



Directors Report 2019-2020

Community Uplift Program (CUP) Pakistan

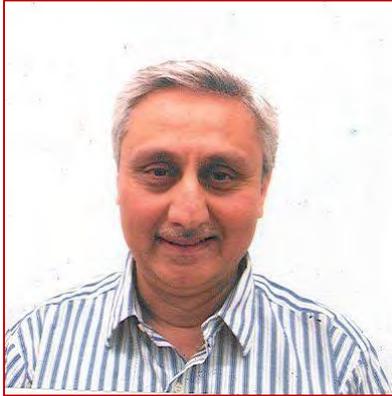
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Acronyms

ADB:	Asian Development Bank
APW:	Activist Planning Workshop
BHU:	Basic Health Unit
CBA:	Child Bearing Age
CCCD:	Child Centered Community Development
CIG:	Common Interest Group
CMST:	Community Management Skills Trainings
CO:	Community Organization
CMS:	Community Model School
CPI:	Community Physical Infrastructure
CUP:	Community Uplift Program
DI Khan:	Dera Ismail Khan
ECCD:	Early Child Care & Development
ECE:	Early Child Education
EVI:	Extremely Vulnerable Individual
HH:	Household
IAUP:	Integrated Area Upgrading
ICMC:	International Catholic Migration Commission
ICT:	Islamabad Capital Territory
KNH:	Kinder Nothilfe (Germany)
KP:	Khyber Pakhtunkwa
LEP:	Livelihood Enhancement & Protection
LHW:	Lady Health Worker
LIP:	Livelihood Investment Plans
MCO:	Male Community Organization
M&E:	Monitoring and Evaluation
PKR:	Pakistan Rupees
PPAF:	Poverty Score Card
PSC:	Poverty Scrore Card
TNA:	Training Needs Assessment
VO:	Village Organization
LSO:	Local Support Organization
UC:	Union Council
UNICEF:	United Nations Children Fund
WB:	World Bank
WCO:	Women Community Organization
WFP:	World Food Program
WVI:	World Vision International

President/Founder's Message



It gives me a great satisfaction to see CUP Pakistan continue to contribute towards the alleviation of poverty of the marginalized communities in the geographical outreach areas of CUP. During this financial year 2019-2020, CUP continued to work with donors such as World Bank/Government of Sind, KNH Germany, PPAF, SPARC, FPAP and others.

We were successful in obtaining the MOU with Economic Affairs Division (EAD) Government of Pakistan for foreign funding of our projects.

We contributed in nutrition support programs, institutional capacity building of community organizations, child rights, child health, DRR/Climate Change & Women Economic Empowerment.

Due to the COVID-19 Epidemic in early 2020, the implementation of projects suffered as activities were restricted to “work from home”. Nevertheless, CUP Pakistan could not lag behind and was successful in getting a COVID-19 Relief and Recovery Project funded by KNH Germany in a District of Khyber Pakhtunkhwa. This project was awarded in June 2020 and is under implementation. Our outreach this year saw us work in Sind and Khyber Pakhtunkhwa.

I am happy to see that despite constraints of weather and strict government policies with regard to award NOCs to NGOs, we have plucked away and gained the respect of donors and the government alike. For this, I congratulate all staff of CUP and the communities that we work with as well as the Provincial Governments of Khyber Pakhtunkhwa and Sind.

Dr. Rafiq Rahman

President/Founder of CUP

9th October 2020

Chief Executive's Message



Phew!! What a Year this was. While we carried on with the effective implementation of the KNH Funded Integrated Women and Children Centered Community Development Project in District Battagram (since September 2018). We were awarded an extension of contract effective July 2019 for another year by the Government of Sind for the Maternal and Child Nutrition Project being implemented in District Sukkur. PPAF funded project of strengthening third tier organizations (LSOs) in Districts of Shangla and Kohistan of Khyber Pakhtunkhwa, which was to conclude on 30 June 2020 but a no-cost extension has been awarded for one more year.

This year too we provide external consulting services to SPARC for (a) Financial Analysis of Child Related Expenditures and (b) Assessment of Physical and Humiliating Punishment in Schools. We also conducted a Baseline Survey for FPAP on its Japan Trust Fund Project on Sexual and Gender Based Violence and Humiliating Practices in District Mardan.

CUP's image is a true reflection of the impact that has been created in the areas of our work. The CUP management team has been a pleasure to work with, and their contribution to the development of CUP as a sustainable and credible institution cannot be understated. Their resolve, professional competency, and dedication have been a major factor in placing CUP as a renowned institution for poverty alleviation at the grassroots levels in the country.

I would also like to thank our project staff working in some of the remotest and difficult areas with the marginalized communities in empowering them to reduce their poverty. They have indeed shown exemplary courage, devotion and alignment with a very noble cause.

Iftikhar Ur Rahman
Chief Executive, CUP
9th October 2020

Community Uplift Program – Data Sheet

General Information	
Name of the Organization:	Community Uplift Program (CUP) Pakistan
Country Office Address:	House # 32, Street # 33, G-9/1, Islamabad
Telephone (s):	(92-51) 2256043, 2856292
Fax No:	(92-51) 2856293
E-mail:	info@cup.org.pk iftikhar@cup.org.pk
Website:	www.cup.org.pk
Contact Persons	
Head of the Organization/Contact Person:	Iftikhar Ur Rahman (Cell Phone: 0300-5033802)
Designation:	Chief Executive
Alternate Contact Person:	Azqa Ramzan (Cell Phone: 0311-6766686)
Designation:	Executive Support Officer
Legal Structure of the Organization	
Registration:	Section 42 of the Companies Ordinance 1984
Incorporation No:	I-02753
Registration No:	13(1) PCR/2001
Place of Registration:	Islamabad / Pakistan
Registering Authority:	SECP/Joint Registrar of Companies Islamabad
Date of Registration:	29th day of January 2001

1. Profile-Overview

Community Uplift Program (CUP) Pakistan is a national level non-profit development organization registered under Section 42 of the Pakistan Companies Ordinance on 29 Jan 2001. CUP has developed over the past eighteen (18) years as a national indigenous solution for implementing poverty reduction projects; an innovation that can be replicated by the government and development agencies with unprecedented accruals to the poorest of the poor at an amazingly low per capita cost. It is a paradigm shift from run of the mill high-cost development projects having minimal impact to a result-oriented and synergic participatory development, which we call the four-dimensional development approach; “integration, participation, impact and transparency”.

CUP has also developed an intrinsic capacity to offer one-window management services, which include monitoring, assessments & evaluation services for development organizations, government agencies, donors, International NGOs/UN Agencies, mid-term/end project evaluations, baseline studies and research studies. Some of our reputed clients for whom we have conducted such services are; Monitoring & Evaluation Services for all USAID USAID/OFDA and USAID/FFP Projects in Baluchistan (Oct 2010-Oct 2011) and Monitoring & Evaluation Services for UN/WFP projects in 21 Districts of Baluchistan (Sep 2010- Oct 2011). Besides we have conducted impact assessment and end project evaluations for United Nations Children Fund (UNICEF), Plan International, Technical & Management Agency (TAMA) of DFID, Ministry of Population Welfare, Care International, National Commission for Human Development, CAFOD-UK, Concern Worldwide, World Vision International (WVI), American Red Cross (ARC), ICMC, MEDA/USAID Entrepreneurs Project, Save the Children & Government of KPK.

Thus, we are positioned as a community development resource centre with both upstream policy level formulation and downstream grass root level integrated participatory action planning and implementation systems and monitoring, evaluation/assessment systems for development interventions.

2. Governance Structure of CUP Pakistan

The governance structure of CUP comprises a two-tier system; Board of Directors (BODs) and the Management Team. CUP has undertaken to follow a democratic, non-political and a transparent system, with the overarching principle of promoting equal opportunities for women & children.

❖ Governing Body:

Our governing body constitutes 3 Directors and the gender ratio is 70% are females and 30% are males:

Sr. #	Name	Gender	Position	Occupation	Years Served
1	Dr. Rafiq Rahman	Male	President	Doctor (Oncologist in USA). Also, Director of Pakistan Human Development Fund.	19
2	Dr. Shamim Ara	Female	Director	Doctor in USA	19
3	Ms. Rehana Ghayur	Female	Director	Social Worker	19

- ❖ **Management Team / Staffing Table:** Our total full time paid current staff strength is 133 including professional, technical and support staff. The gender-wise ratio is 45% female and 55% males. The roles and major expertise of the senior management professionals are as under:

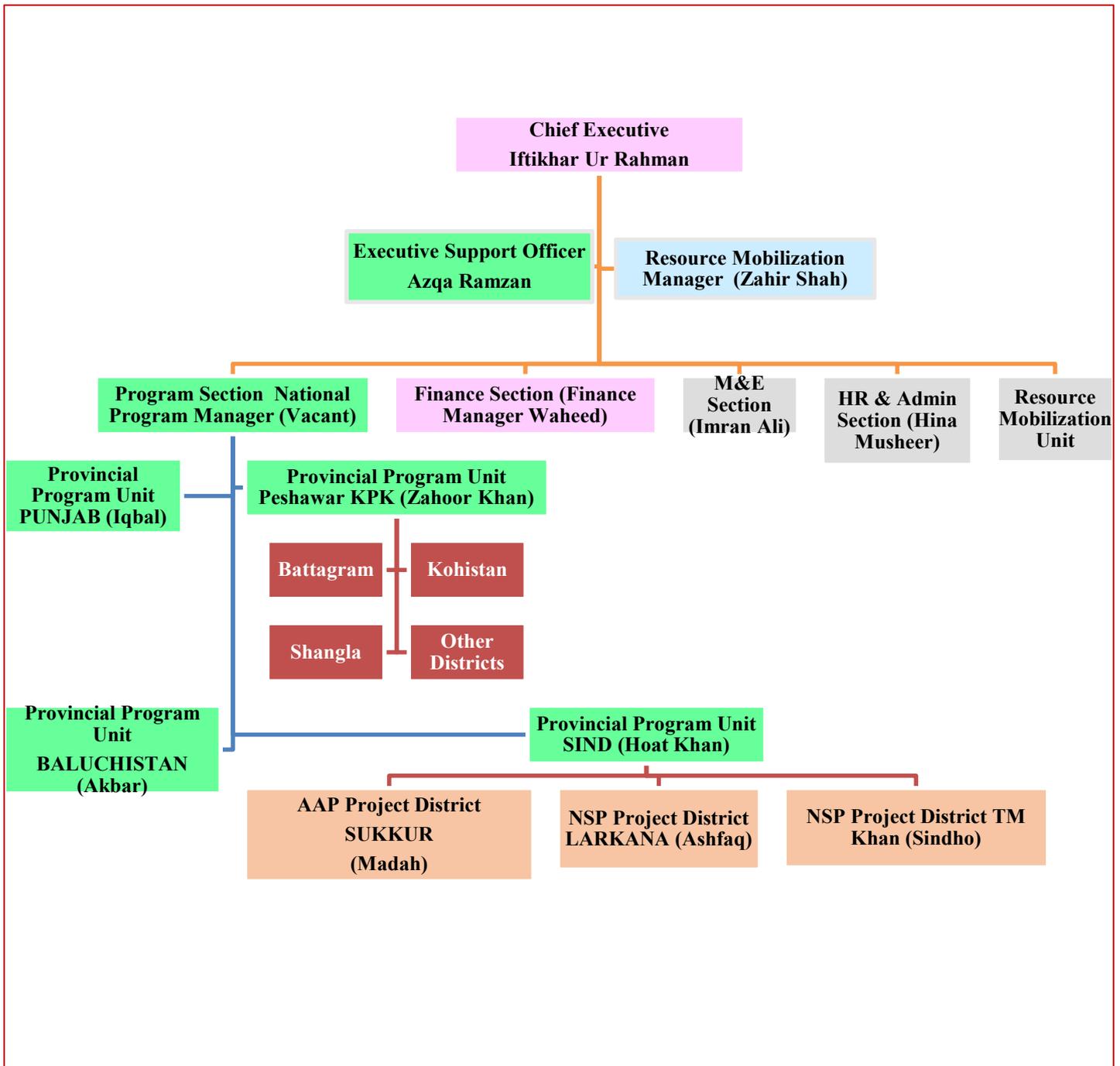
S.#	Name	Gender	Position	Major Expertise	Experience	Reporting Line
1	Iftikhar Ur Rahman	Male	Chief Executive CUP Pakistan	Strategic Development Planning, Program Management, Monitoring, Research & Evaluation.	30	BODs
2	Azqa Ramzan	Female	Executive Support Officer	All Executive Support to CEO for Programs and Projects	7	CEO
3	Shagufta Nosheen	Female	National Program Manager	Program/Projects Implementation	13	CEO
4	Abdul Waheed	Male	Finance Manager	Finance & Accounts Management	9	CEO
5	Kamran Raza	Male	M & E Program Officer	Education related Research & Evaluations.	7	NPO
6	Zahoor Khan	Male	Provincial Head of Programs KP	Project Management & Livelihood Development and Education	12	NPO
7	Hidayatullah Khan	Male	Resource Mobilization Manager	Business Development, Resource Mobilization	14	CEO
8	Saad Mehmood	Male	Finance Officer	Finance & Accounts Projects	6	Finance Manager
9	Tanzeema Masood	Female	Finance Officer	Finance & Accounts	5	Finance Manager
10	Javed Khattak	Male	Internal Auditor	Corporate Audit and Internal Controls	7	CEO
11	Hote Khan Jamali	Male	Provincial Coordinator Sind	Project Management & Livelihood Development	12	NPO
12	Mr. Iqbal Malik	Male	Provincial Coordinator Punjab	Project Management & Livelihood Development	18	NPO
13	Mr. Akbar Khan	Male	Provincial Coordinator Baluchistan	Project Management, Healthcare	15	NPO
14	Ashfaq Baloch	Male	Nutrition Program Larkana, Sind	Maternal & Child Nutrition	12	NPO
15	Madah Hussain	Male	Nutrition Program Sukkur, Sind	Maternal & Child Nutrition	8	NPO
16	Sindho Panhwar	Female	Nutrition Program TM Khan, Sind	Maternal & Child Nutrition	10	NPO

Mission/Purpose

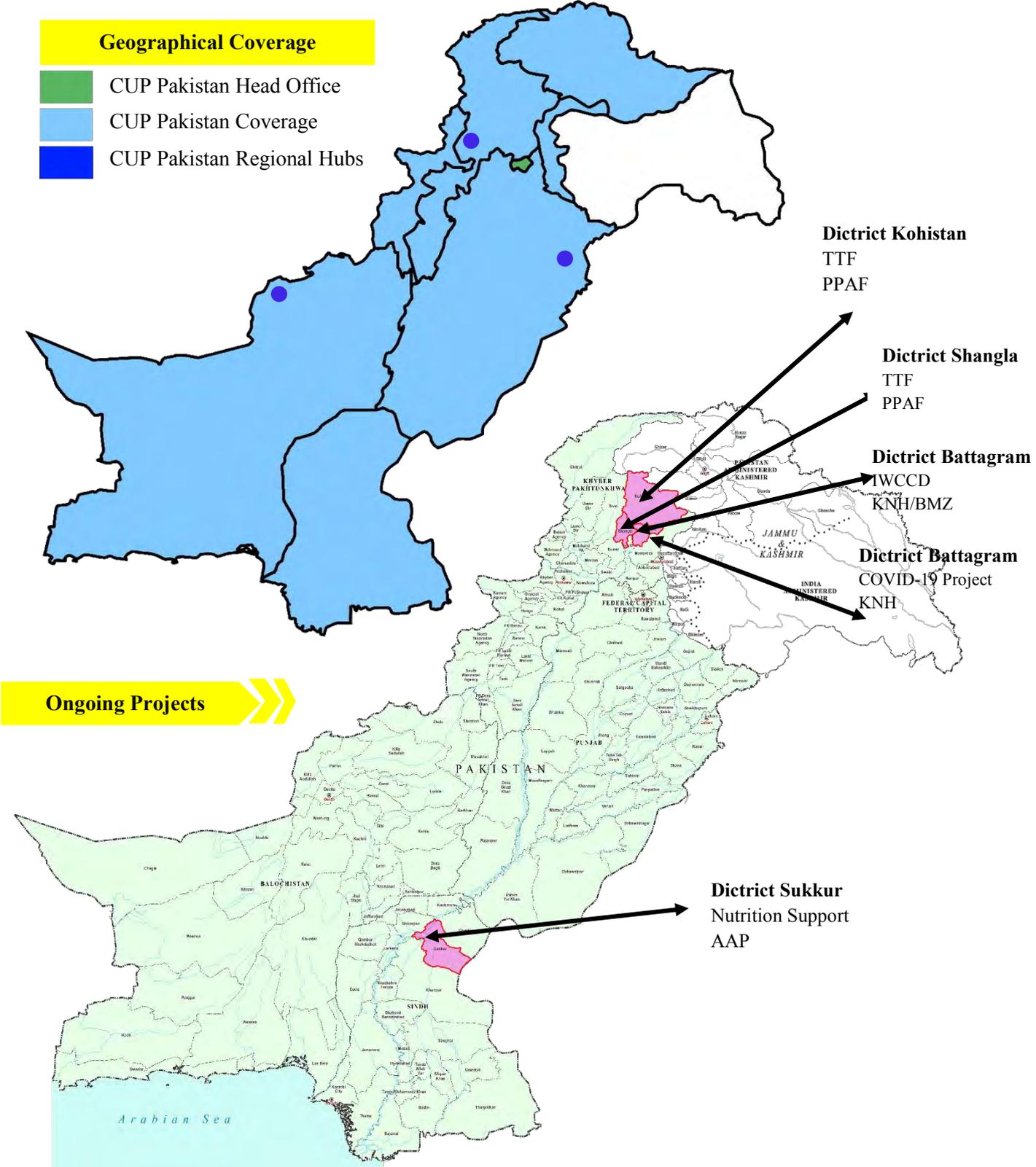
CUP Pakistan will strive to help the marginalized and ultra-poor communities of Pakistan in reducing their poverty levels through mobilization and capacity building to empower them for acquiring their basic social needs and rights.

Structure

It is based on a participatory model, with an advisory committee made up of representatives of donors, partners, associates and other stakeholders to guide CUP on its program and projects. A professionally competent core management and support staff based in the Head Office at Islamabad, manages the program of CUP, while we also have a think tank comprising specialists/experts for each of our program thematic areas.



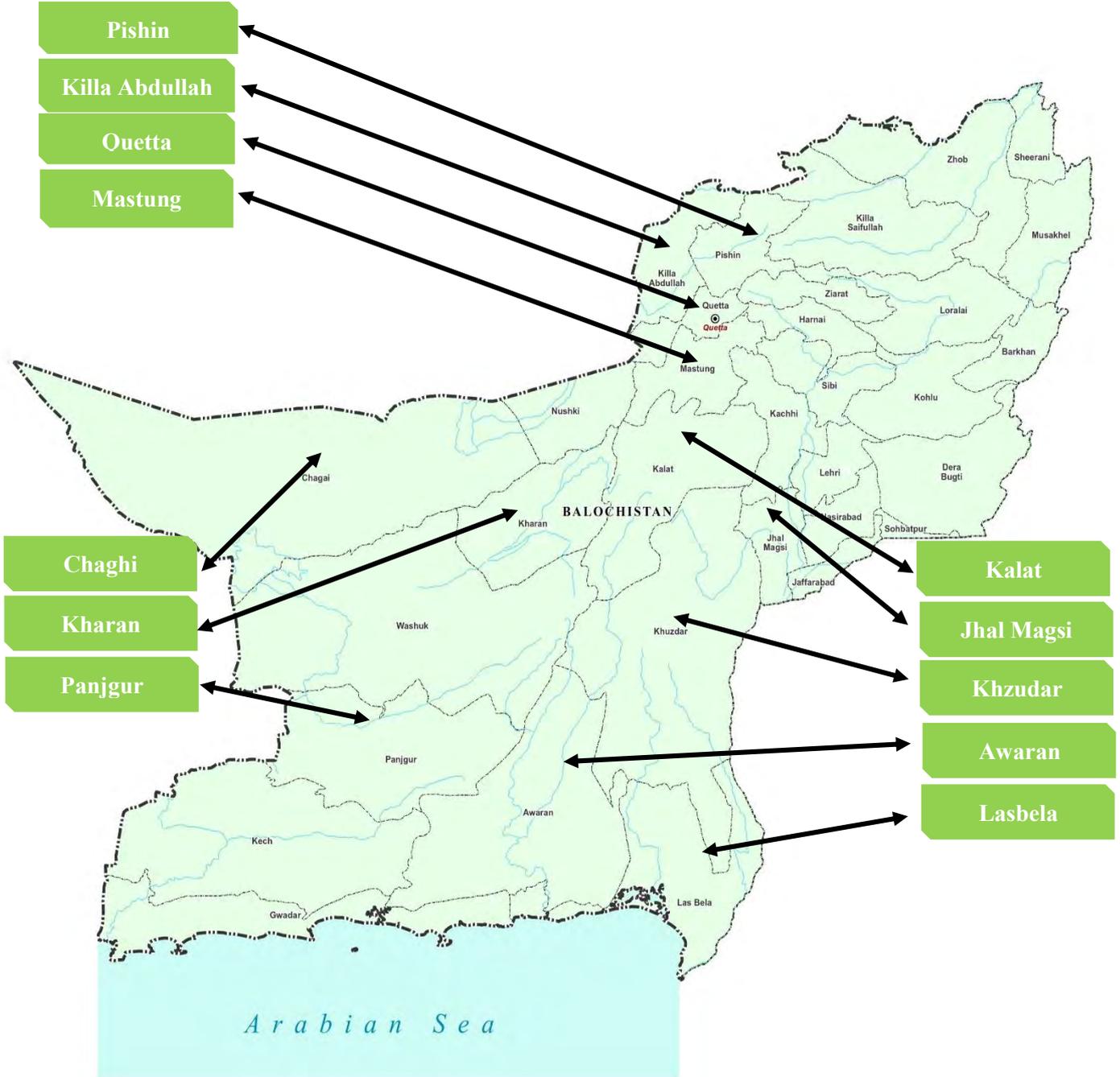
4. Geographical Outreach of CUP Pakistan



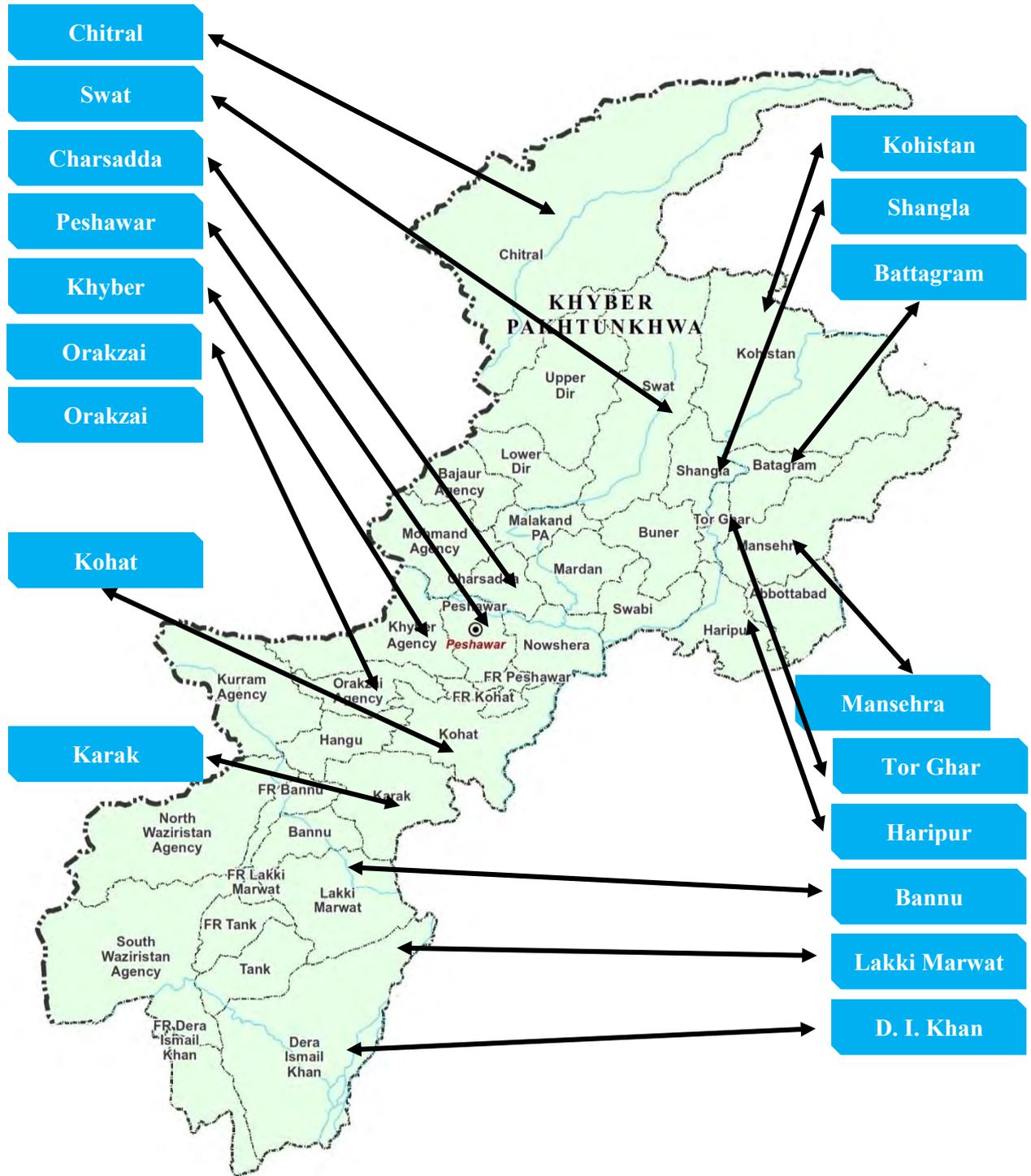
Completed Projects

(Province Wise Illustrative Maps)

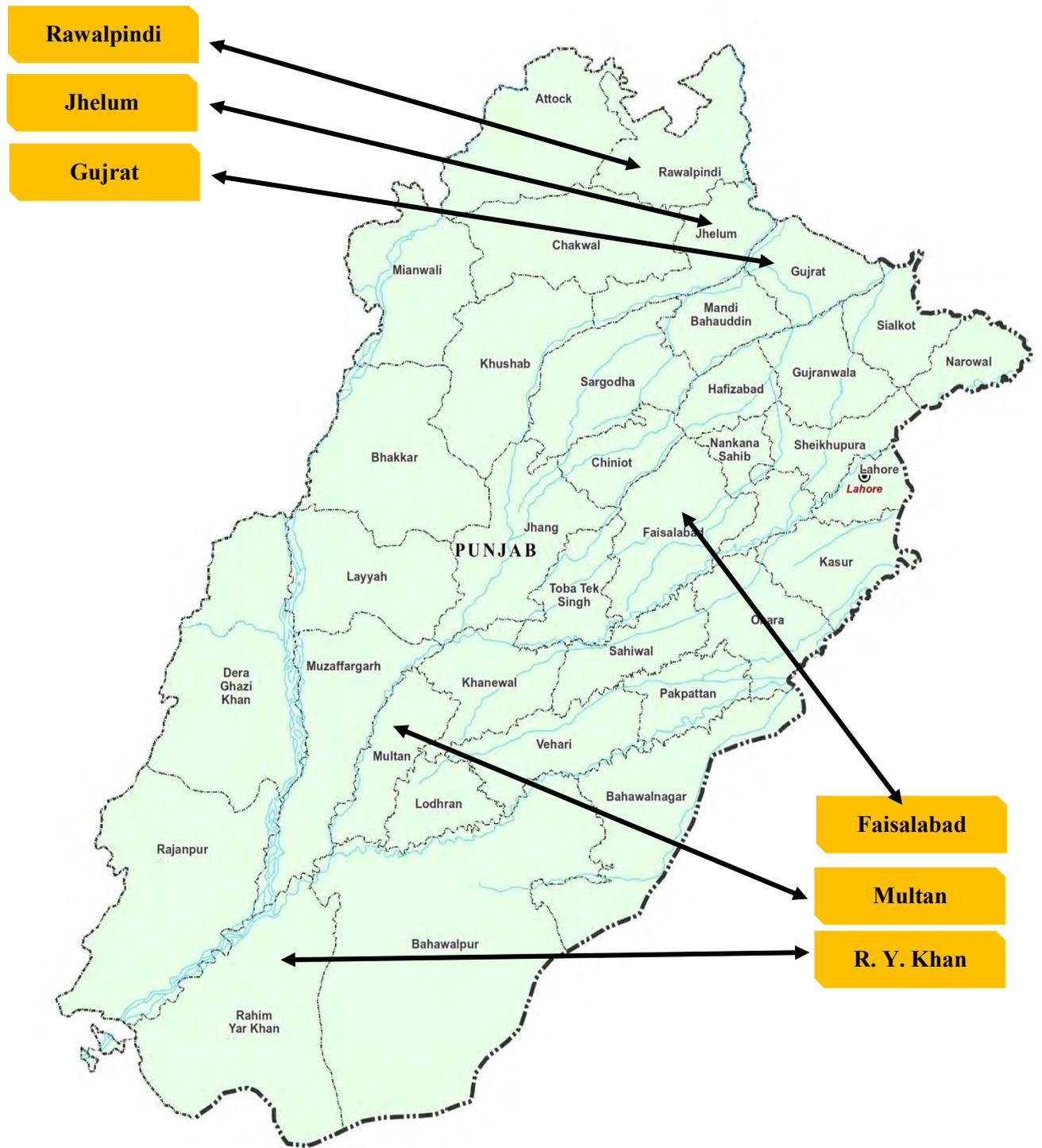
a. Baluchistan



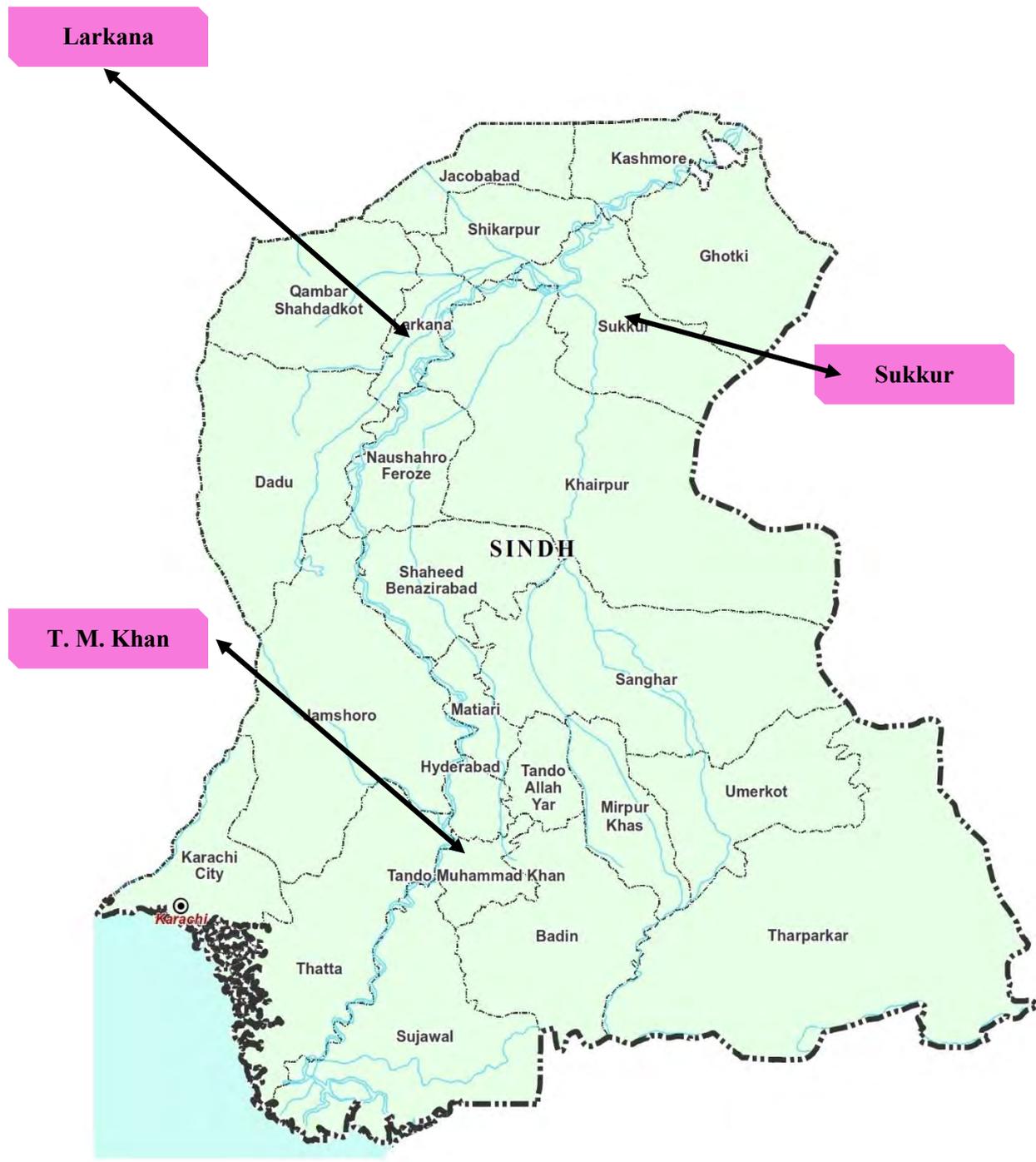
b. Khyber Pakhtunkhwa



c. Punjab



d. Sindh



5. Donors/Clients of CUP Pakistan

Donors/Partners/Client Agencies	Acronym	Thematic Areas
Pakistan Poverty Alleviation Fund	PPAF	CPI, Health, Education
Australian High Commission	AHC	Infrastructure
Asian Development Bank	ADB	Multi-Sectoral
Care International	CARE	Healthcare
International Fund for Agricultural Development	IFAD	Multi-Sectoral
Committee Encouraging Corporate Philanthropy – USA	CECP-USA	Health & Education
Catholic Relief Services	CRS	Livelihoods
Plan International	-	ECCD, Water & Hygiene Sanitation, Child Rights, Health
International Catholic Migration Commission	ICMC	Evaluation of Projects
United Nations Children Fund	UNICEF	Child Protection, Water & Sanitation & Integrated ECCD
UNDP- Global Environment Facility/Small Grants	UNDP-SGP	Livelihoods
Trust for Voluntary Organizations/European Commission	TVO/EC	Health
National Commission for Human Development	NCHD	Capacity Building/Local Government
National Education Foundation	NEF	Education/Out of School Child
Education for All Wing, Ministry of Education	EFA	Education
Concern Worldwide RAPID Fund	-	IDP Response
Catholic Agency for Overseas Development (UK)	CAFOD-UK	Exit Strategy (Health, Education)
John Snow International/PAIMAN	JSI/PAIMAN	Health
Department for International Development	DFID/TAMA	Reproductive Health
United States Agency for International Development.	USAID	M&E Services for all USAID Funded Projects in Baluchistan
World Food Program	WFP	M&E Services for all WFP funded Projects in Baluchistan
DFID/Palladium Pakistan	DFID	Social Accountability for Healthcare
Nutrition Support Program	NSP/Govt. of Sind/WB	Nutrition Support to under 5 years children & PLWs
Accelerated Action Plan	AAP/Govt. of Sind	Nutrition Support to under 5 years children & PLWs

6. Financial Stability & Corporate Systems:

We are a financially sound National Level NGO. We have a Resource Mobilization Strategy, which also includes the provision of Consulting Services to International Development Agencies in “Project Management, Monitoring and Evaluation Services” and Research and Assessment Studies. Our annual turnover for the past 12 years is as under:

№	Years	Amount in Million (PKR)
1	Turn Over 2008-2009	169.432
2	Turn Over 2009-2010	133.607
3	Turn Over 2010-2011	81.526
4	Turn Over 2011-2012	79.071
5	Turn Over 2012-2013	110.323
6	Turn Over 2013-2014	63.85
7	Turn Over 2014-2015	107.44
8	Turn Over 2015-2016	134.00
9	Turn Over 2016-2017	145.00
10	Turn Over 2017-2018	67.22
11	Turn Over 2018-2019	107.01
12	Turn Over 2019-2020	62.85

7. Human Resource Management and Administration

a) HR Functions in Support of CUP Program

Employment with Community Uplift Program is regardless of gender, cast, creed, age, religion or colour. We follow a transparent recruitment process to select the best possible candidate in accordance with laid down job description, qualifications, experience and other criteria that is announced through leading newspapers.

b) Admin Functions in Support of CUP Program

The administration provides support to the program. It provides support services such as travel, staff training, staff orientation, staff disciplinary matters, transport, maintenance, central supplies and printing coordination.

a) Staff Inductions (July 2019 – June 2020)

№	Names	Designation	Project	Date of Joining
1	Mr. Ashfaq Ahmad	District Project Manager	AAP - Sukkur Project	01-Jul-19
2	Ms. Syeda Alia Hashmi	District Nutrition Officer	AAP - Sukkur Project	01-Jul-19
3	Mr. Shams Ur Rahman	Logistics Assistant	AAP - Sukkur Project	01-Jul-19
4	Mr. Muhammad Aslam Channa	Community Mobilization Officer	AAP - Sukkur Project	01-Jul-19
5	Mr. Asadullah Pahore	Community Mobilization Officer	AAP - Sukkur Project	01-Jul-19
6	Mr. Zahid Ali Shar	Community Mobilization Officer	AAP - Sukkur Project	01-Jul-19

7	Mr. Zeeshan Ahmed	Community Mobilization Officer	AAP - Sukkur Project	01-Jul-19
8	Mr. Zain Raza	Community Mobilization Officer	AAP - Sukkur Project	01-Jul-19
9	Mr. Imtiaz Ahmed Khoso	Community Mobilization Officer	AAP - Sukkur Project	01-Jul-19
10	Ms. Sania Mehar	IYCF Promoter	AAP - Sukkur Project	01-Jul-19
11	Ms. Areesha Solangi	IYCF Promoter	AAP - Sukkur Project	01-Jul-19
12	Mr. Faheem Jabbar	Guard & Tea Boy	AAP - Sukkur Project	01-Jul-19
13	Mr. Ali Raza Chakrani	Community Mobilization Officer	AAP - Sukkur Project	01-Nov-19
14	Mr. Ali Raza	Logistics Assistant / MIS Assistant	AAP - Sukkur Project	01-Nov-19
15	Mr. Noor Hassan	Community Mobilization Officer	AAP - Sukkur Project	01-Jan-20
16	Mr. Fida Muhammad	Community Mobilization Officer	AAP - Sukkur Project	01-Jan-20
17	Dr. Sumaira Asad	District Nutrition Officer	AAP - Sukkur Project	10-Feb-20
18	Mr. Abdul Sattar	Social Mobilization Officer	AAP - Sukkur Project	06-Feb-20
45	Mr. Fahad Khan	M&E Officer	KNH - BMZ Project	01-Jul-19
46	Ms. Jazbia Shirin	Executive Support Officer	KNH - BMZ Project	22-Jul-19
47	Mr. Ahmad Faraz	Social Organizer - Male	KNH - BMZ Project	29-Jul-19
48	Ms. Fozia Irum	Social Organizer - Female	KNH - BMZ Project	25-Sep-19
49	Mr. Hidayat Ullah	Education Officer	KNH - BMZ Project	01-Sep-19
50	Ms. Nuzhat Mahal	Social Organizer - Female	KNH - BMZ Project	01-Jan-20
51	Mr. Noor Ul Islam	Finance & Admin Assistant	KNH - BMZ Project	01-Jan-20
52	Ms. Azqa Ramzan	Executive Support Officer	KNH - BMZ Project	01-Feb-20
53	Ms. Farah Sadia	Admin Officer	CUP – Head Office	01-Nov-19
54	Ms. Farah Sadia	Admin Officer	CUP – Head Office	01-Nov-19
55	Ms. Saweera Bibi	Social Organizer - Female	PPAF-TTF Project	01-Jan-20

b) Staff Leavers (July 2019 – June 2020)

No	Name	Designation	Project	Date of Leaving
1	Mr. Syed Safdar Hussain	Logistics Assistant	AAP - Sukkur Project	31-Oct-19
2	Mr. Imtiaz Ahmed Khoso	Community Mobilization Officer	AAP - Sukkur Project	31-Oct-19
3	Mr. Mehran Khan	Community Mobilization Officer	AAP - Sukkur Project	31-Dec-19
4	Mr. Mohsin Jamal	Community Mobilization Officer	AAP - Sukkur Project	31-Dec-19
5	Mr. Muhammad Ismail	Education Officer	KNH - BMZ Project	31-Aug-19
6	Ms. Sarah Muslim Khan	Social Organizer - Female	KNH - BMZ Project	31-Aug-19
7	Ms. Jazbia Shirin	Executive Support Officer	KNH - BMZ Project	19-Aug-19
8	Ms. Rida Ramzan	Executive Support Officer	KNH - BMZ Project	31-Jan-20
9	Ms. Sonia Khan	Social Organizer - Female	KNH - BMZ Project	30-Nov-19
10	Mr. Saad Mehmood	Finance & Admin Officer	KNH - BMZ Project	30-Sep-20
11	Ms. Farah Sadia	Admin Officer	CUP - Head Office	30-Nov-19
12	Ms. Farida	Social Organizer - Female	PPAF-TTF Project	30-Sep-19

8. Donor Organizations References

Donor Agency	Name & Designation of Focal Point	Contact Number	Email ID
KNH	Ms. Kiran Shehzadi <i>Country Coordinate</i>	03215857170	kiran.shahzadi@kindernoethilfe.com
PPAF	Mr. Shahid Husain <i>Regional Manager</i>	03467577533	Shahid.Hussain@ppaf.org.pk
AAP	Dr. Sahib Jan Badar <i>Program Coordinater</i>	03332146464	pc@aaphealth.gos.pk

9. Program Highlights (2019-2020):

9.1 KNH/BMZ Funded Integrated Women and Children Centered Community Development Project in District Battagram, KPK.

This 44 months' project started in September 2018 and its annual cycle is 1 January to 31 December each year. The progress achieved as of 30 June 2020 is as under:

Project Information and Reporting Period

Project Number: 25352 (3187)	Project Title: Integrated Children and Women Centered Development
Reporting Period: 01.04.2020 to 30.06.2020	
Report Submitted by: Zahoor Khan, Project Manager	

Project as of 30 June 2020

Activities	Status: Completed/ Ongoing/ Delayed	Description of Activities contributing to goal achievement
Planned Activities for Project Start-Up:		
A. Hiring of project staff and office set-up in District Battagram	completed	Reported in first quarter
B. Meetings with district administration & elected District Nazim for orientation and issuance of NOC.	completed	Reported in first quarter
C. Inception Workshop for all stakeholders.	completed	Reported in second quarter
D. Conduct Project Baseline and Poverty Score Card Study	completed	Reported in second quarter
E. Project Orientation Meeting with Provincial Level Key stakeholders	Completed	Reported in second quarter
F. Orientation Workshop for all Project Staff about Project Design and implementation processes.	completed	Reported in second quarter
Planned Activities for Output 1: Strengthening Child Protection systems		

1.1 Meetings with the District Child Protection Unit (CPU) develop action plans for strengthening the CPU	completed	Reported in second quarter
1.2 Formation of Community Groups (CGs)	Completed	Reported in 4 th quarter
1.3 Capacity Building and Training of Lead Activists of CGs in management, child rights	Completed	Reported in Q 5 th Quarter
1.4 Design and Print IEC materials for Community Awareness Campaign on Child Rights	Ongoing	The specimen contents and sub-contents of IEC is submitted to KPCPWC for its approval and technical inputs. However, it is still awaited, as soon as CPU Battagram restart its office and KPCWPC approves the IEC material contents, it will be provided for printing and subsequently will be disseminated through upcoming awareness raising sessions. Final approved IEC will also be shared with KNH office for their inputs.
1.5 Awareness Sessions for the larger community by lead activists on child rights	Delayed	Due to COVID-19 outbreak and lock down by the government the activity was suspended.
1.6 Implementation of action plan to strengthen the Child Protection Bureau.	Ongoing	As per the agreed action plan, jointly developed by CUP and Child Protection Unit (CPU) Battagram in the second quarter, CUP project team is closely pursuing the key required actions assigned to CUP. During the reporting quarter meetings with all CPCs have been held to arranged community awareness sessions with their support. Moreover, Lead Activists, men and women, trained in the previous quarter were also visited to mobilise them re-orient them for conducting awareness sessions on CP/CR.
1.6.1 Complete Activation of the 9 CPCs in CUP Target UCs	Completed	Reported in 4 th quarter

<p>1.6.2 Orientation and Capacity Building Workshops for CPCs in Batches of 25 CPCs each on Child Rights, Protection, Prevention and Case Reporting</p>	<p>Completed</p>	<p>During the reporting quarter two 3-day training workshops for Women and Men Child Protection Committee (CPCs) under the activities identified through baseline survey has been successfully organized.</p> <p>A total of 42 participants attended the training, 20 women and 22 men. Given the challenging situation created by COVID pandemic, the participants showed great courage to attend the training. Prior to the conduct of the training special permission of district administration was sought to ensure compliance with the government SoPs for organizing public events.</p> <p>The basic objectives of the training were to introduce the main clauses of the KPCPWC Act 2010 & amendment of 2016, to introduce the role and responsibilities of the referral partners of the Child Protection Unit under the KPCPWC 2010, to explain the importance and role of community outreach for (a) creating larger community awareness on CP (b) the importance of functional Child Protection Committees and (c) what needs to be done to maintain sustainable CPCs structures. Training were conducted by a seasoned and professional expert trainer. The trainer adopted participatory approach that ensured active participation by the trainees in the training. Group works, role play, plenary discussion, exercises for refreshment, Audio clips were adapted to smooth learning of training. The language used to deliver the training was mainly Pushto and Urdu. Community experience was also shared to enable participants understanding. Live experience and case studies were used as example and this made easy for the participants to relate to what they were learning and what is happening in their community.</p> <p>The training ensured educating, both men and women trainees on how the child protection programs could have a positive impact on many vulnerable children, including those affected by violence and abuse, children with disabilities, girls at risk of early marriage, out of school children and some child laborers.</p> <p>It is also noteworthy to mention here that with concerted efforts of the project team and unselfish approach of the members of the Community Groups and Village Organization established under the project made a history to form functional women CPCs. As of before all the registered CPCs with the district Child Protection Unit were nonexistent. The active participation in the training especially by women despite of cultural berries to women mobility coupled by risk of COVID pandemic is an indicator of the successful social mobilization and a transformational shift of change in behavior. All the participants during the</p>
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		<p>training were provided with PPEs, like face masks, sanitizers, soaps and spray. The seating arrangements were also made as per SoPs i.e. ensuring social distance of at least 3 meters.</p>
<p>1.6.3 TOT training for PTCs, including on “life skills”, & child protection issues to create awareness in parents and teachers on children at risk, prevention and case reporting</p>	<p>Completed</p>	<p>This was a three days training event for women PTC members of targeted 25 school. One key member of each PTC was invited to the training. A total of 25 PTC members received the training.</p> <p>Despite of the tense situation due to COVID pandemic, the successful completion of the planned activities under the reporting quarter have been in full swing. The first two months have been difficult for easy mobility due to lockdown situation, however, at the end phase, somewhat routine affairs began to start. Thus, the project team had to chalk out a hectic schedule of the activities. The subject training was also part of the activities identified under the baseline survey. By organizing these events the District Administration (DA) granted permission subject to the conditions of ensuring standard operating procedures set by the NDMA for public gatherings. This was ensured by providing necessary protective means to the trainees.</p> <p>The chief objectives of training of the PTC members in child protection (CP) and child rights (CR) with special focus on “Life Skills” is to aware the PTC members about how to prevent, protect and respond to violence, exploitation and abuse against children. This is of great significance for the PTC members to be well aware of the child protection framework that should include legislation and policies that provide specific rights for children, services that support the protection of children within communities. Moreover, the PTC members come across dealing with the school children directly most of the time, thus to ensure the work of PTC may also be part of a child protection framework through the delivery of services by the PTC that geared towards challenging cultural norms and practices that legitimize forms of violence against children.</p> <p>The three-day training workshop provided a good platform of learning environment for the trainees and has good overall impression on both, the education department and communities. PTC members received such kind of training for the first time. They appreciated the KNH-CUP efforts for empowering female of the area and facilitating an enhanced learning environment. The CPU is closed, however the district SWD and Deputy Commissioner was well informed of the activity and they endorsed the event too.</p>

1.6.4 Support the Quarterly Meetings of the District Working Group (DWG) on Child Protection		Coming Quarters Activity
1.6.5 Support the Quarterly Meeting for Line Departments on Child Protection Progress		Coming Quarters Activity
1.6.6 Support Quarterly Awareness Campaigns of CPCs through IEC Materials		Coming Quarters Activity
1.7 Develop Indicators for measurement of cases of child abuse, exploitation and mitigation measures taken.		Coming Quarters Activity, The activity was planned for reporting quarter, however due to closure of CPU the activity couldn't be initiated.
1.8 Training Workshop for District level key Stakeholders especially from Public Sector on Child Rights & Protection	Completed	Reported in 2nd quarter
Planned Activities for Output 2: Improved quality of primary education (including ECE), particularly for the girl child		
2.1 Meetings with the Education Department, Target School Management and Parent Teacher Councils (PTC) on the Project Design and Implementation	Completed	Reported in 2nd quarter
2.2 Develop School Improvement Plans (SIPs) for target Primary Schools (25) & its implementations.	Completed	Reported in 5th Quarter

2.3 Design and Print Low Cost Learning Materials for ECE in 25 Primary Schools.	Ongoing	All the district education department in KP are not working to its full strength due to COVID outbreak. As soon as the offices resume to its fullest operations, the activity will be resumed. Furthermore, the DO education is required for technical inputs in development of the Learning Material. As per MoU with secretary education prior approval is necessary from the district education department.
2.4 Conduct teachers training in child friendly learning methods (for 50 teachers of 25 schools)	Completed	Reported in 4th quarter
2.5 Re-activation & strengthening of 25 PTCs.	Completed	Reported in 4th quarter
2.6 Conduct enrolment campaigns (walks, seminars, advocacy events, education mela etc.) (1 campaign in catchment area of 25 schools)	completed	Reported in 3rd Quarter
2.7 Conduct Recreational Activities for the Development of the Child: Organize Child Friendly Games (4 events - one event in each year). Conduct debates and sports competitions in primary schools level (8 events-two in each year); Intra-Primary School Exposure Visits (4 - one in each year)	Completed year 1 activities	Reported in 5th Quarter

2.8 Conduct Awareness Raising Session on SDGs with District Line Departments and Head Teachers with special reference to SDG Education Goals and Indicators	Completed	Reported in 5th Quarter
2.9 Two trainings on School Improvement Plans (SIPs) for Education Department including Head Teachers of 25 Schools of Battagram	completed	Reported in 3rd Quarter
2.10 Awareness sessions with community groups (CGs) to sensitize on importance of girl's education by involving religious leaders, elected local council members, PTC etc.	Completed	<p>A total of 6 sessions, two per UC, one male and one female, are successfully organized during the course of one and a half week in the reporting quarter. More than 150 key opinion leaders from three targeted UCs participated in these events. These includes, village council level leaders, prominent figures of different walks of life like, lawyers, educationists, elites and especially religious leaders who were motivated for highlighting importance of education during the Friday sermons. Each session was conducted through an influential resource person. The agenda of the session was developed in consultation with the CG/VO/PTC/CPC members established under the project. The agenda points mainly included topic such as: Importance of girl's education with Islamic Prospective, roles of girl's education in alleviating Poverty, role of girl's education in woman Empowerment.</p> <p>The activity was identified under the baseline survey recommendations. The baseline study revealed that majority of school going children are out of schools in school catchments area to so many reasons. A major group of parents did not know the importance of girl's education Battagram is a tribal cum male dominated district; where women are restricted to exercise their basic rights even they cannot send their children's without the permission male. It depends on the male head of any house and subsequently the consent of community male members that if they feel comfortable in allowing for schooling. Thus the recommendation states that, the PTC, CGs and religious leader role must be made more active and decisive regarding importance of girl's education. They must play vital role to identify and enroll out of school children's and should influence their communities to help eliminate student absenteeism.</p>

2.11 UC wise Quarterly Teacher Cluster Meetings to discuss problems teachers encounter during their teaching and learning process, effective class room management & teacher's role in increasing girls enrolment		Coming Quarters Activity.
2.12 Quarterly PTC meetings, to support in effective functioning of target schools	Completed	Completed in 6 th quarter (1 st Quarter of 2020)
Planned Activities for Output 3: Improved Social Accountability Systems for Citizen-Inclusive Monitoring & Feedback (ECE and PE)		
3.1 District Level presentation/meetings with DEO, DC, District Nazim on proposed collaboration and support for citizen-led monitoring and feedback on primary education services.		Coming Quarters Activity
2.13 Social Mobilization & Identification of Lead Activists of CGs in the catchment area of sample of 9 Primary Schools (36 Lead activists for 9 Primary Schools)		Coming Quarters Activity

<p>2.14 Conduct Training Workshops for Lead Activists of CGs on Citizen Entitlements & Community Score Cards“ for Primary Schools.</p>		<p>Coming Quarters Activity</p>
<p>2.15 Conduct awareness and capacity building for 9 Primary Schools Management on usage and application of the “Community Score Card” (CSC) improvement in service delivery in primary education.</p>		<p>Coming Quarters Activity</p>
<p>2.16 Lead Activists Conduct Input Tracking Sessions at 9 Primary Schools.</p>		<p>Coming Quarters Activity</p>
<p>2.17 Lead Activists Conduct Performance Assessment Scoring against each agreed primary education and school services indicators on 9 Primary Schools</p>		<p>Coming Quarters Activity</p>
<p>2.18 Self-Evaluation Sessions by 9 Primary School Staff against agreed primary education indicators.</p>		<p>Coming Quarters Activity</p>
<p>2.19 Conduct Interface Meetings to develop Joint Agreed Action Plans for 9 Primary Schools.</p>		<p>Coming Quarters Activity</p>

2.20	Establish District Advocacy Forum to support agreed Education Plans in the District.		Coming Quarters Activity
2.21	Repeat the CSC each Year (Year-3 & 4) to measure progress on Primary School Indicators.		Coming Quarters Activity
2.22	Training Workshop on different Social Accountability Tools and how Community Score Card (CSC) results in the improvements in education service delivery.		Coming Quarters Activity
2.23	Develop IEC material on CSC and Citizen Entitlement to Primary Education for its display and dissemination at School level and general public for its promotion.	Ongoing	Development of IEC material is still in progress, but due to lockdown because of COVID-19 outbreak all activities are suspended for time being. The activity will now be rescheduled in coming quarter.
Planned Activities for Output 4: Strengthening Economic Resilience			
4.1	Federation of CGs under Umbrella UC Level Groups (3 UC Groups)	completed	Reported in Q 5 Oct to Dec 2019
2.24	4.1.1 Conduct Sessions on CMST and LMST with VO members	completed	Reported in Q 6 Jan to Mar 2020

4.2 Capacity Building Trainings of 3 UC Level Groups and Provision of Support Systems to each UC Level Organization.		Coming Quarters Activity
4.3 Conduct Vocational & Technical Skills Trainings for Identified ultra-poor CG Members (500 Pax)		Coming Quarters Activity
4.4 Conduct Small Business Development/Enterprise Development Trainings for ultra-poor CG members(500Pax)		Coming Quarters Activity
4.5 Provision of Productive Livelihood Assets for Small Group and Individual Businesses.		Coming Quarters Activity
4.6 Facilitate Linkages of Ultra Poor CG Members to Social Security Networks (SSNs).		Coming Quarters Activity
4.7 Support through UC Level CG Umbrella Organizations in Employment of Trained CG Members and Market Linkages of Small Businesses		Coming Quarters Activity
4.8 Organize Sales Exhibition of Products of CG Members (2-Year 3 and Year 4)		Coming Quarters Activity

4.9 Conduct Market Exposure Visits for Entrepreneurs (2-Year 3 and Year 4)		Coming Quarters Activity
4.10 Conduct Value Chain Studies for Small Business Development.	Completed	<p>During the current quarter through a qualified resource person value Chain studies for small business development was successfully conducted. The overall objective of this assignment is to carry out a Value Chain Studies for Small Business Development in the targeted UCs under the project (and beyond as appropriate) to provide evidence-based information to programme design. Specific Survey Objectives of the study includes:</p> <ul style="list-style-type: none"> • To carry out a Value Chain Study of existing trades and new trends in the respective Union Councils (UCs) and to provide evidence-based information for programme interventions development. • Bring out comparative and competitive advantages. • Identify leverage points along the value chain that can have potential in strengthening the effectiveness and efficiency of the chains. • Identify the underlying constraints impinging upon business transactions all along the chain and provides interventions on how to mitigate them. • Identify the potential suitable producers' groups, and private sector players, the promising value addition opportunities and markets. <p>The study apart from analysing the gapes in existing value chain of businesses also helped in identifying potential new income generating small scale feasible trades for the identified beneficiaries. The finding of the study will be shared with all VO and CG members to assist them in selection of trades according to the trend in their home town and neighbouring areas.</p>
4.11 Training on Village & UC level on Livelihood Development Plans for Community Institutions.		Coming Quarters Activity

4.12	Workshops with local Public Representatives at Village & UC level for integration of their Annual Development Plans with CIGs Village & UC Development Plans		Coming Quarters Activity
4.13	Training Workshop on CIGs concepts & value chain management for CIG Leaderships		Coming Quarters Activity
4.14	ToT-Workshop for CIGs Managers on Community Resource Persons (CRPs) for Market Sectors on UC level		Coming Quarters Activity
Planned Activities for Output 5: DRR and Climate Change Adaptation			
5.1	Meetings with District Disaster Management Authority (DDMA) to develop a plan of action for CBDRM in the district at UC Level.	Completed	Reported in Q 5 th Quarter
5.2	Formation of Disaster Management Committee at UC Level (3)	Completed	Reported in Q 5 th Quarter
5.3	Capacity building trainings for the UC Disaster Management Committees on CBDRM and climate change adaption strategies and action planning.	Completed	Reported in Q 5 th Quarter

5.3.1 Training Workshop for women on Gender Mainstreaming into DRM		Coming Quarters Activity
5.4 Distribution of disaster response kits.		Coming Quarters Activity
5.5 Participatory Development of three plans at UC level for Community Based Disaster Risk Management (CBDRM)	Completed	<p>After the successful completion of training of members of DMCs, in the current quarter with the close involvement of each DMC and District Disaster Management Authority (DDMA) three UC level CBDRM plans have been developed. The purpose of the activity is to:</p> <ol style="list-style-type: none"> 1. Imparting knowledge to the local community, children and disables on basic concept of Community Based Disaster Risk Management i.e. disaster, Risk, hazard, vulnerabilities, Capacity, emergency, response, Relief, recovery, rehabilitation, reconstruction and mitigation. 2. Imparting knowledge to local community about the basic mitigation measures before, during and after disaster. 3. Imparting knowledge to the local community about search, Rescue and First Aid and early warning system. 4. Imparting knowledge to the local community about Risk Assessment & preparation of Hazard map. 5. Development of a robust community based disaster risk management plan at the UC level <p>The plan is now ready for sharing with each DMC and DDMA. The plan greatly helped in planning next activity under the component i.e. implementation of the CBDRM plans.</p> <p>The DMC members also emphasised for developing a coping strategy to deal with pandemics such as COVID-19 in future. The FGDs under the CBDRM plan with the communities revealed that due to lockdown situation most of the communities residing in the high altitude regions faced severe shortage of food and other essential daily commodities thus the plan must include collection of funds that can be used for helping people in emergency. Moreover, the DMC also demanded for inclusion necessary PPEs as part of Disaster Kit.</p>
5.6 Implementation of CBDRM Plans		Coming Quarters Activity

5.6.1 Capacity building Session on DRR and Climate Change Adaptation Strategies for key DRR Actors at District level		Coming Quarters Activity
5.6.2 Conduct Research Study on Risk Analysis, Disaster Risk Mitigation and Community Based Disaster Management (CBDRM) Plans		Coming Quarters Activity

Activities Snapshots:





9.2 Government of Sind Funded Institutional Arrangements for Delivery of Maternal and Child Nutrition Services in LHW non-covered areas of District Sukkur:

Accelerated Action Plan for reduction of Stunting & Malnutrition is multi-sectoral plan of action prepared by the government of Sindh, led by the Planning & development Board in collaboration with development partners. The plan focuses on international best practices to combat Malnutrition by adopting nutrition specific and nutrition sensitive interventions. The strategic focus of the plan is to enhance inter-sectoral collaboration and coordination among key sectors; strengthen multi-sectoral monitoring and evaluation mechanisms to rejuvenate the hopes of population in the government.

The government of Sindh is strongly committed to root out the prevalence of malnutrition and stunting across the province by allocating adequate resources in its financial outlay in order to achieve the targets consolidated in Accelerated Action Plan for reduction of Stunting and Malnutrition.

Goal

To improve health and nutrition status of children and mothers by rapidly expanding and enhancing coverage of intervention in all districts of Sindh, both through facility and community action plan.

To work with other sectors like agriculture, livestock & fisheries, Wash / sanitation, education etc. Overall objective of these program are food security and wellbeing of its citizens.

Mission

To reduce stunting rate from 48% to 43% in first five years (by 2021) in Sindh by increasing and expanding coverage of health interventions, that are known to reduce stunting in first five years of children's lives.

Highlights of the Year

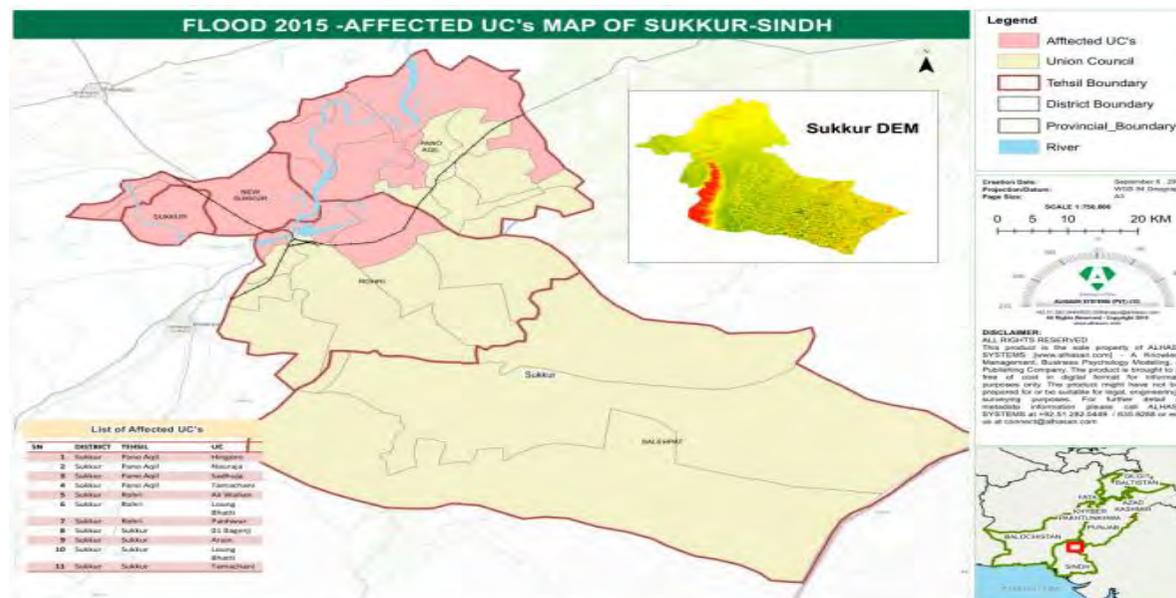
- 100% CHWs hired
- Provision of supplies to CHWs
- Provision of reporting tools to CHWs
- Arranged ToTs for facility based trainers
- Trickle-down trainings for LHWs, CHWs and CMWs on CMAM & IYCF
- Information dissemination about COVID-19 to Field staff & CHWs
- Conducted Infection Prevent Control (IPC) training of Staff & CHWs

- Conducted awareness sessions with CHWs & Community about IYCF practices during pandemic situation of COVID-19
- Distribution of IEC material to CHWs and Community for awareness about corona virus
- 131% of children 6 to 59 Months screened
- 141% children received MNPs of total target
- 53.2% SAM children identified and referred
- 100% of MSG target has been achieved
- 66% of FSG target has been achieved
- Participated in DCCN Meetings
- Official meetings held at office (Weekly, Monthly & Quarterly)
- Participated in Quarterly meeting at DHO office Sukkur.
- Participated in coordination meetings with District management and other AAP Partners
- Participated in awareness camps (Health Mela)
- Arranged sessions for Adolescents' girls on IYCF in Girls Middle and High Schools of district Sukkur
- Carpet screening in the uncovered areas

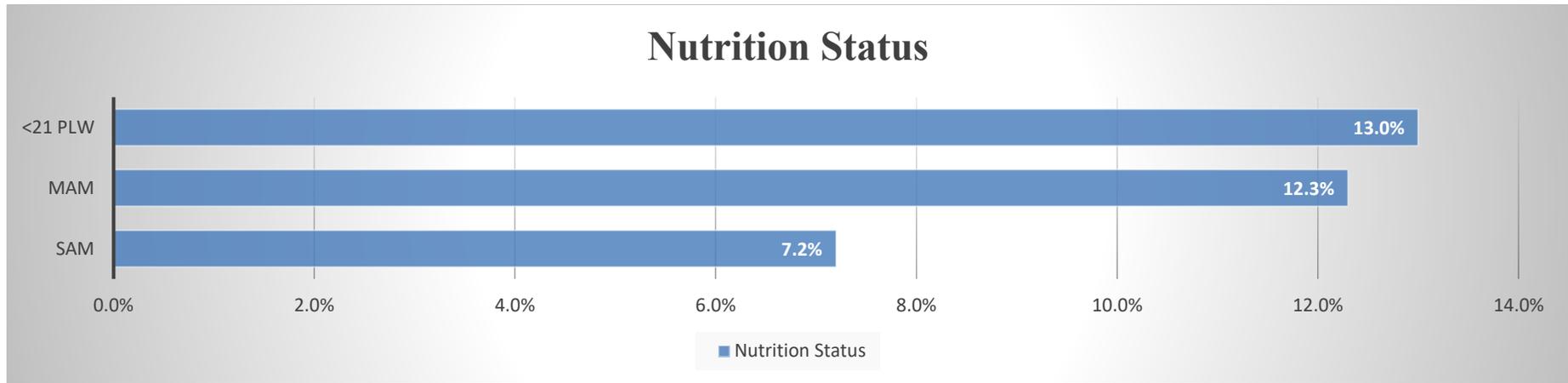
District Profile and Nutrition Status

Sukkur district is a district in Sindh Province in Pakistan. It is divided into 5 administrative Talukas (tehsils), namely; Sukkur City, New Sukkur, Rohri, Saleh Pat and Pano Aqil. Among them Sukkur city and new Sukkur are urban centre while Pano Aqil is famous for having one of largest military cantonment of the country. Rohri is the smallest tehsil of the Sukkur district, both in area and population but it has an important railway junction.

Sukkur along the western bank of the Indus River, directly across from the historic city of Rohri. Sukkur is the third largest city in Sindh after Karachi and Hyderabad, and 14th largest city of Pakistan by population. New Sukkur was established during the British era alongside the village of Sukkur. Sukkur's hill, along with the hill on the river island of Bukkur, form what is sometimes considered the "Gate of Sindh".

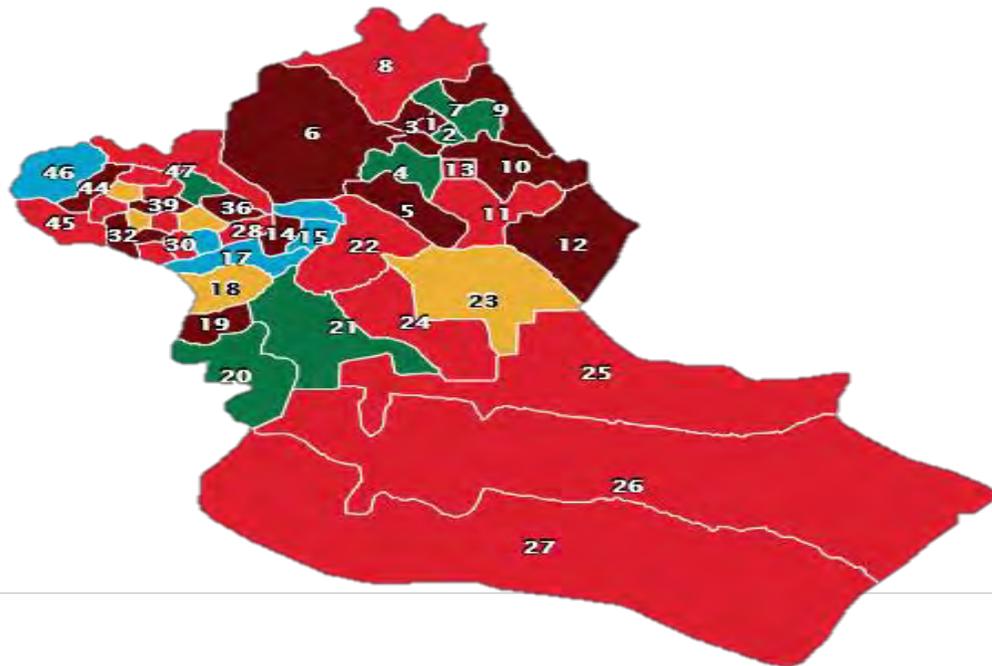


Projected population 2019 of the district Sukkur is 1,574,840 in accordance of census of 2017 out of total population 70% of population 1,102,388 is covered by LHWs and 30% of pupation 472,452 is non-LHW area and covered by CHWs hired by Community Uplift Program. As per NNS 2018 7.2% of children are severely malnourished, 12.3% of children are moderate malnourished and 13% of PLWs are malnourished.



Outreach Coverage

Out of 46 Union councils of district Sukkur Community Uplift Program working in 24 partial or fully uncovered UCs of district as given in the below map.



Overall Objective:

To cover the 30% non-LHW covered areas in District SUKKUR to implement the nutrition activities and basic and comprehensive package of health in line with the 1,000 days strategy protocols as for LHWs (primary health care & family planning which includes registration and counselling of family on hygiene and sanitation, MNCH package; ANC, Delivery, PNC, Vaccination, Nutrition, Family Planning and referral) and replicating the LHW interventions in uncovered areas through Community Health Worker (CHWs).

Specific Objective/s:

- 1) To facilitate the establishment of Mother Support Groups (MSGs) in Non-LHW covered Villages for community knowledge, attitudes and practices in maternal and child nutrition care and MNCH package through Social Behavior Change communication (SBCC).
- 2) To conduct the full set of community outreach through Community Health Workers (CHWs) on “Community Based Management of Acute Malnutrition” (CMAM) and stunting through community mobilization, screening, referrals to PPHI operated OTPs and follow ups of children under 5 years and pregnant and lactating women for nutrition intervention.
- 3) To establish community-facility linkages (successful referral and follow up after discharge, nutrition promotion sessions at facility and community level are aligned) as well as regarding registration of pregnant women and their ANC/other care as per protocol.

Project Outputs**Output-1:**

Formation of Mother/ Father Support Groups in four corners of a catchment area (1,000 population or 150 homes), comprising married women of community who are mothers or are in reproductive age and are disseminating MNCH messages through an interactive, supportive and facilitative methodology including SBCC.

Output-1 Indicators

- 1.1 M/FSGs formed by CHWs in at least 90% of the villages in the catchment area.

- 1.2 Community sessions conducted (monthly sessions held with community on breast feeding, complementary feeding, maternal services & nutrition, screening, personal and food hygiene, micro-nutrient supplementation) & deworming.
- 1.3 Household visited by CHWs for Inter-Personal Counseling (monthly visits to every pregnant and lactating women and children under two for follow up on compliance to IFAS, micro nutrients, breast feeding and complementary feeding, deworming; hygiene and hand washing etc.).

Achievement of Output-I

Active participation from group members is a process of peer support which results in empowerment, and an increase in self-realization for mothers. Together, mothers find ways to resolve breastfeeding difficulties, improve their infant feeding practices, and support each other. other than CHWs to reach out the maximum number of Women and adolescent girls there is need of field force who can regularly interact with community, the Mother Support Group (MSG) is an idea which can serve in more appropriate manner. A total of 736 MSGs were formed in the community by CHWs with the support of CUP outreach teams and each group had to receive 14 Sessions on 14 different topics of IYCF, Complementary Feeding, ANC and PNC through outreach teams and CHWs. If forming a completely new group, it's important that women understand the purpose of these sessions. Every CHW assigned to establish two MSGs and a Father Support group in the community total 243 FSGs formed in the community with the support of CUP outreach teams and CHWs.

	Target	Achieved	Remaining
Mothers Support Groups (MSGs) Formed & Functional	736	736	0
Father Support Groups (FSGs) Formed & Functional	368	243	125



Output-2:

100% screening and referral of malnourished children and pregnant women to OTP Centers/HFs as per targets below.

Supplementation of Children and PLWs:

Output-2 Indicators

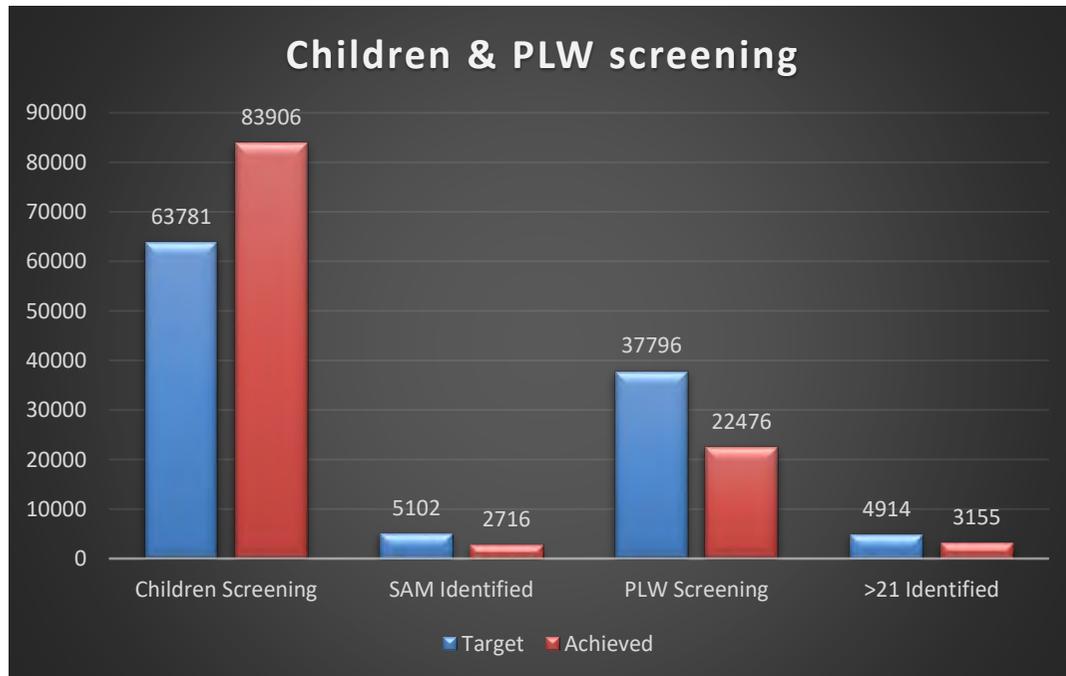
- 2.1 Screening of children 6 to 59 months in uncovered area and correctly referred to OTP site and screening of PLWs.
- 2.2 Follow up of children admitted and discharged from the SAM treatment to ensure full compliance till at least 12.5cm MUAC and signs for relapse.
- 2.3 Children 6 to 24 months reached and consume multi-micro-nutrients as per protocol and at least 80% (number reached / total number within the catchment area).
- 2.4 Pregnant women receiving and consuming iron folic acid as per protocol and at least 80% (number reached / total number within the catchment area).

Achievement of Output-2

Malnourished Children and Pregnant and lactating women (PLW) are among the most vulnerable groups of population due to their higher nutritional needs and detrimental effects of poor nutrition on the health of the mothers and their children. Community Uplift Program hired 368 Community Health Workers (CHWs) along with 20 CMOs and IYCF Promoters and trained them all on CMAM, IYCF and Case identification for work in Non LHW areas of district Sukkur all were equipped with required tools for field activities in the community for screening and referrals of SAM children to PPHI operated OTP sites. Outreach force of CUP in uncovered areas of district screened a total of 83,906 children of 6-59 months of age against the target of 63,781 and 22476 PLWs were screened in the community against the target of 37,796 PLWs.



	Target	Achieved	%
No. of children 6-59 months screened through MUAC	63781	83906	131.6%
SAM children 6-59 months without complications MUAC < 11.5 cm	5102	2716	53.2%
No. of PLWs screened through MUAC	37796	22476	59.5%
PLWs screened and found at risk of Malnutrition (MUAC < 21CM)	4914	3155	64.2%



Community health workers (CHWs) are frontline workers who have a close understanding of the community they serve. This trusting relationship enables them to serve as a liaison/link between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Community health workers also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach.

In this regards CHW were training by outreach teams on supplementation protocols as under

Micronutrient Powder (MNP) (Iron: 12.5 mg of elemental iron, preferably as encapsulated ferrous fumarate, Vitamin A: 300 µg of retinol; Zinc: 5 mg of elemental zinc, preferably as zinc gluconate)

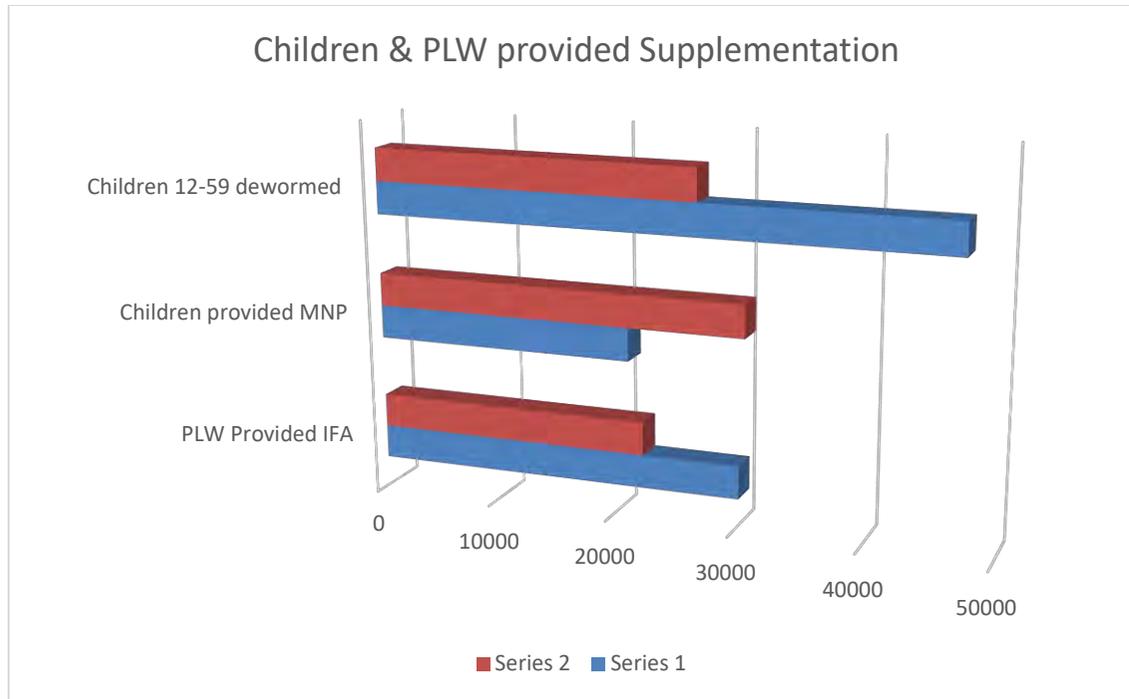
Age	Dosage	Doses	Frequency
Infant and Young Children aged 6–23 months	1 Sachet daily	90 sachets/doses over 3 months	Three consecutive months in a year

Ferrous fumarate and folic acid (Tab. Fefan 150/0.5mg)

Age/ Target Group		Dosage	Frequency
Pregnant Women	and Lactating	1 Tab. Daily	Dosage is started from confirmation of pregnant till 3rd month of lactation (if starts later in pregnancy can be continued in postnatal period to prevent childhood anemia.

Tab. Mebendazole (100mg/ tab)			
Age		Dosage	Frequency
0-12 months		Not recommended	
13-23 months		2 tablets (200mg)	Biannually
24-59 months		5 tablets (500mg)	
Lactating mothers		5 tablets (500mg)	After first trimester, don't give in 1st trimester
Pregnant women			

	Target	Achieved	%
PLWs provided IFA Tablets	30237	22410	74.1%
children 6-23 months Normal & MAM provided MNP	21260	30682	144.3%
No. of children 12-59 months dewormed	47245	26858	56.8%



Output-3:

Community-facility linkages established and functionally operative (successful referral and follow up after discharge, nutrition promotion sessions at facility and community level and pregnant women referred for ANC care)

Output-3 Indicators

- 3.1 Pregnant women in catchment population registered and referred for four ANCs during pregnancy to nearest HF/CMWs/SBA.
- 3.2 Referral/ensuring for TT-2 doses for 90% of all pregnant women
- 3.3 At least 90% of lactating women referred for PNC visit to SBA/ HF

Achievement of output-3

Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behaviors and parenting skills. Good ANC links the woman and her family with the formal health system, increases the chance of using a skilled attendant at birth and contributes to good health through the life cycle.

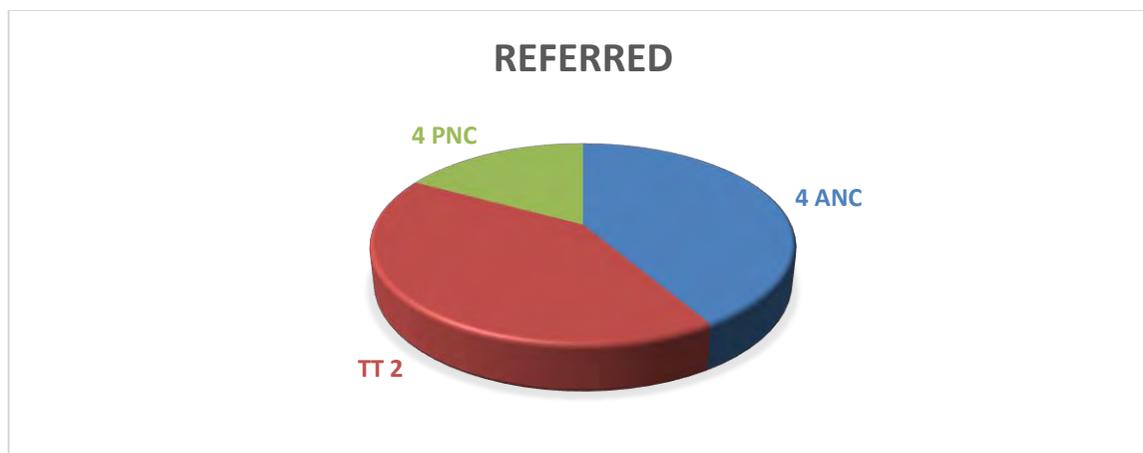
Inadequate care during this time breaks a critical link in the continuum of care, and effects both women and babies.

Prompt and efficient identification, referral of Pregnant & Lactating women for 4 ANC and for TT2 vaccination and lactating for 4PNC are key factors to the reduction of maternal and newborn morbidity and mortality.

All CHWs to conduct home visits during pregnancy and in in lactation period of mother. CHWs were trained to counsel mothers on importance of ANC, PNC and TT vaccination and the importance of seeking care. The first component of facilitated referral emphasizes the role of CHWs in promoting compliance with referral by counseling families on why timely referral is important.

There was project target 17008 4 ANC visit, 17008 TT2 vaccination from which CUP reached and referred 7202 pregnant women for 4 ANC visits and 7202 for TT2 vaccination and 2972 women referred for 4 PNC visits to HF/CMW.





Output-4:

Capacity building of Staff, facility based staff (MO, WMO and other staff) and outreach workers (LHWs, CHWs & CMWs) on CMAM and IYCF.

Output-4 Indicators

- 4.1 Conduct TOT for LHS and facility based staff for further trickle down training for LHWs, CHWs and CMWs.
- 4.2 Conduct Trickle down training for CHWs, LHWs and CMWs on CMAM and IYCF.

Achievement of Output-4

- **Days TOT on CMAM & IYCF:** CUP Sukkur organized five days ToT on CMAM and IYCF at DHO office Sukkur the main purpose of this TOT was to build the capacity regarding CMAM & IYCF for the PPHI Sukkur and Government health facility based Staff working in Sukkur District and prepare master trainers who can trickle down trainings at their representative health Facilities and make their role to reduce stunting and malnutrition in Sukkur and Sindh under the umbrella of AAP health in the Coordination with Government of Sindh DHO Sukkur and Focal Person AAP Sukkur and District Office PPHI Sukkur. The trainings were monitored by district stake holders District Health Officer, Assistant District Health Officer, District Focal Person AAP-Health and District Project Manager. CUP Sukkur organized five ToT batches at DHO office, Sukkur as per bellow given summary

Name of Training	Batch No	Date	Venue	Participants Detail(s)		No. of Facilitators
				Type of Participants	Trained	
ToT on CMAM & IYCF	1st	24/07/2019	M&E Cell DHO Office Sukkur	MO, WMO, LHS & LHV's	19	3
ToT on CMAM & IYCF	2nd	01/08/2019	M&E Cell DHO Office Sukkur	MO, WMO, HT	17	3
ToT on CMAM & IYCF	3rd	26/08/2019	M&E Cell DHO Office Sukkur	MO, LHV, IMO	18	4
ToT on CMAM & IYCF	4th	16/09/2019	M&E Cell DHO Office Sukkur	MO, LHV, HT	17	4
ToT on CMAM & IYCF	5th	23/09/2019	M&E Cell DHO Office Sukkur	MO, WMO, SMO, HT	18	4



- Trickle down training of CHW, LHW & CMW

Background

At the provincial level AAP organized and conducted training for Master Trainers on Community Based management of Acute Malnutrition (CMAM) and Infant Young Child Feeding (IYCF) which will further train the trainers for trickle down training of Lady Health Workers (LHWs), Community Health Worker (CHWs) and Community Midwives (CMWs); Community Uplift Program organized and conducted training for trainers (ToT) in two phases.

In the first phase CUP organized two batches for Lady Health Supervisors (LHS) one at CUP Sukkur office and second at Taluka Hospital Pano Aqil in these two batches there were 32 Lady Health Supervisors (LHS) were trained and in 2nd phase master trainers which were being trained at provincial level further trained 89 lady health supervisors and health facility based staff in 5 batches at M&E cell hall at District Health Office, Sukkur.

In total there were 121 staff trained at district level as a master trainer for trickle down training further they will have trained the LHWs, CHWs and CMWs.

Objectives

Health workers are frontline agents of change and are umbrella term describing public health and/or social service workers who are close to and serve members of the community by helping them to adopt healthy behaviors in both urban and rural environments, Health workers offer interpretation and translation services, provide culturally appropriate health education and information, help people get the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs

Health workers help to connect community members to available services and resources. They provide benefits to individuals, communities, providers, and payers. Since health workers are often members of the communities they serve, and rural communities typically have strong community connections.

The objective of trickle down training is to train the health worker (Community Health Workers, Lady Health Workers & Community Midwives) so they can be able to perform their duties to serve the community and to work for the betterment of the community. After training health workers will be able to do bellow activities;

- To screen out all under 5 year children in the community.
- To screen out pregnant and lactating women in the community.
- Provide supplementation to children and PLWs in the catchment area and f



- To provide awareness regarding malnutrition and its causes within the community and refer malnourished cases (Children & Women) to respective nutrition site.
- To pay specific attention to pregnant and lactating mothers regarding early initiation of breast feeding and in time complementary feeding.
- To use MUAC tape effectively for screening the nutritional status of children and PLWs in the targeted households and refer them to the nearest nutrition site or outreach team in the catchment area.
- To form and organize Mother Support Groups (MSGs) and Father Support groups (FSGs) in the community.
- To reduce default rate of enrolled children and mothers by tracing them for bringing them back to the nutrition program.
- To facilitate mothers regarding IYCF practices and referring those cases to nutrition site.
- To provide feedback to nutrition supervisor on weekly basis in target union council.
- To participate in all kinds of mentor trainings & refreshers as well as community gatherings regarding nutrition program.
- Coordinate with LHW, CMW and their health & nutrition programs in your respective area.

Details of trickle down training

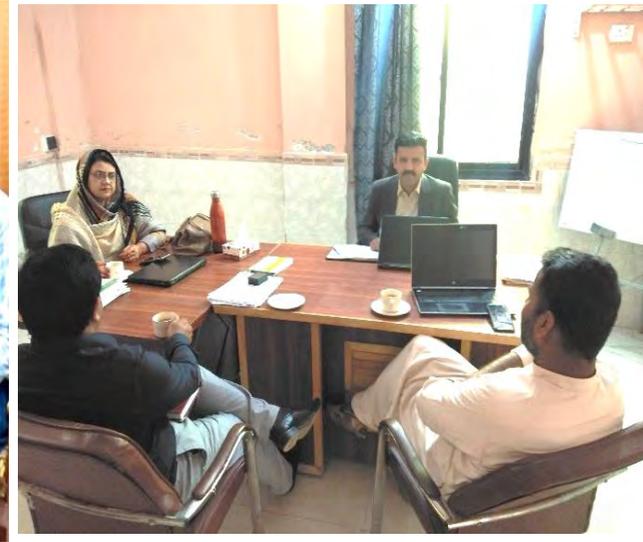
Name of Training	Batch Completed	Venue	Type of Participants			Trained
			LHWs	CHWs	Others	
3 days training on CMAM & IYCF	50	HF's of Sukkur	724	221	7	952



Coordination

The aim of coordination is a situation in which all AAP Health IPs and all eight departments which are working on reduction of stunting and malnutrition in the district will share information freely, agree overall objectives and strategies, and plan and implement complementary activities.

Due to importance of each coordination meetings CUP at Sukkur participated in almost all coordination meeting in regards with the nutrition and health i.e Meeting with DC, DHOW, PPHI, DCO LHWs program, DFP- AAP Health, DFP-MNCH, TB, Malaria, HIV, Hepatitis and EPI Programs on routine basis.



Other Activities

To reach maximum beneficiaries CUP participated and initiated different activities other than the targets for awareness of community.

- a) Sessions for Adolescents' girls on IYCF in Girls Middle & High Schools
- b) Participated in Family Health Mela
- c) Celebration of Breastfeeding week
- d) COVID-19 awareness
- e) Carpet Screening

a) Session for Adolescents' Girls on IYCF in Girls Middle & High Schools

Introduction

A global strategy for Infant and Young Child Feeding (IYCF) was issued jointly by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) in 2002, to reverse the disturbing trends in infant and young child feeding practices. This global strategy was endorsed by the 55th World Health Assembly in May 2002 and by the UNICEF Executive Board in September 2002 respectively.

AAP Health with collaboration of UNICEF starts sessions in the Girls Middle and High Schools of district Sukkur for Adolescent Girls, the purpose of session to increase the knowledge of adolescent girls about IYCF (Infant and young child feeding) because these are the future mothers and they must have knowledge about it.

Purpose

To increase the knowledge of adolescent girls on Infant and young child feeding and through awareness raising sessions change the practices of adolescent girls on their diets.

Sr .	Taluka	Session Date	Name of School/ College	No. of Sessions in School	Class	Total Participates
1	Sukkur	06/11/2019	Govt. Girls High School New Pind, Sukkur	08	9 th & 10 th	462
2	Rohri	06/11/2019	Govt. Girls Higher Secondary School, Rohri	02	8 th , 9 th & 10 th	426
3	Pano Akil	06/11/2019	Govt. Girls Higher Secondary School, Pano Aqil	04	9 th , 10 th , 11 th & 12 th	237
4	Pano Akil	06/11/2019	Govt. Girls High School, Dadloi	01	9 th & 10 th	50
5	Salehpat	06/11/2019	Govt. Girls High School Syed Muhalla, Salehpat	02	8 th , 9 th & 10 th	75



b) Family Health Mela

Family Health Mela (community gatherings) are conducted in district Sukkur at Union Council level where health indicators are low.

Melas have been proving to be a success story as all stakeholders viz. AAP Sectors, NGOs, CBOs gather under one platform to convey message regarding birth-spacing, stunting and wasting. These festivals have been given due importance by District Management. CUP participated almost in all health mela which are conducted at district with all IEC material and supplements which were provided to the children and PLWs through screening and identified SAM children were referred to the nearest health facilities.



c) Breastfeeding week

Community Uplift Program (CUP) have celebrated breastfeeding week have slogan “Empower Parents, Enable Breastfeeding” with collaboration of Health department Sukkur, MNCH, AAP, PPHI and community in all five Talukas of Sukkur.

This week was celebrated at DHO office, many Health facilities, and in various parts of community; this celebration included Awareness Walks and number of sessions, these sessions were focused on different messages in accordance of Objectives and themes of World Breastfeeding Week which were

- Breast feeding and its importance
- How Breastfeeding works to promote mother and child health

- How breastfeeding prevent from malnutrition
- Exclusive breastfeeding and Complementary feeding
- Benefits of mother milk
- Proper ways of breast feeding
- Different feeding practices
- Vaccinations of women and children
- Family planning
- Diet of Pregnant and lactate women
- Disadvantages of Bottle Feeding and artificial feeding
- What should be do for food in case of expected emergency
- How to utilize existing resources of food



d) COVID-19 awareness

Awareness campaigns have helped dispel misinformation about the coronavirus while promoting precautionary measures like frequent hand washing and wearing masks. CUP Sukkur started their corona virus awareness campaign in initial days of pandemic through SMS and Social media after ease in lockdown CUP started community awareness campaigns in community and trained staff and CHWs on IPC (Infection Prevention Control) they will further disseminate information in the community.



e) Carpet Screening

Three weeks' carpet screening activity starts from January 16, 2020 to January 31, 2020; here in district Sukkur the main purpose of carpet screening is to reach each and every child in the catchment areas (Non LHW areas) to increase the referrals of SAM (Sever Acute Malnutrition) children to OTP sites, on job training for community health workers and to increase the supplementation. All staff of CUP Sukkur took part in the activity including head office and community health workers. Progress of Carpet screening as under

Total Screening	6 to 23			24 to 59		
	Normal	MAM	SAM	Normal	MAM	SAM
	1103	163	112	1897	146	17



9.3 Project: Tabeer-o-Tameer Fund (TTF)

Background

Community-driven development (CDD) is a development initiative that treats poor people and their institutions as assets and partners in the development process. Experience has shown that given clear rules of the game, access to information and appropriate support, poor men and women can effectively organize to provide goods and services that meet their immediate priorities. Not only do poor communities have greater capacity than generally recognized, they also have the most to gain from making good use of resources targeted at poverty reduction.

CDD gives control of decisions and resources to community groups. These groups often work in partnership with demand-responsive support organizations and service providers including elected local governments, the private sector, NGOs, and central government agencies. CDD is a way to provide social and infrastructure services, to organize economic activity and resource management, to empower poor people, improve governance, and enhance security of the poorest.

Support to CDD usually includes:

- i. Strengthening and financing accountable and inclusive community groups or community-based organizations (CBOs).
- ii. Facilitating community access to information through a variety of media, and increasingly through information technology.
- iii. Forging functional links between CBOs and formal institutions, and creating an enabling environment through appropriate policy and institutional reform, often including decentralization reform, promotion of a conducive legal and regulatory framework, development of sound sector policies and responsive sector institutions and private service providers.

Pakistan is a developing country and world's sixth most populous country with more than 64 percent under the age of 30. But the country's poor socioeconomic indicators place it among the bottom up countries with an estimated 22.8 million children aged 5-16 are out-of-school, approximately 70 per cent of households still drink bacterially contaminated water, 25 million people yet practice open defecation, ranks third among countries with the most (40%) unvaccinated and under-vaccinated children, and 39 per cent populations live in multidimensional poverty.

In developing country like Pakistan decentralization reforms aimed to ensure community empowerment through poverty reduction mechanisms, citizen participation, access to information, accountability and transparency of public institutions and election at local level. In 2001, an initiative called Citizen Community Board (CCB), a kind of community-based organization (CBO), was introduced in Pakistan as a devolution policy, under which local people propose to the local government development projects through forming a CCB and upon approval the local government funds 80 percent of the project cost. Creation of CCB's aimed to improve community participation through proactive approach. Government also

supported the projects of CCB by reserving 25% of district budget. Such supportive environment ensures community empowerment and sustainable development by enabling communities to solve their problems at local level.

The new Local Government System (LGS) 2000 in Pakistan provided a platform for community development through the creation of proactive communities. That newly developed LGS also provided an opportunity for grassroots level community members to interact with the key stakeholders (public, federal government ministries, parliamentarians, provincial departments, and members of provincial assemblies) for better service delivery and development in their area as they were directly or indirectly affected by these projects. Moreover, this effort proved that the involvement of local community in development activities helps authorities to cater to the real needs of local communities; furthermore, it also enhances the sense of community among members and a sense of ownership about local development.

As an effort to augment the initiatives for building an environment for Community-driven development (CDD) in the country, Pakistan Poverty Alleviation Fund (PPAF) launched “Tabeer-o-Tameer Fund (TTF)” Project with commitment to support institutional development in the form of organizations of the people and for the people. The core objective of the initiative is to empower Local Support Organizations (LSOs/VOs) to strengthen socio-economic development. The project supports the development of community driven institutions through consistent financial and technical support, in order to facilitate initiatives for sustainable development in Khyber Pakhtunkhwa. The project aims to sustain viable and active institutions formed through PPAF support at village and union council level. Under the project, the capacities of community institutions would be enhanced so as to develop active, inclusive and informed membership; effective and responsive leadership, especially women's leadership and participation; and ensure contribution towards achieving key sustainable development goals. PPAF is entered into an agreement with Community Uplift Program (CUP), to provide Mentoring and Support for Community Institutions (LSOs/VOs), in PPAF’s defined High Priority Districts.

TTF Project Outputs:

Output-I: Institutional Strengthening

- Registration of LSOs
- Regular financial audits
- Opening of Bank Accounts
- Development of Annual Work Plan that will reflect the priorities of VDPs and UCDPs
- Generating Progress Reports (Physical and Financial)
- Inclusion of Women and Persons with Disabilities (PWDs)
- Conducting of regular meetings and its minutes of all project activities
- Community Driven Development (CDD) Procurement and Financial Management

Output-II: Awareness around SDGs

Under TTF Project, the following SDGs will be taken into consideration and Awareness Sessions are conducted at grassroots level – Community Institutions:

- SDG-3: Good health and well being
- SDG-4: Quality Education
- SDG-5: General Equality
- SDG-13: Climate Change Resilient Community
- SDG-16: Peace Justice and Strong Institutions

Geographical Coverage:

- District Shangla
- District Kohistan

Selected UCBOs/LSOs in the target districts:

No	UCBO Name	UC	District
1	Pir Abad Development Orgnazation	Pir Abad	Shangla
2	IKHLAS	Raniyal	Shangla
3	Community Development Orgnazation	Damorai	Shangla
4	Orgnazation for Social Development	Alpurai	Shangla
5	Opal Development Council	Opal	Shangla
6	Abaseen Rural Support Orgnazation	Komila	Kohistan
7	Karakuram Rural Support Orgnazation	Sazin	Kohistan
8	Milat Development Orgnazation	SEO	Kohistan

10. Community Organizations Facilitated by CUP Pakistan across Pakistan

#	District	Province	Village Organizations (VOs)	Local Support Organizations (LSOs)	Remarks
1	Lakki Marwat	KP	38	6	PPAF and ADB Projects
2	Orakzai Agency	KP	21	4	ADB Project
3	Battagram	KP	39	3	KNH Project
4	Shangla	KP	36	4	PPAF and KNH Projects
5	Karak	KP	24	3	TVO/EC Project
6	Bannu	KP	42	5	PPAF Projects
7	DI Khan	KP	27	3	PPAF Projects
8	Mansehra	KP	42	5	Plan International Project
9	Peshawar	KP	19	4	DFID Project
10	Charsadda	KP	44	7	DFID Project
11	Kohat	KP	15	2	Concern Worldwide Project
12	Rawalpindi	Punjab	28	3	USAID/JSI Project
13	Larkana	Sind	33	9	World Bank/Government of Sind Project
14	Tando Muhammad Khan	Sind	21	3	World Bank/Government of Sind Project
15	Sukkur	Sind	35	6	World Bank/Government of Sind Project
16	Quetta	Baluchistan	26	6	USAID & WFP Project
17	Pishin	Baluchistan	20	2	USAID and WFP Projects
			510	75	

11. Third Party Services Provided by CUP Pakistan (2019-2020)

11.1 KAP Survey for SPARC

SPARC and Save the Children promotes positive discipline programs for, children, parents, teachers and communities to eliminate Physical and humiliating punishments (PhP) in all settings. Physical violence may take the form of hitting, beating, slapping or kicking. Humiliating violence may be by way of threats, neglect or denial of basic necessities, or verbal abuse. Public shaming can result in negative psychological effects and devastating

consequences, regardless of the punishment being justifiable or not. It could cause depression, suicidal thoughts and other severe mental problems. The humiliated children may develop a variety of symptoms including apathy, paranoia, anxiety or others. Corporal punishment is also one of the key reasons behind high ratio of drop-outs in education facilities, in addition to its worst effects on child's physical and psychological growth. Despite the fact, that millions of children are affected by the corporal punishment, many believe that it is the ultimate way to discipline a child. Majority of parents and teachers are unaware about alternate methods of positive disciplining.

This pre-KAP survey was focused on gathering information about situation prevailing in Islamabad Capital Territory districts with regard to PhP so that the analysis and recommendations resulting from this survey are used in designing and launching the campaign against PhP in program districts including eliciting support of stakeholders in the approval/enactment of the Prohibition of Corporal Punishment in all settings Bill.

The objective of this assignment was to design and conduct Pre-KAP (Knowledge, Attitude and Practices) survey to know the existing situation on physical and humiliating punishment (PhP) in home, schools and communities in Islamabad Capital Territory. The scope of the assessment was limited to 25 Government Schools and communities / homes of 2 Communities (Slum Areas) in Islamabad Capital Territory, where SPARC is working on Children On the Move Component.

Key Recommendations

- (1) At the policy level, we must advocate to repeal Article 89 of the Pakistan Penal Code so that PhP prohibition extends to homes too.
- (2) Banning of PHP in all settings in the legislation. A new legislation is required to ban PHP in all settings including homes, as neither the national laws nor provincial laws cover this aspect.
- (3) All existing laws on corporal punishment must include deterrent punishments for perpetrators.
- (4) Poverty Alleviation & access of citizens to basic human needs is a pre-requisite for the protection of vulnerable children. We must lobby and advocate for including child rights and protection as a part of the EHAAS Program launched by the current federal government for poverty alleviation.
- (5) There is a great need for public awareness e.g parental awareness on PhP.
- (6) Positive disciplining at school levels and awareness raising programs for parents and general public to mitigate the school drop outs must be initiated. Besides, that entrepreneurship schemes can be introduced for economic uplift of those communities.
- (7) More unannounced monitoring visits by the FDE to ensure no PhP takes place.
- (8) Strengthening of the Child Rights Movement in being able to influence policy change is required.

11.2 Budget Analysis from a Child Rights Perspective for SPARC

SPARC/CRM believes that national, provincial and district governments should allocate budget for children to a maximum extent of their available resources as the United Nations Convention on the Rights of the Child 1989 has envisaged. At all levels, government should ensure that economic, social planning, decision-making and budgetary allocations are being made with the best interest of children to protect them from the adverse effects of economic or financial downturns. In order to understand the budget process and allocations, SPARC/CRM commissioned this study to conduct budget analysis from the child's perspective at the national/federal level so that the findings of the analysis can be used for further discussion and advocacy on appropriate allocation and utilization of funds in sectors such as education, health, protection and social welfare.

OBJECTIVES

Macro Level Objectives: *Budget Analysis related to Policy & Allocation Gaps to meet National Obligations:*

- To find financial gaps in child related budgetary allocations like number of schools, teachers and other services needed along with its associated budgetary allocation? Number of health centers and staff missing and needed along with budgetary allocation. Number of protection centers, human resources needed, and budgetary allocation for this in the upcoming budget.
- To learn financial gaps to provide missing health, education and protection facilities/services;

Meso Level Objectives: *Budget Allocations Analysis for Child Health, Education & Child Rights:*

- a) To analyze total budgetary allocations and spending analysis for 2017-2018 to 2018-2019 in education, health and social welfare;
- b) To find budgetary allocations and spending analysis for children specific programs, project and activities in education, health, Literacy, Labor & HR, Social Welfare and other children related departments in the total current and development budgets;
- c) To compare all children related department for 2017-18 budgets with 2018-19 budget of total budget for children. (This must not be limited only to health, education and social welfare).

Micro Level Objectives: *Analysis of Budget Operational Details and Comparisons:*

- a) To see total share for children in the national budget in all sectors.
- b) To review the rate of change in three budget heads for all children related departments of a given year over the previous years with reference to GDP)
- c) To learn percentage of GDP spent on children;
- d) To see allocations and spending analysis for children in Annual/Public Sector Development Program?
- e) To find released and blocked funds allocated for children.
- f) To discover if children are indirect beneficiaries of the projects/schemes designed for adults.

Key Recommendations

It goes without saying that government needs to set children rights on the priority list in accordance with the Constitution of Pakistan and the international conventions to which Pakistan is a signatory. The following recommendations are to be submitted for the consideration of the government.

Budget Tracking:

A meaningful children specific budgeting is the sine qua non in this regard. UNCRC has strongly recommended that Pakistan should start budget tracking of children specific expenditures. This will greatly facilitate children specific budgeting and improve monitoring. Children specific budgeting initiative can be launched as pilot project initially. This would require a two pronged intervention. The very first step is to introduce children specific allocation as a unit of accounting in the government's financial system. On the other hand, necessary changes will be needed in the government accounting system. The pilot project needs to work in collaboration with the Federal Ministry of Finance and Auditor General's office. The pilot project should be focusing on bringing about necessary changes in the CoA and budget cycle. This study also strongly suggests for budget analysis or budget tracking at provincial level including budget analysis of districts by involving each provincial CRM chapters. This will provide a clear picture of each province and the CRM chapters will easily carry out advocacy campaigns. The study also perceives that separate sectoral analysis is necessary. That includes health, education, protection and welfare. This would allow for more specific advocacy efforts.

Uniform Policy:

There is a need of uniform national policy that should guide all the federating units on child rights issues. The lack of a uniform policy is the root cause of this variation in the provincial policies. Resultantly, children specific projects remain sporadic and inconsistent with the main stream. Abandoning of projects or their getting unfunded is a common issue. The children specific policy should be initiated by the Federal Government. It is important to keep in mind that post 18th amendment, the federal government is restricted to only those subjects which are given in the 4th Schedule of the Constitution. Children and their related matters are not included in the 4th Schedule, hence Federal Government cannot issue binding policy directive to the provinces. However, a POLICY GUIDELINE can be issued by the Federal government in accordance with the Principles of Policy laid down in the constitution. The Article 35 of the constitution binds the state of Pakistan to; “protect the marriage, the family, the mother and the child”. The provisions of this Article can be invoked to issue the policy guideline. Broadly speaking the policy needs to guide the provinces on ensuring that a certain (say 5%) of the budget should go towards children specific programs means directly benefitting children. The policy may also guide the provinces to maintain a certain development to current expenditure ratio in these programs. The policy should also identify the priority areas action etc.

The National Commission on the Rights of the Child

There has been continuous advocacy by the CRM for the enactment of the National Commission on the Rights of the Child (NCRC) Bill which has been pending since 2001. This must be enacted in order for the budgetary allocations to be monitored.

Role of Media:

The media and civil society should play its role in voicing the situation of children budgeting in the government. On one hand a mass advocacy campaign is needed to sensitize the people of the State of Affairs of children in Pakistan. On the other, the public officials and political leadership need to be educated and trained on children rights and child specific programs.

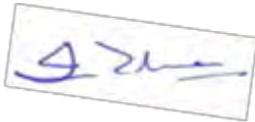
Legislation:

There is a long list of laws and bills on children rights which are awaiting approval of the parliament. The Committee has strongly recommended that Child Protection (Criminal Law) Amendment Bill 2009, the Charter of Child Rights Bill 2009, and the National Commission for Rights of Child Bill 2001 etc should be passed by the legislature. Also amendments have been recommended in certain laws like the Child Marriage Restraint Act 1929. It has also been recommended to establish a Child Ombudsman to protect the children rights and also to revamp the Juvenile Justice System.

Focus on Education: Public expenditure on education should be gradually raised to 5% of GDP. Furthermore, half of this should go into child specific education since children are 48% of the population. However, in practice education is receiving only 2.6% of GDP. A comparison of child specific investment in education with total layout of education does not represent a rosy picture.

Focus on Health: Public expenditure on health should be gradually raised to 16% of GDP. Furthermore, half of this should go into child specific health

Focus on Social Protection: Situation of social protection is equally bad. Public expenditure on social protection has been reported to be 0.3% of GDP.



Iftikhar Ur Rahman
Chief Executive
9th October 2020

