents to inform the evaluation, therefore, the evaluation team must use ethically sound, child-sensitive methods when engaging with boys and girls. Accordingly, UNICEF’s protocol on Ethical Standards in Research and Data Collection will be strictly adhered to during the entire process of evaluation and with regard to training the evaluation field teams, mandatory written informed consent forms from the respondents to ensure complete anonymity and confidentiality, must be maintained throughout the evaluation process. The ‘Do no harm’ principle must also be applied throughout, especially when working with respondents.

2.10. Evaluation Management and Logistics
UNICEF’s Programme Monitoring, Evaluation and Reporting (PMER) Section will be responsible for leading the evaluation process, with additional support from focal points from the concerned programmatic sectors. A Reference Group will also be created, including all key stakeholders to oversee and assure the quality of key deliverables. UNICEF’s standard Terms of Reference for the said Reference Group will apply and participation will include representatives from UNICEF programmes, key government stakeholders and the IKEA Foundation. The selected evaluation team will be responsible for all aspects of the evaluation, including refining the sampling strategy, adapting and designing data collection tools, coordinating data collection in the field (including trainings for enumerators), ensuring quality of data, including managing enumerators and proper administration of the survey tools, data entry, and analysing quantitative and qualitative data. The evaluation team will also be responsible for all logistics, including field movements, local accommodation, vehicles etc. However field visits and data-collection will be facilitated by focal persons within the programme’s provincial coordination teams, as nominated by UNICEF. PMER will also assure the quality of fieldwork through field observations.

UNICEF’s provincial focal points and relevant IPs (where applicable) will be identified to help organize the interaction with district stakeholders, including local communities. UNICEF’s focal points will extend all reasonable support necessary to facilitate activities uninterrupted, including the provision of clear and unambiguous details of target villages in the cotton farming areas and linkages with relevant stakeholders. Throughout the delivery of field activities, the consultant will remain in constant communication with PMER, UNICEF-nominated focal points and field staff, as identified in due course.

2.11. Risks
The evaluation proposal should provide information on how the team foresees numerous potential risks and constraints which may affect the evaluation and respective mitigation measures should also be provided to ensure a robust evaluation process and outcome e.g. data quality, consistency and others.

2.12. Presentation of data and report:
In preparing the results of the evaluation, the findings will be evidence-based and have clear references to respective sources. The structure and quality of the evaluation report must adhere to UNICEF quality standards, and include the following report structure:
• Title page
• Table of contents
• Executive Summary, including the purpose of the evaluation, key findings, conclusions and recommendations in priority order (3-4 pages)
• Background/context of the evaluation, including a description of project interventions, log frame/results matrix
• Purpose and objectives of the evaluation
• Scope of the evaluation
The final report should follow the UNICEF Evaluation Report Standards and will be reported on UNICEF’s global reporting system known as GEROS. The selected evaluation team will receive these guidelines at the first meeting following issuance of the contract.

<table>
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<tr>
<th>Content</th>
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<tbody>
<tr>
<td>• Limitations and mitigation strategies</td>
</tr>
<tr>
<td>• Evaluation criteria and key questions</td>
</tr>
<tr>
<td>• Methodology</td>
</tr>
<tr>
<td>• Findings per criteria</td>
</tr>
<tr>
<td>• Conclusions and recommendations, explicitly linked to the findings</td>
</tr>
<tr>
<td>• Lessons learned</td>
</tr>
</tbody>
</table>
Annex II: Team Composition, Roles and Responsibilities

The evaluation was jointly implemented by ECI and RBC, who jointly brought in the following expertise:
1. Empowerment thru Creative Integration (ECI): Overall management and outreach in the field
2. Results Based Consulting (RBC): Experience in evaluations especially in the domain of Child Protection

Brief profiles of the two organizations are as follow:

About ECI: Over the past 29 years, ECI has worked with a large number of government and non-government development organizations across Pakistan to build institutional capacity for the design and implementation of programmes. We have successfully completed 13 large-scale research programmes and approximately 36 Area Assessments across the nation. We have also worked extensively with the government and numerous demand-side and supply-side assessments have been conducted in order to identify skill gaps and proposing strategies for their effective resolution. International assignments have also been undertaken in Afghanistan for Afghan Aid for their Livelihood Development Programme, with the overall emphasis being on economic empowerment and resource mobilization. The following trained enumerators are available for conduct of research in all areas of Pakistan:

Table: List of trained enumerators

<table>
<thead>
<tr>
<th>Area</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>43</td>
</tr>
<tr>
<td>Sindh</td>
<td>20</td>
</tr>
<tr>
<td>Baluchistan</td>
<td>21</td>
</tr>
<tr>
<td>KP &amp; FATA</td>
<td>24</td>
</tr>
<tr>
<td>Gilgit Baltistan</td>
<td>5</td>
</tr>
<tr>
<td>Azad Jammu &amp; Kashmir</td>
<td>7</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>120</strong></td>
</tr>
</tbody>
</table>

Additionally, ECI has a Senior Associate pool, which comprises of experts in assessments and livelihoods. The network of associates gives ECI the edge to conduct national-level studies in local languages keeping in consideration the local norms and culture.

About RBC: Result Based Consulting (RBC) Pakistan is a health and development consulting firm established with the sole objective to ‘Contribute for Development Results’. Founded in 2008, the firm has since expanded to develop partnerships with regional organizations like ‘Services and Solutions International (SSI) Bangladesh (www.ssibd.org) and global partners like IBF International Consulting, Brussels (www.ibf.be). The RBC’s distinguished founder team has 32 years of health and development sector experience both in public and private sector including civil society organizations. This experience extensively involved PHC/Secondary health services planning, implementation, capacity-building, HRM&D, monitoring and & evaluation. The RBC has excelled in performance assessment and evaluation research in health and development sector. Some of the capabilities of the RBC Pakistan relating to health and development are grouped in the following practice areas:

1. Health policy and strategy
2. Health system design
3. Program and programme design
4. Performance based programme and
5. Management system
6. Women rights and peace and security
7. Result based monitoring and evaluation
8. Result based management
9. Baseline studies and surveys
10. Performance assessment
11. Transparency and accountability
12. Human rights, rule of law
13. Access to justice
14. Livelihood and economic growth
15. Information systems and GIS
16. Maternal, neonatal and child health
17. Education,
18. Legislative governance,
19. Public sector governance
20. Trainings and capacity-building
21. Health sector reforms
<table>
<thead>
<tr>
<th>#</th>
<th>Name</th>
<th>Designation</th>
<th>Roles &amp; Responsibilities</th>
</tr>
</thead>
</table>
| 1  | Anum Mughal         | Programme Manager                  | ▪ Overall coordination with client and management of assignment  
▪ Logistics arrangement and liaison with field teams  
▪ Oversight of field teams and deliverables  
▪ Support and facilitation of the field teams to carry out the tasks  
▪ Develop draft report and finalization of report |
| 2  | Dr Sohail Amjad     | Principal Investigator             | ▪ Overall technical lead and PI for the assignment  
▪ Develop evaluation tools and instruments and finalize in consultation with UNICEF focal team  
▪ Conduct KII's/Meetings in Districts of Punjab  
▪ Oversight of field teams and deliverables in Punjab  
▪ Participate in qualitative and quantitative data analysis |
| 3  | Ubaid Ullah Chaudry | Qualitative Analyst                | ▪ Participate in designing evaluation tools and instruments and finalize in consultation with UNICEF focal team  
▪ Conduct KIIs/Meetings in Sindh & Baluchistan  
▪ Oversight of field teams and deliverables in Sindh & Baluchistan  
▪ Participate in qualitative and quantitative data analysis |
| 4  | Muhammad Ashfaque   | Statistician                       | ▪ Develop application for data entry of household survey  
▪ Orientation session to Data Entry Personnel on how to use and enter data in the application  
▪ Participate in data editing, cleansing and filtration  
▪ Participate in quantitative double data entry as well  
▪ Data Analysis |
| 5  | Tasneem Raza        | Senior Researcher (Punjab)         | ▪ Management of field team in Punjab including HH survey  
▪ Notes taking during KII’s  
▪ Participate in pre-testing of evaluation tools  
▪ Supervision of research associates  
▪ Support and facilitation of the field teams to carry out the tasks |
| 6  | Ameer Hamza         | Senior Researcher (Sindh & Baluchistan) | ▪ Management of field team in Sindh & Baluchistan including HH survey  
▪ Notes taking during KII’s  
▪ Supervision of research associates  
▪ Support and facilitation of the field teams to carry out the tasks |
UNICEF – LRPS-2017-9134791

Annex III: Evaluation Design Matrix

<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data sources</th>
<th>Samples</th>
<th>Data Collection Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were programme strategies and interventions relevant to address existing priorities and needs of targeted communities?</td>
<td>How relevant is the selection and targeting of programme areas (districts and villages) with regard to programme objectives?</td>
<td>1. Documented explicit criteria for selection of target districts, union councils and villages in place 2. Situation analysis and need assessment study used for selection of target districts and communities</td>
<td>Desk Review, Primary Qualitative and secondary Quantitative</td>
<td>Districts (6), KIs,</td>
<td>KIs for evaluation</td>
</tr>
<tr>
<td></td>
<td>Were the programme outcomes and selection of beneficiaries relevant to vulnerable community’s needs and priorities in target areas?</td>
<td>1. Evidence/ criteria (document) for beneficiary selection 2. %age of persons benefited from programme interventions 3. %age of targeted HH with 20% positive change in their poverty</td>
<td>Desk Review, Primary Qualitative and secondary Quantitative</td>
<td>Districts (6), KIs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Were the programme strategies relevant to existing national priorities and policies on applicable child rights?</td>
<td>1. Model child labour prohibition law enacted 2. Model safety standards formally agreed with government 3. # of child labour laws aligned with international standard 4. # of child protection laws aligned with international standard 5. # of child protection units/ desks established</td>
<td>Desk Review, Primary Qualitative and project secondary &amp; MIS data</td>
<td>Districts (6), Provincial and district KIs,</td>
<td>Qualitative KIs and project secondary &amp; MIS data</td>
</tr>
<tr>
<td></td>
<td>Whether awareness campaigns relevant to increase KAP of communities on applicable child rights, child protection services, WASH,</td>
<td>1. %age increase in ODF HH in targeted villages 2. %age increase in HH using improved drinking water 3. %age increase in utilization of health services by targeted communities</td>
<td>Desk Review, secondary Quantitative, NEMIS, DHIS and project progress reports</td>
<td>Districts (6), FGDs, HH KAP Survey,</td>
<td>Quantitative checklist, FGD and HH Survey tools for evaluation</td>
</tr>
<tr>
<td>Key Questions</td>
<td>Sub-questions</td>
<td>Indicators</td>
<td>Data sources</td>
<td>Samples</td>
<td>Data Collection Instruments</td>
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<tr>
<td></td>
<td>education and other public services?</td>
<td>4. # of OOSC enrolled in targeted communities</td>
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<tr>
<td></td>
<td>How do communities view the CRCFA programme and its outcomes for them?</td>
<td>1. %age of beneficiaries satisfied by programme interventions (health, education, WASH and CP services)</td>
<td>Secondary Quantitative, Community satisfaction during FGDs,, HH Survey,</td>
<td>Districts (6), FGDs, HH Survey,</td>
<td>FGDs guides and HH questionnaire</td>
</tr>
<tr>
<td></td>
<td>Were the programme strategies and interventions effectively increased utilization of public services by targeted communities?</td>
<td>1. %age increase in utilization of health (ANC, IDs, PNC and Immunization) services by the communities at public health facilities</td>
<td>Desk Review, Primary Qualitative and secondary Quantitative, Project progress reports, NEMIS, DHIS, HH Survey</td>
<td>Districts (6), KII, FGDs, HH Survey,</td>
<td>KII and FGDs tools for evaluation, secondary project MIS data, reports HH Survey Questionnaire</td>
</tr>
<tr>
<td></td>
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<td>2. %age increase in primary school enrolment of children in target communities</td>
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<td>3. # of OOSC and working children enrolled in targeted communities</td>
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<td>4. %age increase in girls enrolment in primary school by EOP</td>
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<td>5. # of ODF HH in targeted villages</td>
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<td>6. # of HH using improved drinking water</td>
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<td>7. %age increase in KAP of communities on select interventions</td>
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<td></td>
<td>Was the coordination and leverage mechanism with government effectively influenced achievement of programme results?</td>
<td>1. DCC minutes of meeting documented (participation by relevant stakeholders)</td>
<td>Desk Review, Primary Qualitative</td>
<td>Districts (6), DCC meetings (6),</td>
<td>Review of progress reports, Case study</td>
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<td></td>
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<td>2. # of DCC decisions implemented by IPs by EOP in each district</td>
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<td></td>
<td></td>
<td>3. Case study</td>
<td></td>
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<td></td>
<td>What were the major factors influencing or hindering the effective achievement of programme results?</td>
<td>1. Cooperation and coordination from relevant stakeholders with project IPs</td>
<td>Desk Review of project reports and secondary data</td>
<td>Districts (6),</td>
<td>Review of project progress reports, and secondary data</td>
</tr>
<tr>
<td></td>
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<td>2. Advocacy campaign on CR by non project stakeholders</td>
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<tr>
<td>Key Questions</td>
<td>Sub-questions</td>
<td>Indicators</td>
<td>Data sources</td>
<td>Samples</td>
<td>Data Collection Instruments</td>
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</tbody>
</table>
| Did the programme reach out to vulnerable, and deprived, target population? | 1. % of targeted families with a 20% positive change in their poverty score  
2. % increase in OOSC enrolment  
3. # of HH using improved drinking water sources  
4. # of people living in ODF villages  
5. %age increase in health services utilization | 3. Cultural and family practices                                                                      | Desk Review, Primary Qualitative and secondary Quantitative, HH Survey                              | Districts (6), KIs FGDs, HH Survey, Progress reports, HH Questionnaire, KIs and FGDs guides |                           |
| Has the CRCFA programme been implemented and achieved its intended outcomes and targets efficiently? | To what extent has the programme leveraged additional resources to address identified gaps? | 1. Additional resources tapped by IPs and UNICEF to bridge resource gap                              | Desk Review, Primary Qualitative                                                                 | Districts (6), Provinces (3), KIs, Progress reports, KI tools for evaluation                 |                           |
| Was the programme budget used efficiently by IPs? | 1. # of IPs developed result based budgets for implementation plans  
2. # of IPs regularly submitting their audit reports to UNICEF |                                                                                                      | Desk Review, Primary Qualitative                                                                 | Districts (6), Provinces (3), KIs, Progress reports, KI tools for evaluation                 |                           |
<table>
<thead>
<tr>
<th>Key Questions</th>
<th>Sub-questions</th>
<th>Indicators</th>
<th>Data sources</th>
<th>Samples</th>
<th>Data Collection Instruments</th>
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</thead>
<tbody>
<tr>
<td>How well have UNICEF’s resources,</td>
<td>1. # of IPs who achieved their agreed targets according to timelines</td>
<td>Desk Review, Primary Qualitative</td>
<td>Districts (6), Provinces (3), KIIs</td>
<td>Desk review, Progress reports, KI tools for</td>
<td></td>
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<tr>
<td>both human and financial, been</td>
<td>2. Financial planning and expenditure statements/documents</td>
<td></td>
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<td>evaluation</td>
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<td>managed to ensure the timely, cost-</td>
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<td>effective and efficient attainment</td>
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<td>of results?</td>
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<tr>
<td>Are CRCFA programme strategies and</td>
<td>1. # of project components sustained by government and communities</td>
<td>Desk Review, Primary Qualitative</td>
<td>Districts (6), Provinces (3), KIIs</td>
<td>Desk review, Progress reports, KI tools for</td>
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<tr>
<td>interventions sustainable in the long</td>
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<td>evaluation</td>
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<td>run?</td>
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<tr>
<td>To what extent community-based</td>
<td>1. # of community-based IGPs operational by the end of the project</td>
<td>Desk Review, Primary Qualitative</td>
<td>Districts (6), Provinces (3), KIIs</td>
<td>Quantitative checklist, KI and FGD tools for</td>
<td></td>
</tr>
<tr>
<td>established structures (MFCC, safe</td>
<td>2. # of community-based water schemes sustained at the end of the project</td>
<td></td>
<td></td>
<td>evaluation</td>
<td></td>
</tr>
<tr>
<td>play areas), will sustainably</td>
<td>3. # of CP units provided recurrent budget by district governments</td>
<td>Desk Review, Primary Qualitative and secondary Quantitative</td>
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<tr>
<td>continue working after the project?</td>
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<tr>
<td>To what extent has the programme</td>
<td>1. # of primary school teachers trained</td>
<td>Desk Review, Primary Qualitative</td>
<td>Districts (6), KIIs, DCC meetings</td>
<td>Progress reports, and KI tools for evaluation</td>
<td></td>
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<tr>
<td>contributed to strengthened capacity</td>
<td>2. # of CMWs, LHWs and CHWs trained</td>
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<tr>
<td>of duty bearers/service providers in</td>
<td>3. # of CP unit/desk staff trained</td>
<td>Desk Review, Primary Qualitative</td>
<td></td>
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<td>health, education, WASH and CP</td>
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<td>services?</td>
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<tr>
<td>What are strengthens and weaknesses</td>
<td>1. SWOT and sustainability analysis</td>
<td>Desk Review, Primary Qualitative</td>
<td>Districts (6), Provinces (3), KIIs</td>
<td>Progress reports, and KI tools for evaluation</td>
<td></td>
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<tr>
<td>of CRCFA programme in terms of</td>
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<td>sustained service delivery and</td>
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<td>utilization and sustained</td>
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<tr>
<td>Key Questions</td>
<td>Sub-questions</td>
<td>Indicators</td>
<td>Data sources</td>
<td>Samples</td>
<td>Data Collection Instruments</td>
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</tbody>
</table>
| To what extent are cross-cutting issues such as gender, equity, Human Rights and DRR incorporated at various levels of programme planning and implementation? | protective environment overall?                                               | 1. % of targeted families with a 20% positive change in their poverty score  
2. % increase in OOSC enrolment  
3. # of HH using improved drinking water sources  
4. # of people living in ODF villages  
5. # of people with access to latrines  
6. %age increase in health services utilization  
7. Case studies                                                                 | Desk Review, Primary Qualitative and secondary quantitative                  | Districts (6), Provinces (3), KII, HH survey, FGD tools for evaluation                              | Case studies Progress reports, KII, HH survey and FGD tools for evaluation                           |
| How successful was CRCFA programme in reaching vulnerable groups (women, men, girls and boys) and in what ways? | Did programme improved people’s lives especially women, children and underserved? | 1. % of targeted families with a 20% positive change in their poverty score (gender-disaggregated)  
2. % increase in OOSC enrolment (gender disaggregated)  
3. # of HH using improved drinking water sources  
4. # of people living in ODF villages  
5. # of people with access to latrines  
6. %age increase in health services utilization (gender disaggregated) | Desk Review, Primary Qualitative and secondary quantitative                  | Districts (6), Provinces (3), KII, FGDs, HH Survey, FGD tools for evaluation                       | Progress reports, KII, HH survey and FGD tools for evaluation                                   |
Annex IV: Evaluation Tools

**Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services**

**GUIDING QUESTIONS for FOCUS GROUP DISCUSSION WITH COMMUNITY MALE MEMBERS IN TARGET UCs** (Participants: Social Fund & Conditional Cash Transfer, WASH and Education, CP beneficiaries 7-8, Participants)

**MEN BENEFICIARY GROUPS**

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<td>Number of Participants:</td>
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<td>Name of Note Taker</td>
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**Expected Time Frame:** Around 80 Minutes including opening and closing

**OVERALL OBJECTIVES OF FOCUS GROUP DISCUSSION:**
Reminder to moderator: The purpose of this focus group is to determine the following:

**Objectives and Reason for Interview:**

1. To understand previous and current level of KAP of communities on child rights and protection services in their areas (Outcomes 6 and 7)
2. To explore KAP of communities on their civic rights, economic opportunities and access to public services (Health, education and WASH) (Outcomes 1, 2, 3, 4, 5 and 7)
3. To learn the previous and existing awareness and practices on open defecation, access to latrines and clean drinking water (Outcomes 3, 4 and 7)

**Introduction**

1. Good Morning/Afternoon. My name is _______ and member of the study team to guide this discussion. First, I want to thank you all for taking the time to be with us today.
2. We will be discussing your previous and current knowledge, attitudes, awareness level and practices regarding child rights and protection services, civic rights, and your access to health, education and clean drinking water, when required. Furthermore, we are discussing existing gaps, opportunities, mechanisms for improvement and claiming child rights. Our discussion will provide us with information that will help us improve these services.
3. Before we begin, I’d like to explain what a focus group is and then give you some information about this specific focus group. A focus group is like a discussion group. It’s a way of listening to people and learning from them. In a focus group, people are asked to talk with others about their thoughts and ideas about a subject. We are interested in hearing what you think and feel about each topic. There is no right or wrong answer. We expect that many of you will have different points of view.
4. Our discussion today will be about one hour. We’ll take a ten-minute break about halfway through. I’d like the discussion to be informal, so there’s no need to wait for me to call on you to respond. In fact, I encourage you to respond directly to the comments other people make. If you don’t understand a question, please let me know. I am here to ask questions, listen and make sure everyone has a chance to share.
5. We are interested in hearing from each of you, so if we seem to be stuck on a topic, I may interrupt you. If I do, please don’t feel bad about it, it’s just my way of making sure we get through all of the questions and everyone has a chance to talk.
6. We will be tape recording this discussion, because we don’t want to miss any of your comments. None outside of this room will have access to these tapes. No names will be included in any reports. Your comments are confidential.
7. We are also requesting that you make sure that everyone must participate in discussion and feel free to speak openly and honestly.
Helping me is my associate ____________. He/she will be taking notes and be here to assist me.

Let’s begin. I want to find out some more about each of you, so let’s introduce ourselves and tell us your favourite food and sports/games. I’ll start.

[FGD Facilitator’s Note] Those are guiding question; sub question may arise during the discussion process worthy to consider by facilitator. FGD Facilitators must carry out follow up probing on questions if the responses seems at surface, this probing will help to get in-depth understanding of context

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<td>CONDITIONS OF THE COMMUNITY</td>
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1. How would you describe or compare current living conditions of common people in area as compare to six years back?

**Probe:**
- What were major problems/issues affecting people in your area six years back?
- Probe Issues related to Health, Education, WASH and CP, Child Labour and Child vulnerabilities as compare to six years back.
- How can you compare those problems/issues affecting women and children in specific now and six years back?
- Have these problems (health, education, WASH and CP) been resolved? If so, how have those issues resolved?

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<th>HUMAN RIGHTS, CIVIC RIGHTS AND CHILD RIGHTS</th>
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1. Please tell us, what do you know about rights of children like health, education and abuse of Child rights etc.?

**Probe:**
- Any incident of child right violation noted during last 2-3 years in your community?
- If yes, what kind of violation you noticed?
- What was the community reaction?
- What steps were taken by the community to address CP issues?

2. What do you know about various mechanisms available for the protection of child rights in the community and at district level?

**Probe:**
- Do you know any forum/ organization raising awareness on child rights?
- Do you know where to go to report a child rights violation? Can you please quote such incidence known to you?
- Are you aware of child protection/complaint unit in your district and its role? Do you ever submitted complaints to this office to resolve child rights abuse issue?
- Did you seek help from district law enforcing agencies especially police for child protection? If so does police help you in protection?
- If not, what prevented you from seeking help from police?

3. Do you feel any difference in your awareness of public services (health, education, WASH and CP) as compare to six years back?

**Probe:**
4. Are men and women treated equally in your community?

**Probe:**
- Do women have their inheritance or property rights?
- Are female involved in household decision-making?

### HEALTH SYSTEM & SERVICES

1. What types of health services are available in your area?

**Probe:**
- Do you and your children have easy access to government health services? Do you go to private health facilities, if so why?
- Are those government health facilities functional? Are those facilities sufficient to address health needs of children and women?
- Do you see any difference in quality of health services as compared to six years back?
- Do you allow women to utilize antenatal, deliveries at health facilities and postnatal care services? If not what are the reasons? [Please probe on the obstacles and reasons in details]

### WATER & SANITATION

1. What are various sources of clean drinking water in your area?

**Probe:**
- Where do you go to fetch clean drinking water?
- Have clean drinking water sources increased/improved in your village as compared to six years back?
- Are you aware whether water of your village is clean for drinking or not? If not clean for drinking, what had been done so far? If no action is taken by the community, what are reasons?
- Did you ever claim your civic rights from the government/state? e.g. clean drinking water, sanitation disposal?
- Has the WASH situation improved in your village as compared to six years back?
- Does community has any role to organize clean drinking water sources and sanitation?
- Did you ever submitted complaints to appropriate government authorities regarding your civic rights? If yes; what was government’s response?

2. Do you have latrines in your households? If not, where do you go for this purpose?

**Probe:**
- Does open defecation is still common practice in the area? If yes, what are the reasons that people open defecate?
- Was open defecation practices common six years back in this area?
- Why people don’t construct their toilets?
- What are dangers associated with open defecation or open sanitary waste to the local community?
3. How do you dispose your household waste (solid and liquid)?
   - Open in the drains or underground disposal!
   - Has there been any improvement seen in household waste disposal as compared to six years back

**EDUCATION FACILITIES**

1. What types of government education facilities are available in your area?

   **Probe:**
   - Are those government schools functioning well? Do community members satisfied with the available education facilities? If no, what are the reasons that these facilities are not performing well?
   - Does community prefer education for children (girls in particular)? If yes, what are motivating factors? If no why they don’t encourage education for their children (girls in particular)? Are there any societal barriers related to this? What are factors behind those barriers?
   - Is there any protection issues related to girls’ access to education? If yes, what are those and what are reasons? Why those behaviours exist in community?

2. Did you see any improvement in government schools/education facilities as compared to six years back?

   **Probe:**
   - If so, what are those specific improvements in schools?
   - Are you satisfied with government schools?

**ECONOMIC CONDITION & OPPORTUNITIES**

1. What are your main sources of income generation or livelihood activities in this area?

   **Probe:**
   - Is there any technical, vocational training institute in your area? How many boys and girls got skill training from TVET in last year?

2. Are you aware of community-based social funds to support you for small business or livelihood opportunities? If yes, how do you get benefit from them? If no why not?

   **Probe:**
   - Do women have access to community-based social funds or employment opportunities? Please explain.
   - What are the problems/hurdles in using this fund? Please share some incidence known to you.
   - What are other economic support activities in place? Ask for conditional cash transfer for enrolment of out of school children.
3. Does child labour exist in the area? If so:

**Probe:**
- What are major reasons for child labour? What are the common types of child labour?
- Is there any reduction or increase in child labour as compared to six years back?
- Do you allow your school-going children to work for financial contribution in household income?
- Do you allow or force your child for household chores like fetching water, wood, grazing livestock etc.?
- Does the working child also go to school? If not why?

**PROTECTION**

1. What are major protection issues faced by vulnerable children or alternatively this question can be asked as what potential risks exist for the child at their workplaces and in schools of community?

**Probe:**
- If yes, how do you know these are potential risks? What are reasons behind these issues/risks?

2. At what age children get married (Girl & Boy)? Is child marriage common in your area? If yes why this happen?

**Probe:**
- What are the causes and reasons behind early marriages?

3. Is there any effective communal/institutional mechanism to ensure protection exists?

**Summary of FGD**

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**Acknowledgements**

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8. Is men and women are treated equally in your community?

**Probe:**
- Do women have their inheritance or property rights?
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### HEALTH SYSTEM & SERVICES

2. What types of health services are available in your area?

**Probe:**
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**EDUCATION FACILITIES**

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**ECONOMIC CONDITION & OPPORTUNITIES**

4. What are your main sources of income generation or livelihood activities in this area?

**Probe:**
- Is there any technical, vocational training institute in your area? How many boys and girls got skill training from TVET in last year?

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**Probe:**
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- What are the problems/hurdles in using this fund? Please share some incidence known to you.......
- What are other economic support activities in place? Ask for conditional cash transfer for enrolment of out of school children .........

6. Does child labour exist in the area? If so:

**Probe:**
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**Probe:**
- If yes, how do you know these are potential risks? What are reasons behind these issues/risks?

5. At what age children get married (Girl & Boy)? Is child marriage common in your area? If yes why this happen?

**Probe:**
- What are the causes and reasons behind early marriages?

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**Summary of FGD**

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Semi-Structured Questionnaire
Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services

GUIDING QUESTIONS for IN-DEPTH INTERVIEW
Secretary/Director general/ Provincial Coordinator Social Welfare Department
(PUNJAB, Sindh and Baluchistan)

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Name of Key Informant | Designation
IDI Facilitator’s Name: | Signature:
Name of Note Taker | Signature:

Expected Time Frame: Around 30 Minutes including opening and closing

Objectives of KII:
1. To explore the role and operation of District Child Protection Services? (Outcome 6)
2. To explore CPU’s relevance, effectiveness and sustainability

Instructions for the Interviewer:
Before the interview:
Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.

Introduction:
I am------------------------------------- , a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 90 minutes and we are grateful for your time.

As independent evaluators, we will maintain confidentiality of the data and anonymity of individuals during the course of data collection to the extent possible. Please rest assured that we will ask / consult you before citing or disclosing your identity.

At the time of interview:
- Introduce yourself and clearly explain him/her the objective of the Study and the reason for doing the interview.
- Explain to the respondent about how and why he/she was selected for the interview.
- Also, request the respondent to allow you enough time for conducting the interview highlighting the importance of the views expressed by the concerned person.
- Ask the questions one by one and note down the replies clearly.
- Discourage prompting by other people in the room if their presence there is unavoidable. In advance a separate suitable location in the said office should be preferred before starting the interview.
- If the respondent seems not to clearly understand the question, explain him/her further but avoid putting any leading question that suggests answer in itself.
- Facilitate discussion, if any, to remain within the context of the interview.
- If you are not clear about the answer provided to you, request the respondent to repeat his/her views on that particular question.
Before ending the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

After the interview:
- Organize the answers according to the questions.
- Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.
- Prepare a summary of the interview session with each respondent.
- Request and collect the documents/any support material that referred by the concerned person.

[IDI Facilitator’s Note] Those are guiding questions; sub question may arise during the interview process worthy to consider by facilitator. IDI Facilitators must carry out follow up probing on questions if the responses seem at surface, this probing will help to get in-depth understanding of context

RELEVANCE, EFFECTIVENESS AND SUSTAINABILITY

GUIDING QUESTIONS

1. How would you describe overall child rights situation in the province?
   - Probe
     - What are child rights protection issues and mechanisms in place at the provincial and district level?
     - If yes, from how long these mechanisms are in place?
     - Are these mechanisms effective?
     - How does child abuse complaints are resolved by relevant office?

2. Is child labour common? If so, what are the reasons?
   - Probe
     - Types of child labour?
     - What are the common reasons for child labour?
     - How the situation changed in the province in the last 6 years?
     - What are various child labour protection mechanisms in place?
     - From how long these child labour protection mechanisms are in place?
     - What changes or new mechanisms adopted in the last 6 years?

3. How effective are those protections mechanisms?
   - Probe
     - What means of facilitation exists for victims of child abuse to access such mechanisms in case of any incident?
     - What are the difficulties for them?
     - What are those laws and legislative support to protect them?
     - What are gaps in implementation of those laws?

4. Please tell us how has Child Rights (CRCFA) project of UNICEF supported your office?
Probe
• What kind of support/facilitation provided? Any example?
• To what extent UNICEF support/facilitation is useful? Example?
• Are you aware of any other project/programme other than UNICEF in your district supporting child rights?

5. Please tell us in detail about child abuse complaints are currently addressed by SWD?

6. How CPU can be made more effective and efficient to address the child abuses?
   Probe
   • How would be specific CPU staff supported?
   • Ask about technical and budgetary support.

Summary of Interview:

Acknowledgement: Thank you for your time and information. This information will help UNICEF to improve project planning in future.

-ENDS-

Semi-Structured Questionnaire
Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services
GUIDING QUESTIONS for IN-DEPTH INTERVIEW
DISTRICT CHILD PROTECTION UNIT (SINDH and BALUCHISTAN)

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Expected Time Frame: Around 30 Minutes including opening and closing

Objectives of KII:
3. To explore the role and operation of District Child Protection Unit? (Outcome 6)
4. To explore CPU’s relevance, effectiveness and sustainability

Instructions for the Interviewer:
Before the interview:
Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.

Introduction:
I am----------------------------- , a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 30 minutes and we are grateful for your time.

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After the interview:
- Organize the answers according to the questions.
- Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.
- Prepare a summary of the interview session with each respondent.
- Request and collect the documents/any support material that referred by the concerned person.

[IDF Facilitator’s Note] Those are guiding question; sub question may arise during the interview process worthy to consider by facilitator. IDI Facilitators must carry out follow up probing on questions if the responses seems at surface, this probing will help to get in-depth understanding of context

<table>
<thead>
<tr>
<th>RELEVANCE, EFFECTIVENESS AND SUSTAINABILITY</th>
<th>GUIDING QUESTIONS</th>
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</thead>
<tbody>
<tr>
<td>7. How would you describe overall child rights situation of the district?</td>
<td></td>
</tr>
<tr>
<td><strong>Probe</strong></td>
<td>What child protection mechanisms are in place in the community and at district level?</td>
</tr>
</tbody>
</table>
8. Is child labour common in this district? If so, what are the reasons?

**Probe**
- Types of child labour?
- What are the common reasons for child labour?
- How the situation changed in the province in the last 6 years?
- What are various child labour protection mechanisms in place in the district?
- From how long these child labour protection mechanisms are in place?
- What changes or new mechanisms adopted in the last 6 years?

9. How effective are those protection mechanisms?

**Probe**
- What means of facilitation exists for victims of child rights abuse to access such mechanisms in case of any incident?
- What are the difficulties for them?
- What are those laws and legislative support to protect them?
- What are gaps in implementation of those laws?

10. Please tell us how Child Rights (CRCFA) project of UNICEF supported CPU for effective implementation?

**Probe**
- What kind of support provided? e.g. training, computer or else?
- Do you share your data with UNICEF and its IP working on project?
- Are you aware of any other project/programme other than UNICEF in your district supporting child rights?

11. Please tell us in detail about any child rights violation complaint resolved by CPU?

12. How CPU can be made more effective and sustained?

**Probe**
- What should be done at the level of Government?
- What kind of support or assistance required from non-government stakeholders?

**Summary of Interview:**

**Acknowledgement:** Thank you for your time and information. This information will help UNICEF to improve project planning in future.

- ENDS-
Semi-Structured Questionnaire  
Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services

GUIDING QUESTIONS for IN-DEPTH INTERVIEW

CHIEF EXECUTIVE OFFICER OR EXECUTIVE DISTRICT OFFICER (HEALTH)

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<td>Time:</td>
<td>Location:</td>
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<tr>
<td>Name of Key Informant</td>
<td>Designation</td>
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</table>

IDI Facilitator’s Name: Signature: 
Name of Note Taker: Signature: 
Expected Time Frame: Around 40 Minutes including opening and closing

Objectives of KII:

5. To determine the contribution of project interventions in terms of service delivery and utilization of MNCH services by the communities *(Outcome 5)*

6. To understand the factors (social contexts, perceptions, socio-cultural barriers and obstacles, challenges, etc.) that impacted access and uptake of health services in the target communities *(Outcome 7)*

7. To explore the potential for sustaining the positive impact of the UNICEF project and for replication of successful elements.

Instructions for the Interviewer:

Before the interview:

Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.

Introduction:

I am-------------------------------------------------, a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 40 minutes and we are grateful for your time.

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At the time of interview:

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- Explain to the respondent about how and why he/she was selected for the interview.
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• If you are not clear about the answer provided to you, request the respondent to repeat his/her views on that particular question.

• Before ending the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

After the interview:

• Organize the answers according to the questions.

• Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.

• Prepare a summary of the interview session with each respondent.

• Request and collect the documents/any support material that referred by the concerned person.

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### RELEVANCE AND EFFECTIVENESS

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</thead>
<tbody>
<tr>
<td>1. How will you describe overall health related scenario of district? With specific to primary health care of children and women?</td>
</tr>
</tbody>
</table>

**Probe for targeted health facilities**

- EPI coverage—fully immunized (11-23 months) children
- Antenatal coverage
- Institutional deliveries
- Postnatal coverage
- Tetanus (TT) coverage
- Under 5 years children health services utilization

| 2. What are key PHC services available in the project targeted UCs? |

**Probe:**

- Availability of staff or filled sanctioned positions
- Availability of Essential functional equipment
- Availability of Essential drugs

| 3. Are those health facilities sufficient to address health needs of vulnerable groups particularly children and women? |

**Probe:**

- If not sufficient, what are reasons where district health department is not able to provide health services? What are major challenges/constraints?

| 4. What are the major barriers (perceptions, socio-cultural, and financial challenges etc.) to access health services especially for women and children? |

**Probe:**

- Distance to health facilities
- Financial barriers
- Socio-cultural
5. In your opinion, what is the Usefulness and effectiveness of training provided by project to CMWs, LHWs and other relevant staff?

**Probe:**
- HBB to CMWs
- Essential Newborn Training for CMWs and health facility staff
- Training on Women Support Groups for CMWs and LHWs
- Implementation of RED (Reach Every District for Immunization) Strategy

6. In your opinion, how would be project interventions sustainable or replicable to other districts of province?

**Probe:**
- Issues related to sustainability
- Issues related to replicability

7. What are project/programme other than UNICEF in your district supporting/strengthening MNCH and routine PHC services?

Acknowledgement: Thank you for your time and information. This information will help UNICEF to improve project planning in future.

-ENDS-
Semi-Structured Questionnaire
Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services

GUIDING QUESTIONS for IN-DEPTH INTERVIEW
CHIEF EXECUTIVE OFFICER OR EXECUTIVE DISTRICT OFFICER (EDUCATION)

Date: 
Time: 
Name of Key Informant 
Designation 
IDI Facilitator’s Name: 
Signature: 
Name of Note Taker 
Signature: 
Expected Time Frame: Around 40 Minutes including opening and closing

Objectives of KII:
8. To determine the contribution of project interventions in terms of increased primary school enrolment and primary school graduation by the children in target UCs (Outcome 2)
9. To understand the factors (social contexts, perceptions, socio-cultural barriers and obstacles, challenges, etc.) that impacted access to education by OOSC in the target communities (Outcome 7)
10. To explore the potential for sustaining the positive impact of the UNICEF project and for replication of successful elements.

Instructions for the Interviewer:

Before the interview:
Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.

Introduction:
I am--------------------------- , a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 40 minutes and we are grateful for your time.

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At the time of interview:
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• Before ending the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

**After the interview:**

• Organize the answers according to the questions.

• Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.

• Prepare a summary of the interview session with each respondent.

• Request and collect the documents/any support material that referred by the concerned person.

---

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### RELEVANCE, EFFECTIVENESS AND SUSTAINABILITY

#### GUIDING QUESTIONS

1. How you will describe overall education related scenario of district? With specific focus on primary, middle and secondary education?

   **Probe for targeted sampled primary schools**
   
   • Primary school enrolment of girls
   • Primary school retention by children especially girls
   • Primary school graduation by children
   • OOSC enrolment
   • Role of Conditional Cash Transfers for OOSC

2. What other major programmes in literacy (including NFE etc.) both from Govt/NGOs?

3. What are key primary school education services available in the project targeted UCs?

   **Probe:**
   
   • Availability of staff or filled sanctioned positions
   • Availability of Essential furniture and missing facilities (playground, toilets etc.)

4. What are major issues and Barriers (Social and Institutional) in Low literacy rate among children (Boys and Girls) in district?

5. Are those primary schools sufficient to address education needs of vulnerable groups particularly girls?

   **Probe:**
   
   • If not sufficient, what are reasons where district education department is not able to provide education services? What are major challenges/constraints?

6. What are the major barriers (perceptions, socio-cultural, and financial challenges etc.) to access to primary education services especially for girls?
7. In your opinion, what is the usefulness and effectiveness of training provided by project to teachers and other relevant staff?

**Probe:**
- Distance to schools
- Financial barriers
- Socio-cultural

8. In your opinion, how would be project interventions sustainable or replicable to other districts of province?

**Probe:**
- Issues related to sustainability
- Issues related to replicability

9. Are there any projects/programmes other than UNICEF in your district supporting/strengthening education services?

**Probe:**
- If yes, please ask since how long these projects/programmes are in place?
- Did these projects support enrolment of OOSC as well? If so how?

**Acknowledgement:** Thank you for your time and information. This information will help UNICEF to improve project planning in future.

-ENDS-
Semi-Structured Questionnaire
Evaluation of CRCFA: Child Rights & Protection, Civic Rights, & Access to Public Services

GUIDING QUESTIONS for IN-DEPTH INTERVIEW
NRSP, RSPN, Plan International, SRSO (Sukkur), BBSYDP

IMPLEMENTING PARTNERS (IPs)

Date: Day:
Time: Location:
Name of Key Informant Designation
Duration of association with the organization Role of the IP in the project
IDI Facilitator’s Name: Signature:
Name of Note Taker Signature:
Expected Time Frame: Around 90-100 Minutes including opening and closing

Objectives of KII:
11. To determine the relevance and contribution of project interventions for increased uptake of public social services (Health, Economic Opportunities, Education, WASH and CP) in terms of access and utilization. (Outcomes 1, 2, 3, 4, 5 and 6)
12. To understand the factors (social contexts, perceptions, socio-cultural barriers and obstacles, challenges, etc.) that impacted access to health, education, WASH and economic opportunities by the target communities. (Outcome 7)
13. To learn issues, gaps and challenges hampering effective implementation of project interventions.
14. To explore the potential for sustaining the positive impact of the UNICEF project and for replication of successful elements.

Instructions for the Interviewer:
Before the interview:
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After the interview:

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GUIDING QUESTIONS

RELEVANCE

1. What is your understanding of the UNICEF’s IKEA project?

Probe:
- Were the project design, priorities and activities well-conceived and relevant to the needs of the community in your area of work?

2. As you look back, do you think that the activities designed responded well to the priorities/needs assessed at the beginning of the project? Please share few examples/evidences.

Probe:
- Did all activates agreed with UNICEF-IKEA were relevant to the project objectives? Which activity was most effective? Name the activity that doesn’t work so well and why?
- What were the criteria used in the selection of the UCs village, household and family? Can you share the rationale for it?
- Was the project ‘Result Chain’ relevant to the community needs?
1. Please tell us about implementation approach of your organization at district/UC/ village level?
   **Probe:**
   - Was during the implementation at any point, any modifications / adaptations done to address specific needs or requirements?

2. Was any government department, at any point involved in the implementation of project activities?
   **Probe:**
   - How and what were the modalities?
   - Did you consider local traditions/customs, while executing project activities? What were those considerations?
   - Did the project have to align its approach and activities to the specific needs/priorities of any religious/ethnic minority in that area?
   - At any point, were the local community members given opportunities to participate in delivering project activities?

3. How do you think the project has so far contributed to help children and their families to access basic services?
   a) Health,  
   b) Education,  
   c) WASH and;

4. How did project improved access to health/ education/ WASH / Child protection services?
   **Probe:**
   - What specific interventions were implemented for increased utilization of MNCH and EPI services?
   - What specific interventions were implemented for increased enrolment of children in schools especially OOSC and girls?
   - What specific interventions were implemented to improve the clean drinking water, sanitation and hygiene of the children?
   - What specific interventions were implemented for Strengthening the Child Protection services?

5. How did project directly or indirectly improve the behaviour change with regards to child rights?
   **Probe:**
   - What specific interventions were implemented to increase the awareness of the parents about child labour?
   - What specific interventions were implemented to increase the awareness of parents on WASH/ Immunization/ girls education?
   - What specific interventions were implemented to increase the awareness of children on personal hygiene?

6. How effective was UNICEF’s oversight and management in the implementation of the project? Can you share examples of UNICEF’s effective contribution?
7. Can you please list three (3) aspects of your project that you think worked very well? Please share examples or any evidence?

**Probe:**
- Can you list three (3) aspects of your project that you think did not work well? What do you think are the possible reason(s)?

8. What were the key issues, bottlenecks and obstacles faced by you for coordination and working with other stakeholders?

**Probe:**
- What lessons were learnt while working with different stakeholders?

9. Are there any best practices from any project component that are unique for a particular community, village, district and/or provincial level?

10. Would you like to approach and do things differently in terms of the below listed areas?
   
   a. Coordination with government department, UNICEF and other project partners?
   b. Monitoring and data management
   c. Role clarity and Responsibility
   d. Reporting
   e. How would you rate overall partnership management in this project?
   f. Are there in your assessment, internal or external factors that you feel have contributed positively/negatively in the implementation of this project?

11. How child education, health and child protection issues integrated into the project?

**Probe:**
- Could it have been done better to improve children education? If yes, how?
- Could it have been done better to improve children health (immunization)? If yes, how?
- Could it have been done better to improve child protection services? If Yes, how?

12. Are you aware of the Project MTE exercise? If yes;

**Probe:**
- Did MTE result were shared with your organization?
- Did project design changed afterward?
- If design was changed, was new result chain or design more effective than previous one?

13. Please share your comments on the effectiveness of budget allocation and utilization?
14. Do you think, there could be an alternate approach of the whole project or within specific component for greater realization of a child’s protection right?

### EFFICIENCY

1. How will you define and elaborate on the notion of efficiency in this project?

2. What would you like to say about the following with reference to Efficiency?
   **Probe:**
   a) Programme duration/timeline/flexibility in achieving the desired outcome/s?
   b) Internal and External environmental factors affecting efficiency of this project?

3. Was there regular input to improve the efficiency from the technical teams based in Islamabad and in the province?

4. In your opinion, was the budget efficiently allocated for the activities, given the expectations?

5. Do you know of any budgetary realignment undertaken thus far in the project to make the implementation efficient and effective?
   **Probe:**
   • Could this project be made more efficient? How?

### SUSTAINABILITY AND REPLICABILITY

1. Did you prepare exit strategy and sustaining plan? If yes, please share how the project activities will sustain beyond the project life?
   **Probe:**
   • Please share any evidence of sustainability or leading towards sustainability.

2. Based on your experience with this project, what activities do you think are replicable in other areas? And which one do you think can be sustained for a longer period.

3. Are there any unintended negative effects of the project?

### HUMAN RIGHTS

1. How are gender, equity and rights approach used in the implementation of the project?
**UNICEF – LRPS-2017-9134791**

**Probe:**
- In the selection of the beneficiaries?
- In planning of the activities and the budget allocation?

2. Were needs of the various ethnic and religious communities considered as priority in the planning of project implementation?

3. Were the families having children with disabilities considered being included in the beneficiaries on priority? If yes, how? If not, why?

4. How was gender segregated information collected from the project in response to the results framework?

**Probe:**
- How was this information utilized to make interventions effective and efficient?
- How the district government used this information to improve annual development plans?

## FINANCIAL MANAGEMENT AND ACCOUNTABILITY

1. How was the flow of funds managed in this project?

2. How does the disbursement work especially in conditional cash transfers and community social funds?

3. What were the standards and mechanism to detect fraud and embezzlement during disbursement of CCT and Social funds?

**Probe:**
- Were there any incidences of fraud or embezzlement or mismanagement reported?

4. Was there a mechanism for financial accountability used by UNICEF for any fund transfer/disbursements made to project IPs?

**Acknowledgement:** Thank you for your time and information. This information will help UNICEF to improve project planning in future.

- ENDS -
**Semi-Structured Questionnaire**

**Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services**

**GUIDING QUESTIONS for IN-DEPTH INTERVIEW**

**DISTRICT BAT UL MAL**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Time:</td>
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</tbody>
</table>

**Name of Key Informant**

**Designation**

**IDI Facilitator’s Name:**

**Signature:**

**Name of Note Taker**

**Signature:**

| Expected Time Frame: Around 40 Minutes including opening and closing |

**Objectives of KII:**

15. To explore the role and operation of District Bat ul Mal on Conditional Cash Transfer in project districts? *(Outcome 1)*

16. To explore CCT’s relevance, effectiveness and sustainability

**Instructions for the Interviewer:**

**Before the interview:**

Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.

**Introduction:**

I am __________________________, a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 40 minutes and we are grateful for your time.

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**At the time of interview:**

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RELEVANCE, EFFECTIVENESS AND SUSTAINABILITY

GUIDING QUESTIONS

13. What is role of District Bat ul Mal in terms of child rights protection in the project district?
   **Probe**
   - What are child rights and vulnerability issues and protection mechanisms in place in the community level and district?
   - From how long these mechanisms are in place? (Ask for each mechanisms, when it was started and how?)
   - Are these mechanisms effective?
   - How does Bat ul Mal help or facilitate education right of OOSC of poor families?

14. Please tell us the role of conditional cash transfers support for OOSC to get enrolled in schools?
   **Probe**
   - How did you identify potential beneficiary?
   - What is the mechanism in place for conditional cash transfers? Eligibility criteria, approval criteria and verification criteria?
   - How did the CCT helped in enhancing the child protection issue in the project communities?
   - How do you provide follow up on appropriate use of CCT?
   - What is your monitoring mechanism in place?

15. Are selection criteria for beneficiaries effective?
   **Probe**
   - What is the use of CCT by the family?
   - What are the difficulties for them to get CCT?
   - In your opinion, does CCT are effective to help enrol OOSC back to school?
   - What are gaps in effective implementation of CCT?

16. Please tell us how UNICEF supported Bat ul Mal for effective implementation of CCT intervention?
   **Probe**
   - What kind of support provided? e.g. training, computer or else
   - Do you maintain beneficiary’s data and share your data with UNICEF and its IP working on project?

17. How do you see sustainability of CCT intervention beyond the project?
   **Probe**
   - How would be staff supported?
   - Ask about budgetary support.

Summary of Interview:

Acknowledgement: Thank you for your time and information. This information will help UNICEF to improve project planning in future.

-ENDS-
DATE: Day: Time: Location: 
Name of Key Informant: Designation: 
Duration of association with the organization: Role of the IP in the project: 
IDI Facilitator’s Name: Signature: 
Name of Note Taker: Signature: 
Expected Time Frame: Around 90-100 Minutes including opening and closing 

Objectives of KII: 
17. To determine the relevance and contribution of project interventions for increased uptake of public social services (Health, Economic Opportunities, Education, WASH and CP) in terms of access and utilization. (Outcomes 1, 2, 3, 4, 5 and 6) 
18. To understand the factors (social contexts, perceptions, socio-cultural barriers and obstacles, challenges, etc.) that impacted access to health, education, WASH and economic opportunities by the target communities. (Outcome 7) 
19. To learn issues, gaps and challenges hampering effective implementation of project interventions. 
20. To explore the effectiveness of project design especially result chain 
21. To explore the potential for sustaining the positive impact of the UNICEF project and for replication of successful elements. 

Instructions for the Interviewer: 

Before the interview: 
Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her. 

Introduction: 
I am_________________________ , a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 90 minutes and we are grateful for your time. 

As independent evaluators, we will maintain confidentiality of the data and anonymity of individuals during the course of data collection to the extent possible. Please rest assured that we will ask / consult you before citing or disclosing your identity. 

At the time of interview: 
• Introduce yourself and clearly explain him/her the objective of the Study and the reason for doing the interview. 
• Explain to the respondent about how and why he/she was selected for the interview. 
• Also, request the respondent to allow you enough time for conducting the interview highlighting the importance of the views expressed by the concerned person. 
• Ask the questions one by one and note down the replies clearly.
• Discourage prompting by other people in the room if their presence there is unavoidable. In advance a separate suitable location in the said office should be preferred before starting the interview.
• If the respondent seems not to clearly understand the question, explain him/her further but avoid putting any leading probe/question that suggests answer in itself.
• Facilitate discussion, if any, to remain within the context of the interview.
• If you are not clear about the answer provided to you, request the respondent to repeat his/her views on that particular question.
• Before conclusion of the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

After the interview:
• Organize the answers according to the questions.
• Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.
• Prepare a summary of the interview session with each respondent.
• Request and collect the documents/any support material that referred by the concerned person.

[ID1 Facilitator's Note] Those are guiding question; sub question may arise during the interview process worthy to consider by facilitator. IDI Facilitators must carry out follow up probing on questions if the responses seems at surface, this proving will help to get in-depth understanding of context

GUIDING QUESTIONS

RELEVANCE

1) Can you briefly share your thoughts about this project, especially your expectations and engagement and how you continue to steer this project?

2) Would it be fair to say that all the stakeholders were involved in the re-setting of the project activities/priorities based on the MTE recommendation? If so, then:

Probe:
• Were these set in the context of the community or specifically to increase the access to the marginalized and vulnerable sections of the community (beneficiaries as suggested in the documents)?
• Was the new process / new criteria adopted to identify marginalized and vulnerable communities including, Persons with Disability (PWD), ethnic and religious minorities?

3) Do you know if any specific input was sought, and provided by, the relevant government department(s) in re-setting priorities for this project?
Probe:
• Can you please share those priorities highlighted by them?
To what extent MTE recommendation changed the implementation of the project and how?
What new considerations were made in the selection of implementation partners?

4) What was the role envisaged for the government at provincial and district level at the start of the project?
   **Probe:**
   - Is the role of the government department remained consistent throughout the project life? If no how the role was changed?
   - Please identify the area in which role were changed? Is that change worked well? If yes how? If not how?

5) Please share your thoughts on how you see this project brought improvement in the wellbeing (survival, development, protection and participation) of children.

6) To what extent the project complement that work on child rights related to education, health and child protection undertaken by other actors at project districts?

**EFFECTIVENESS**

What are your thoughts on project result chain?
   **Probe:**
   - Overall project design, contribution of activities to outputs and finally to outcomes
   - Why did UNICEF opted to revise/refine its logframe/RF after MTE

1. Please tell us about this project’s overall post-MTE implementation approach?
   **Probe:**
   - What are the key differences in pre and post-MTE implementation approach?

2. How the project core components i.e. Child Protection, Education, Health and WASH activities were integrated in the project implementation?
   **Probe:**
   - Were there any concerns with regard to working and coordinating across thematic areas in the initial plan?
   - Did modified implementation approach (after MTE) help in improving the situation? If yes, How? Give an example.

3. What is your opinion on the adapted implementation approach after the MTE period?
Probe:
- Did modified approach made significant improvement in relation or connection between project components in achieving outputs and outcomes?

4. Is advocacy approach integrated within different components of project implementation?
Probe:
- If yes how?
- If not why?

5. To what extent has the UNICEF management of this project contributed towards achievements of outputs and outcomes, overall and specifically?
Probe:
- What worked especially well in terms of UNICEF’s management and oversight?
- Please identify minimum of two (2) areas of improvement in management and oversight of this project?
- Can you list three (3) aspects of the project that you think worked very well? If yes, give evidence?

6. Can you list three (3) aspects of the project that you think did not work well? What do you think are the possible reason(s)?

7. Do you think lesson learnt from this project can be applied to another project and how?

8. Are there any best practices from any project components that are unique at the community, village, district and/or provincial level? Please give examples.

9. Would you like to approach and do things differently in terms of the below listed areas?
   a. Coordination
   b. Monitoring and Accountability
   c. Role clarity and Responsibility
   d. Working with government departments
   e. Reporting
   f. How would you rate overall partnership management in this project?
      - With public sector?
      - With IPs and CSO?
   g. What lessons were learnt while working with different stakeholders?
10. What do you think the project has so far contributed to help children and their families to access basic services? Please specifically ask about project component

   a) Health,
   b) Education,
   c) WASH and;
   d) Child Protection

11. Are there, in your assessment, internal or external factors that you feel have contributed positively towards the implementation of this project?

   Probe:
   • To what extent has the achievement of the changes/outcomes been influenced negatively by external context and other factors?

12. To what degree have project outcomes been achieved? Were there any unexpected outcomes?

   Probe:
   Have there been changes to policies, practice and attitudes of decision and policymakers to benefit the project’s target groups?

13. Any comment on effective allocation and utilization of budget with activities?

---

**EFFICIENCY**

1. How will you define and elaborate on the notion of efficiency in this project?

2. How would you like to say about the following with reference to Efficiency?

   • Project duration,
   • Timeline
   • Flexibility and
   • Internal and external environmental factors affecting efficiency

3. Was there regular input provided to improve the efficiency from the thematic technical team based in Islamabad?

4. In your opinion was the budget efficiently allocated for the activities, given the expectations?
5. Were there any constraining factors at any level while using the allocated resources for project implementation, thus impacting the efficiency?

6. How would you determine the ‘cost to benefit ratio’ for a project like this? Was such an analysis undertaken for any activity?

7. Could this project be made more efficient? If yes then how?
   **Probe:**
   - Were there any other ways in which project might deliver the change?

---

**SUSTAINABILITY AND REPLICABILITY**

1. Any thoughts on how project strategies can be sustained?

   **Probe:**
   - What would be role of government?
   - What would be role of Civil Society?
   - What would be role of communities?

2. Did you prepare exit strategy and sustaining plan? If yes, please share how the project activities will sustain beyond the project life?

   **Probe:**
   - Please share any evidence of sustainability or leading towards sustainability.

3. What has been done purposely towards sustaining project benefits to the beneficiaries?

4. Based on your experience with this project, which activities do you think can be sustained beyond the project life?

   **Probe:**
   - What activities do you think are replicable in other areas?
   - And which one do you think can be sustained for a longer period.

5. Please share, has any law, reforms framework or policy drafted on Child Protection or child rights by this project?

---

**HUMAN RIGHTS**

1. To what extent gender, equity and rights approach taken into account in the design of the project?
**Probe:**
- In the selection of the beneficiaries?
- In the selection of the target areas?
- In planning of the activities and the budget allocation?

2. What were the consideration(s) in responding to gender and equity issues for men and women, boys and girls?

**Probe:**
- Were the families having r persons with disabilities considered to be included in the beneficiaries? If yes, how? If not, why?

3. Were needs of the various ethnic and religious communities considered as part of the priority settings?

4. How was gender segregated information collected from the project in response to the results framework?

**Probe:**
- How was this information utilized to make interventions effective and efficient?

---

**FINANCIAL MANAGEMENT AND ACCOUNTABILITY**

1. How was the flow of funds managed in this project?

**Probe:**
- How does the disbursement work?

2. What were the financial risks?

**Probe:**
- Did you develop any risks mitigation plan?

3. What were the standards and mechanism to detect fraud and embezzlement during disbursement of CCT and Social funds?

**Probe:**
- Were there any incidences of fraud or embezzlement or mismanagement reported?
- Is there a mechanism for financial accountability used by UNICEF for managing / monitoring any disbursements made to government departments IPs?

---

**Acknowledgement:** Thank you for your time and information. This information will help UNICEF to improve project planning in future.

-ENDS-
Semi-Structured Questionnaire
Evaluation of CRCFA: Child Rights & Protection, Civic Rights, & Access to Public Services

GUIDING QUESTIONS for IN-DEPTH INTERVIEW
National and Provincial CRCFA Project Coordinators

NATIONAL AND PROVINCIAL CRCFA COORDINATORS

Date: ___________________________ Day: __________
Time: ___________________________ Location: __________
Name of Key Informant: ___________ Designation: ___________
Duration of association with the organization: ___________
Role of the IP in the project: ___________
IDI Facilitator’s Name: ___________ Signature: ___________
Name of Note Taker: ___________ Signature: ___________

Expected Time Frame: Around 90-100 Minutes including opening and closing

Objectives of KII:
22. To determine the relevance and contribution of project interventions for increased uptake of public social services (Health, Economic Opportunities, Education, WASH and CP) in terms of access and utilization. (Outcomes 1, 2, 3, 4, 5 and 6)
23. To understand the factors (social contexts, perceptions, socio-cultural barriers and obstacles, challenges, etc.) that impacted access to health, education, WASH and economic opportunities by the target communities. (Outcome 7)
24. To learn issues, gaps and challenges hampering effective implementation of project interventions
25. To explore the potential for sustaining the positive impact of the UNICEF project and for replication of successful elements.

Instructions for the Interviewer:
Before the interview:

Make an appointment with the concerned focal person through UNICEF or Implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.

Introduction:
I am____________________________________ , a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 90 minutes and we are grateful for your time.

As independent evaluators, we will maintain confidentiality of the data and anonymity of individuals during the course of data collection to the extent possible. Please rest assured that we will ask / consult you before citing or disclosing your identity.

At the time of interview:
• Introduce yourself and clearly explain him/her the objective of the Study and the reason for doing the interview.
• Explain to the respondent about how and why he/she was selected for the interview.
• Also, request the respondent to allow you enough time for conducting the interview highlighting the importance of the views expressed by the concerned person.
• Ask the questions one by one and note down the replies clearly.
• Discourage prompting by other people in the room if their presence there is unavoidable. In advance a separate suitable location in the said office should be preferred before starting the interview.
• If the respondent seems not to clearly understand the question, explain him/her further but avoid putting any leading probe/question that suggests answer in itself.
• Facilitate discussion, if any, to remain within the context of the interview.
• If you are not clear about the answer provided to you, request the respondent to repeat his/her views on that particular question.
• Before conclusion of the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

After the interview:
• Organize the answers according to the questions.
• Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.
• Prepare a summary of the interview session with each respondent.
• Request and collect the documents/any support material that referred by the concerned person.

[IDI Facilitator's Note] Those are guiding question; sub question may arise during the interview process worthy to consider by facilitator. IDI Facilitators must carry out follow up probing on questions if the responses seems at surface, this proving will help to get in-depth understanding of context

GUIDING QUESTIONS

RELEVANCE

1) Can you briefly share your thoughts about this project, especially your expectations with this project, your engagement and overall operationalization of this project?

Probe:
• Would it be fair to say that all the stakeholders were involved in the setting the priorities at the start and after MTE recommendation?

2) Do you know if any specific input was sought, and provided by, the relevant government department(s) in setting priorities at the start or at any time during the project life?

Probe:
• What considerations were made in the short listing of implementation partners?

3) What was the role envisaged for the government at provincial and district level at the start of the project?

4) Please share your thoughts on how you see this project ensured and improved the wellbeing (survival, development and protection) of children it seeks to serve?
<table>
<thead>
<tr>
<th>EFFECTIVENESS</th>
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<tbody>
<tr>
<td>1) What is your impression on the effectiveness of the overall implementation approach?</td>
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<tr>
<td>2) How would you assess the working of technical and operational teams on this project?</td>
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<tr>
<td>3) Can you list three (3) aspects of the project that you think worked very well?</td>
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<tr>
<td>• Was it effective? Were the outcomes beyond project expectations?</td>
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<td>• Can you share examples as evidence of it?</td>
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<tr>
<td>4) Can you list three (3) aspects of the project that you think did not work well?</td>
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<tr>
<td><strong>Probe:</strong></td>
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<td>• What do you think were the reason(s)?</td>
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<tr>
<td>5) Were there any common lessons from across all project components?</td>
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<tr>
<td>6) Would you like to approach and do things differently in terms of the below listed areas?</td>
</tr>
<tr>
<td>• Coordination with stakeholders</td>
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<tr>
<td>• Monitoring and Accountability</td>
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<tr>
<td>• Working with government departments</td>
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<tr>
<td>• Capacity-building of the government departments</td>
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<tr>
<td>• Reporting</td>
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<tr>
<td>7) How would you rate partnership management in this project? (Both with government and non-government partners)</td>
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<tr>
<td><strong>Probe:</strong></td>
</tr>
<tr>
<td>• What lessons were learnt while working with different stakeholders?</td>
</tr>
<tr>
<td>8) Are there, in your assessment, internal or external factors that you feel have contributed positively towards the implementation of this project?</td>
</tr>
<tr>
<td>9) Did UNICEF ever make any attempt to convert implementable activities back to design? Or modify according to the ground realities? If it did, did the design change and what was the highlight of it?</td>
</tr>
<tr>
<td>10) If you were to look back now, what evidence would you like to share that will demonstrate that the design and implementation has worked for integrated programming for child rights?</td>
</tr>
</tbody>
</table>
11) Any comment on effective allocation and utilization of budget with activities?

**EFFICIENCY**

1) How will you define and elaborate on the notion of efficiency in this project?

2) What would you like to say about the following with reference to Efficiency?

   - Project duration/timeline and
   - Flexibility in achieving the desired outcome/s?
   - Internal and external environmental factors affecting efficiency of this project?
   - Any budgetary realignment undertaken so far in the project to make the implementation efficient and effective?

3) Were there any constraining factors at any level while using the allocated resources for project implementation, thus impacting the efficiency?

4) Could this project have been made more efficient? If yes, how?

**SUSTAINABILITY AND REPLICABILITY**

1) Did UNICEF prepare any sustainability plan for his project or for any component of the project? If yes, please share some points of the plan.

   **Probe:**
   - What would be role of government?
   - What would be role of Civil Society?
   - What would be role of communities?

2) Are there any unintended positive effects of the project?

3) Do you like to replicate project component(s) in other districts of Pakistan? If so, please share your thoughts, ho it can be done?
## HUMAN RIGHTS

1. How are the gender, equality and rights approaches been used in the operationalization of the project?  

   Probe:  
   - In the selection of the beneficiaries?  
   - In the selection of the target areas?  
   - In planning of the activities and the budget allocation?  

2. What were the consideration(s) in responding to gender and equality issues for men and women, boys and girls?  

## FINANCIAL MANAGEMENT AND ACCOUNTABILITY

1. How was the flow of funds managed in this project?  

   Probe:  
   - How does the disbursement work?  

2. What were the standards and mechanism to detect fraud and embezzlement?  

   Probe:  
   - Were there any incidences of fraud or embezzlement or mismanagement reported?  
   - Is there a mechanism for financial accountability used by UNICEF for managing / monitoring any disbursements made to government departments IPs?  

Acknowledgement: Thank you for your time and information. This information will help UNICEF to improve project planning in future.  

-ENDS-
### Semi-Structured Questionnaire
**Evaluation of CRCFA: Child Rights and Protection, Civic Rights, and Access to Public Services**

**GUIDING QUESTIONS for IN-DEPTH INTERVIEW/ MEETING**

**DISTRICT STEERING COMMITTEE (CRCFA PROJECT)**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Day:</th>
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</thead>
<tbody>
<tr>
<td>Time:</td>
<td>Location:</td>
</tr>
<tr>
<td>Name of Key Informant</td>
<td>Designation</td>
</tr>
<tr>
<td>IDI Facilitator’s Name:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Name of Note Taker</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

**Expected Time Frame:** Around 40 Minutes including opening and closing

### Objectives of KII:

1. To determine the contribution of project interventions (Health, Education, WASH and CP) in target district *(Outcomes 1-7)*
2. To understand the role, responsibilities and authority linkages of DCC in terms of coordination among various IPs and oversight of project implementation *(Outcomes 1-7)*
3. To explore DCC’s effectiveness in the steering of the project
4. To explore the potential for sustaining the positive impact of the UNICEF project and for replication of successful elements.

### Instructions for the Interviewer:

**Before the interview:**

*Make an appointment with the concerned focal person through UNICEF or implementing Partner support and explain him/her the objectives of the Study and the reason for doing the interview with him/her.*

**Introduction:**

*I am------------------------------------- , a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 40 minutes and we are grateful for your time.*

As independent evaluators, we will maintain confidentiality of the data and anonymity of individuals during the course of data collection to the extent possible. Please rest assured that we will ask / consult you before citing or disclosing your identity.

**At the time of interview:**

- *Introduce yourself and clearly explain him/her the objective of the Study and the reason for doing the interview.*
- *Explain to the respondent about how and why he/she was selected for the interview.*
- *Also, request the respondent to allow you enough time for conducting the interview highlighting the importance of the views expressed by the concerned person.*
- *Ask the questions one by one and note down the replies clearly.*
- *Discourage prompting by other people in the room if their presence there is unavoidable. In advance a separate suitable location in the said office should be preferred before starting the interview.*
- *If the respondent seems not to clearly understand the question, explain him/her further but avoid putting any leading question that suggests answer in itself.*
- *Facilitate discussion, if any, to remain within the context of the interview.*
If you are not clear about the answer provided to you, request the respondent to repeat his/her views on that particular question.

Before ending the interview session, reconfirm that all questions have been asked. Thank the respondent at the end of the session.

After the interview:

- Organize the answers according to the questions.
- Collate all other views expressed by the respondent that do not fall directly under any question in a separate section.
- Prepare a summary of the interview session with each respondent.
- Request and collect the documents/any support material that referred by the concerned person.

[IDI Facilitator's Note] Those are guiding question; sub question may arise during the interview process worthy to consider by facilitator. IDI Facilitators must carry out follow up probing on questions if the responses seems at surface, this proving will help to get in-depth understanding of context

<table>
<thead>
<tr>
<th>RELEVANCE, EFFECTIVENESS AND SUSTAINABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUIDING QUESTIONS</td>
</tr>
</tbody>
</table>

1. Can you please briefly share the role and responsibility of the DCC in this project?
   **Probe:**
   - What was the frequency of the DCC meetings?
   - Did the DCC able to meet regularly as planned? If not. What were the factors/ reasons?
   - Did minutes of the meeting were maintained? If yes, what was the mechanism of recording and sharing of the minutes?

2. Have the DCC played an effective role in the monitoring/ oversighting of this project implementation? How, Please give some examples.
   **Probe:**
   - Did DCC conducted field monitoring visit?
   - How the findings of the monitoring were shared with
     a) UNICEF
     b) Implementing partners
     c) Relevant government department

3. DO you think the project delivered what it set out to do?
   - If yes please give some examples
   - If not give some examples and share why?

4. Can you list three (3) aspects of the project that you think worked very well?
   - Please give examples.
5. Can you please list three (3) aspects of the project that you think did not work well?
   - What do you think are the possible reason(s)?

6. Based on your experience with this project, what activities do you think are replicable in other areas?
   - Which activities do you think can be sustained beyond the project life?

7. Were there any incidences of fraud or embezzlement or mismanagement reported?

8. Are you aware of any financial accountability mechanism used by UNICEF for managing / monitoring any disbursements made to government departments or other IPs?

9. Please suggest how the coordination among project stakeholders can be improved?

10. Do you think that the nature of this work falls under the government’s responsibilities?
    - Why do you need a project to do what should be done by the government in the first place?

11. What is the future of the DCC and of this project?

12. Any other information that DCC want to share with evaluation team?

13. Are there any projects/programmes other than UNICEF in your district supporting/strengthening Child rights protection?

   **Probe:**
   - If yes, please ask since how long these projects/programmes are in place?
   - Did these projects support enrolment of OOSC as well? If so how?
Acknowledgement: Thank you for your time and information. This information will help UNICEF to improve project planning in future.

Note: Please attach the list of participants and attendance sheet with date and venue.

<table>
<thead>
<tr>
<th>District Coordination meeting attendance sheet</th>
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<tbody>
<tr>
<td>District:</td>
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<tr>
<td>#</td>
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-ENDS-
# KNOWLEDGE, ATTITUDE, PRACTICES (KAP) ASSESSMENT
## CHILD RIGHTS AND PROTECTION IN COTTON FARMING AREAS

### Structured Questionnaire for KAP Interview

The questionnaire is designed to assess knowledge, attitude, and practices related to child rights and protection in cotton farming areas. It includes sections for basic information and topics such as education, marital status, and household size.

### Sections

1. **Basic Information**
   - Name
   - Address
   - Gender
   - Age
   - Education level

2. **Marital Status**
   - Marital status

3. **Household Size**
   - Number of family members

### Questions

**A1. Education Level**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Primary, Secondary, Higher</td>
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</table>

**A2. Marital Status**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Single, Married, Divorced</td>
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</tbody>
</table>

**A3. Employment Status**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupation</td>
<td>Farmer, Laborer</td>
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</table>

**A4. Household Size**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
<td>Whole Family, Only Children</td>
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</tbody>
</table>

**Notes**

- Provide detailed responses to each question.
- The questionnaire is designed to be completed by all family members.
- Ensure all sections are filled in accurately.

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**138**
A5. آپ کی گھر میں کتنے کمرے ہیں؟ (پہلی بانی، سلور اور نہیں کو شمارت کریں)

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</tbody>
</table>

A6. کیا آپ کی گھر میں دوڑ نہیں موجود ہیں؟

<table>
<thead>
<tr>
<th>ریٹیو</th>
<th>موجود فون</th>
<th>نہیں</th>
<th>بیچنے</th>
</tr>
</thead>
</table>

A7. کیا 6 سال پیشی آپ کی گھر میں دوڑ نہیں موجود ہیں؟

<table>
<thead>
<tr>
<th>ریٹیو</th>
<th>موجود فون</th>
<th>نہیں</th>
<th>بیچنے</th>
</tr>
</thead>
</table>

A8. آپ کی کئی یونس پاک؟ (صرف شادی کے افراد سے پوچھیں)

A9. لڑکی اور لڑکیوں کی تعداد کتنی ہے؟

A10. کتنے بچے یونس 5 سال سے کم ہیں؟

<table>
<thead>
<tr>
<th>تعداد</th>
<th>1 تا 5 سال</th>
<th>6 تا 10 سال</th>
<th>11 تا 15 سال</th>
<th>16 تا 20 سال</th>
</tr>
</thead>
</table>

A11. کتنے بچے 5 سال سے عمر کے ہیں؟

A12. کتنے بچے گھر کا سکول ہے؟

A13. کتنے بچے کوئی سکول سے ہیں؟

<table>
<thead>
<tr>
<th>تعداد</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>نازیلہ کئی ہے؟</td>
<td></td>
<td></td>
</tr>
<tr>
<td>نازیلہ کئی ہے؟</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B1. کتنے بچوں کو گھر میں آپ کا افراد کئی ہیں؟

B2. اپ کتنے بچوں کی کمی؟ (ایک مزیباً آمد کئی ہیں)

B3. 6 سال قبل گھر کا کتنے بچے آمد کئی ہیں?

B4. کتنے بچے کی آمد میں سے کم عمر کون سے کم عمر کی گھر کا کتنی ہیں?

<table>
<thead>
<tr>
<th>تعداد</th>
<th>5 سے 8 سال</th>
<th>9 سے 11 سال</th>
<th>12 سے 15 سال</th>
<th>16 سے 18 سال</th>
</tr>
</thead>
</table>

B5. اگر بچوں کا اس وقت کتنے بچوں سے کم عمر کون سے کم عمر کی گھر کا کتنی ہیں؟

<table>
<thead>
<tr>
<th>تعداد</th>
<th>5 سے 8 سال</th>
<th>9 سے 11 سال</th>
<th>12 سے 15 سال</th>
<th>16 سے 18 سال</th>
</tr>
</thead>
</table>

UNICEF – LRPS-2017-9134791
UNICEF – LRPS-2017-9134791

<table>
<thead>
<tr>
<th>سٹیشن</th>
<th>سؤال</th>
<th>گزینے والے پیشگوئیوں</th>
<th>بانی</th>
<th>ڈال</th>
<th>بچی/بچہ کوئی عمر کم سے سال 18 میں آمدن کی گھرانے قبل سال 6 کیا ہاں/نہیں</th>
</tr>
</thead>
<tbody>
<tr>
<td>B6</td>
<td>کیا 6 سال قبل گھرائیہ کی آمدن میں 18 سال سے کم عمر بچوں پہچان مال ریا رہتی؟</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B7</td>
<td>اپنی کی گھرائیہ کی آمدن میں 18 سال سے کم عمر بچوں کا حصہ کتنی ہے؟</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B8</td>
<td>کیا 18 سال سے کم عمر بچوں پہچان گھرائیہ کی آمدنی کی گھرانے بھی؟ اگر جواب نہیں تو سوال نمبر B11 بنا جانے چاہئے۔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B9</td>
<td>کہر کی کام کیا مین شکل بچوں باہمی باتچیاں میں؟</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>سٹیشن</th>
<th>سؤال</th>
<th>گزینے والے پیشگوئیوں</th>
<th>بانی</th>
<th>ڈال</th>
<th>بچی/بچہ کوئی عمر کم سے سال 18 میں آمدن کی گھرانے قبل سال 6 کیا ہاں/نہیں</th>
</tr>
</thead>
<tbody>
<tr>
<td>B10</td>
<td>کہر کی صفا صفت مناسب ہے؟ (وکٹو گھاتوں میں تحیر کریں)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B11</td>
<td>کیا اپنی عائلے میں حکومت اور غیر سرکاری تنظیموں NGO کی فریم کردن سہولتوں سے مطمئن ہے؟</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>سٹیشن</th>
<th>سؤال</th>
<th>گزینے والے پیشگوئیوں</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>کہر کی کچھ بچوں کے بیانی حقوق کا علم ہے؟</td>
<td></td>
</tr>
<tr>
<td>C2</td>
<td>کیا 6 سال پہلے اپنے بچوں کے بیانی حقوق کے بارے میں علم تھا؟</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>سٹیشن</th>
<th>سؤال</th>
<th>گزینے والے پیشگوئیوں</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3</td>
<td>چونکہ کی بیانی حقوق کون سے پہچانی؟</td>
<td>1 4 2 5 3 6</td>
</tr>
<tr>
<td>C4</td>
<td>علاطوں کی لوگوں سے ہے؟</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Rezult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>تعلیمی اداروں سے ہے</td>
<td></td>
<td></td>
</tr>
<tr>
<td>پوسٹر اور پنیر سے ہے</td>
<td></td>
<td></td>
</tr>
<tr>
<td>دیگر ذرائع</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C5</th>
<th>چاہئے ہے، میں اپنی معلومات سے حقوق بچوں کے حقوق محفوظ برتیں؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>نیچے</td>
<td>معلوم نہیں</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C6</th>
<th>کیا آپ کو معلومات کی کسی بھری سے متعلق؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>نیچے</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C7</th>
<th>اگر جواب ہے تو اگر سوال چیزی واقع ہو ںے ہوں، میں نو ںے میں پر کے کو?</th>
</tr>
</thead>
<tbody>
<tr>
<td>کوئی اور پر ہیں جنہوں نے کوئی اور کوئی پر</td>
<td></td>
</tr>
<tr>
<td>کوئ میں اسٹیشن (نام نہیں) پر</td>
<td></td>
</tr>
<tr>
<td>برائے آزادی پر پر</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C8</th>
<th>کیا آپ بہانہ کے لئے ادارے پر جوہری کو شکایت کرنے میں مندی بڑی؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>نیچے</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C9</th>
<th>کیا میں آپ کے جنہوں نے منصوبہ بنا روا ہو تاں پر اور روا؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>ملبوں کی تیاری پر</td>
<td></td>
</tr>
<tr>
<td>کی نہیں پر</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C10</th>
<th>کیا آپ کے علاطوں میں ہوں سے نہ منصوبہ بنا روا ہے؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>نیچے</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C11</th>
<th>اگر جواب ہے تو اگر میں پر میں میں پر ہیں کوئی اور کوئی کے زبان سے منصوبہ بنا میں پر ہیں؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>کمیونٹی کا ناں</td>
<td></td>
</tr>
<tr>
<td>مولہ اور وہاں</td>
<td></td>
</tr>
<tr>
<td>نام لیاں</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C12</th>
<th>کیا اپنی کو ہے؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>نیچے</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C13</th>
<th>کیا آپ اور میں پر ہیں کو ہے؟</th>
</tr>
</thead>
<tbody>
<tr>
<td>نیچے</td>
<td></td>
</tr>
<tr>
<td>C14</td>
<td>کیا آپ کی بھوک کو مسکاری سکول نے رسماً امامی کیے؟</td>
</tr>
<tr>
<td>C15</td>
<td>کیا آپ کو کمپیوٹر سویٹل نے رسماً بی؟</td>
</tr>
<tr>
<td>C16</td>
<td>کہا آپ کی گھر میں لیترین ہے؟</td>
</tr>
</tbody>
</table>

لگنے والے بچوں پر حاصل ہونے والے حقوق کو لڑکیوں کیا

<p>| D1 | کیا آپ بھوک کی حقوق کو پہنچ سکتے ہیں؟ | بالا | نہیں |
| D2 | کیا آپ بھوک کی حقوق کو پہنچ سکتے ہیں؟ | بالا | نہیں |
| D3 | کیا آپ بھوک کی حقوق کو پہنچ سکتے ہیں؟ | بالا | نہیں |
| D4 | کیا بھوک کو تعلیم کا حق حاصل باندہ ہے؟ | بالا | نہیں |
| D5 | کیا لڑکیوں کو تعلیم کا حق حاصل باندہ ہے؟ | بالا | نہیں |
| D6 | کیا آپ بھوک کی حقوق کو پہنچ سکتے ہیں؟ | بالا | نہیں |</p>
<table>
<thead>
<tr>
<th>سوال</th>
<th>ہاں</th>
<th>نہیں</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D11</td>
<td></td>
<td></td>
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<tr>
<td>D12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>عمل سیکشن E</th>
<th>ہاں</th>
<th>نہیں</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Question 8 (E8)

**Question:** کیا آپ کے گھر میں 18 سال سے کم عمر کے بچے کی چھٹی گھر کے کام کاج کرتے ہیں؟

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>نہیں</td>
<td></td>
</tr>
</tbody>
</table>
Observation Checklist

Observational Assessment of Children in CRCFA Programme Areas—Checklist
[Observe, Check and Record by Encircling Appropriate Response ]

Village Name: ________________________________________________

Union Council ___________________ District ____________________________

Name of the Observer: _____________________________

Observation dates(s): _______________ _______________ Day: ________________

Observation Time: _______________________________

Please observe children and their engagements during play and interacting with other peers. Please also note that whether the observation is made for a single child or many children involved and write in comment column. Thank you.

<table>
<thead>
<tr>
<th>Observations</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children under 18 years engaged in agriculture and farms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Children under 18 years engaged in grazing the livestock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Children under 18 years playing in local play grounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Children under 18 years playing in streets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Children under 18 years involved in household chores</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Children under 18 years participating in income generation activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Children under 18 years working in grocery shops/mechanic shops</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Children under 18 years roaming around</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Children under 18 years smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Girls playing in the street</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition to above, following was observed:

---

145
Observer's signature: ________________________________

Date: __________________________
# Annex V: Consent Form

## Key Informant Interview (KII) Informed Consent Form

I am-------------------------------------, a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF in partnership with IKEA Foundation. The evaluation process includes quantitative and qualitative data collection from multiple sources using mixed methods and this key informant interview is one of the methods that we wish to use for this purpose. The expected duration of this interview will be around 90 minutes and we are grateful for your time.

We would very much appreciate your participation in this process. This information will be used to help the UNICEF Country Office, Implementing Partners and Government Counterparts to understand the best practices and weaknesses of the CRCFA Programme and to improve the programme implementing strategies. All information will be consolidated and presented in an evaluation report. As independent evaluators, we will maintain confidentiality of the data and anonymity of individuals during the course of data collection to the extent possible. Please rest assured that we will ask / consult you before citing or disclosing your identity.

Participation in the KII is voluntary. If we ask you any questions you don’t want to answer, please feel free to let me know and I will go on to the next question. You can also stop the interview at any time. We hope that you will participate in this survey, as your input is important to us. I will be happy to answer any questions you may have about the survey now. Do you have any questions?

<table>
<thead>
<tr>
<th>Name of Respondent</th>
<th>Designation</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>District</th>
<th>Date of Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Household Survey Informed Consent Form

I am-------------------------------------, a member of the evaluation team jointly deployed by ECI and RBC, contracted for this End Project Evaluation for the project titled: ‘Promoting Child Rights in Cotton Farming Areas of Pakistan (CRCFA)’ initiated by UNICEF. We are conducting a survey that asks households about the various activities undertaken under a UNICEF implemented programme. Additionally, we will be asking about the makeup of your household so that we can identify the best practices of the programme and areas of improvement. Your house has been selected to do an interview for the CRCFA Programme. We would very much appreciate your participation in this survey. The survey should take about 45 minutes to complete. The information you provide will be kept confidential and will not be shared with anyone other than members of our team. Your responses will also be anonymous and not linked back to you in anyway. Participation in the survey is voluntary. If we ask you any questions you don’t want to answer, please feel free to let me know and I will go on to the next question. You can also stop the survey at any time. We hope that you will participate in this survey, as your input is important to us. I will be happy to answer any questions you may have about the survey now. Do you have any questions?

May I begin the interview now? Circle one option

<table>
<thead>
<tr>
<th>(1) Verbal consent granted</th>
<th>(2) Verbal consent declined/refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS: If verbal consent is not granted then (a) politely thank the respondent for his/her time, (b) exit the interview and leave.
# Annex VI: Household Survey (KAP) in Sindh and Balochistan

<table>
<thead>
<tr>
<th>District</th>
<th>Code</th>
<th>Village</th>
<th>Date</th>
<th>Day</th>
<th>H / Holds</th>
<th>FGDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lasbela</td>
<td>3010101</td>
<td>Qasmani</td>
<td>2-Mar-18</td>
<td>Friday</td>
<td>10</td>
<td>M</td>
</tr>
<tr>
<td>Lasbela</td>
<td>3010201</td>
<td>Mehmoodani</td>
<td></td>
<td></td>
<td>10</td>
<td>F</td>
</tr>
<tr>
<td>Lasbela</td>
<td>3010301</td>
<td>Rek Goth</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
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<tr>
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Annex VII: Household Survey (KAP) in Punjab

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## Annex VIII: In Depth Interviews

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<td>Mr Sajid Ali</td>
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<td>6</td>
<td>Mr Habib Laghari</td>
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**Rahim Yar Khan**

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**Rajanpur**

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**Karachi**

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Annex IX: Findings of the Observational Checklist

- Of all children under 18, 9.47% of them in Sindh, 4.21% in Balochistan and 9.47% in Punjab are engaged in agriculture and farms. The rest were not which were distributed as 26.32% in Sindh, 11.58% in Balochistan and 38.95% in Punjab.

- Of all children under 18, 27.37% of them in Sindh, 14.74% in Balochistan and 10.53% in Punjab are engaged in grazing the livestock. The rest were not which were distributed as 8.42% in Sindh, 1.05% in Balochistan and 37.89% in Punjab.

- Of all children under 18, 17.89% of them in Sindh, 9.47% in Balochistan and 20.00% in Punjab are engaged playing in local playground. The rest were not which were distributed as 17.89% in Sindh, 6.32% in Balochistan and 28.42% in Punjab.

- Of all children under 18, 30.53% of them in Sindh, 11.58% in Balochistan and 32.63% in Punjab are engaged in playing in the streets. The rest were not which were distributed as 5.26% in Sindh, 4.21% in Balochistan and 15.79% in Punjab.

- Of all children under 18, 28.42% of them in Sindh, 12.63% in Balochistan and 24.21% in Punjab are engaged in household chores. The rest were not which were distributed as 7.37% in Sindh, 3.16% in Balochistan and 24.21% in Punjab.

- Of all children under 18, 17.89% of them in Sindh, 7.37% in Balochistan and 6.32% in Punjab are engaged in income generation. The rest were not which were distributed as 17.89% in Sindh, 8.42% in Balochistan and 42.11% in Punjab.

- Of all children under 18, 7.37% of them in Sindh, 1.05% in Balochistan and 6.32% in Punjab are engaged in working in grocery or mechanic shops. The rest were not which were distributed as 28.42% in Sindh, 14.74% in Balochistan and 42.11% in Punjab.

- Of all children under 18, 26.32% of them in Sindh, 9.47% in Balochistan and 38.84% in Punjab are engaged in roaming around. The rest were not which were distributed as 9.47% in Sindh, 6.32% in Balochistan and 11.58% in Punjab.

- Of all children under 18, 1.05% of them in Sindh, 5.26% in Balochistan and 1.05% in Punjab are engaged in smoking. The rest were not which were distributed as 34.74% in Sindh, 10.53% in Balochistan and 47.37% in Punjab.

- Of all girls surveyed, 24.21% of them in Sindh, 9.47% in Balochistan and 4.21% in Punjab are engaged in playing in the street. The rest were not which were distributed as 11.58% in Sindh, 6.32% in Balochistan and 44.21% in Punjab.