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**The World Bank**


**پی پی اے ایف**

END OF PROGRAM EVALUATION

# PROGRAM FOR POVERTY REDUCTION

29TH NOVEMBER 2021




**SEBCON (Pvt) Limited**  
 Socio-economic and Business Consultant  
 Pakistan


**reenergia**  
 Reenergia Group of Companies

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**Disclaimer:** Nothing in this report is intended to constitute a judgment on the part of the funding institutions as to the legal or other status of geographic areas in which the survey has been carried out, or to prejudice the determination of any claims with respect to such area.

**Acronyms**

AICS	Italian Agency for Development Cooperation
ANC	Anti-natal care
BHU	Basic Health Unit
BRSP	Balochistan Rural Support Program
CD	Community Dispensary
CERD	Centre for Excellence in Rural Development
CHC	Community Health Centre
CLF	Community Livelihood Fund
CMW	Community Midwife
CRP	Community Resource Person
DGCS	Directorate General for Development Cooperation
DMPP	Drought Mitigation and Preparedness Plan
CAPI	Economic Internal Rate of Return
EIRR	Computer Assisted Personal Interviews
EPS	Environmental Protection Society
ESF	Environmental and Social safeguards Framework
ESMF	Environmental and Social safeguards Management Framework
FATA	Federally Administered Tribal Areas
FGD	Focus Group Discussion
FHHs	Female Headed Households
FIRR	Financial Internal Rate of Return
Gol	Government of Italy
IDI	In-depth interviews
IWEI	Integrated Water Efficient Irrigation
KII	Key Informant Interviews
LHV	Lady Health Visitor
LHW	Lady Health Worker
MAECI	Ministry of Foreign Affairs and International Cooperation
M&CH	Maternal & Child Health
MT	Medical Technician
NOC	No Objection Certificates
NRSP	National Rural Support Program
O&M	Operations and Maintenance
OPD	Out-Patient Department
PNC	Post-natal Care
POs	Partner Organizations
PPAF	Pakistan Poverty Alleviation Fund
PPR	Program for Poverty Reduction
PSC	Poverty Score Card
PWD	Persons With Disabilities
RHC	Rural Health Centre
SRSP	Sarhad Rural Support Program
THQH	Tehsil Headquarter Hospital
UC	Union Council
UCDPs	Union Council Development Plans
VDPs	Village Development Plans
WASH	Water, Sanitation and Hygiene
WCIs	Women Community Institutions

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We sincerely thank women and men from all partner communities as well as the managements and staff of the partner organizations of the Program for Poverty Reduction for lending their time and thoughts during the process of this evaluation. Our team has been extensively inquisitive to acquire good understanding of the program, what was or could not be achieved, and more importantly, how it was implemented in the districts, union councils and villages. We are very pleased to acknowledge that everyone involved in the process went extra miles to openly discuss different issues, shared their knowledge and insights, which helped us arrive at conclusions included in this report.

We are very thankful to the Italian Agency for Development and Cooperation (AICS), the World Bank Group (WBG) and the management and team of Pakistan Poverty Alleviation Fund (PPAF) for lending all possible support to make this evaluation possible within a limited timeframe. We particularly appreciated the joint analysis of different lessons learned during PPR implementation with a mutual interest to promote good practices in the future and learn from the mistakes—resultingly, this evaluation has turned into a learning process for all involved.

The evaluation team is hopeful that the findings and conclusions documented in this report will be taken as a food-for-thought for future planning of similar initiatives, and not as critique. The team's evaluation relied on a significant and tiered data gathering, and analysis, despite the extremely short timeframe, and on the depth of the teams' own experience.

Team Leader  
End of Program Evaluation  
Program for Poverty Reduction (PPR)

## Executive summary

*This report is based on an independent evaluation of the PPR with a focus on learning for future programs of similar or related nature.* The evaluation was carried out considering the relevance, effectiveness, efficiency, coherence & connectedness, impact, and sustainability of the program, based on the DAC-OECD evaluation guidelines. PPR's results framework was used as the basis to assess the overall performance of the project. The approaches, challenges and opportunities arriving from PPR for the communities, UCs, and districts, were documented. All program aspects such as program outcomes and results, program approach and management, gaps, and areas for improvements were covered by this evaluation.

*This evaluation was broad in its scope, both in terms of the content of the evaluation as well as the geographic spread from KP to Balochistan.* The findings of this evaluation are based on assessment conducted in 7 out of 14 districts (50% of the total districts included in PPR), 7 out of 17 Partner Organizations (41% of the total POs contracted) and 12 out of 38 Union Councils (32% of the total UCs included in the PPR). In addition, a household survey was conducted with a sample of 1648 households (95% confidence level, 5% margin of error) in 7 districts, 105 health clients (100% women), 16 health providers and 60 teachers. In total 31 schools (including 40% girls' schools) and 16 health centres were also visited by the team.

*PPR Evaluation Data Collection: Innovation meets timeliness and deadlines.* The core evaluation surveys were completed in a highly efficient manner within 5 weeks, while following all SOPs including special preparation for dealing with COVID-19! This was possible due to innovative approaches such as: use of hybrid approaches to implement the survey tools— CAPI and manual; simultaneous implementation of survey tools including households (HH), Community Organizations (CO/VO/LSO), POs, health centres, schools and external stakeholders – using digital media for conducting first interviews of the POs; splitting experts' panels – KP and Balochistan covered simultaneously – relying on the depth of team knowledge and multiple skillsets; and, use of automated data analytical tools – KoboToolbox and Survey Monkey – despite, and to support, the hybrid approach.

*With some unavoidable starting delays, the Government of Pakistan (GoP) through the Program for Poverty Reduction (PPR) invested €40 million in 38 Union Councils (UCs) of 14 Districts in Khyber Pakhtunkhwa and Balochistan, between 2014 and 2021.* PPR was financed by the Government of Italy through the Directorate General for Development Cooperation of Ministry of Foreign Affairs and International Cooperation (DGCS/MAECI) and the Italian Agency for Development Cooperation (AICS), under a soft loan agreement with the GoP. The original program duration was from September 2013 to September 2016. The start of the program was delayed, primarily due to strategic shifts in the program, delays in seeking no-objection certificates (NOC) by some of the Partner Organizations (POs), and volatile security situation in some of the target areas. Few remaining interventions and disbursements will be completed soon, and the program will close in December 2021, though all major implementation activities ended in 2019.

*PPR was designed as an integrated set of interventions across the sectors over a vast, diverse, and challenging target to achieve its goal and purpose.* PPR's goal was: "Population poverty reduction through the creation of sustainable conditions of social and economic development, including income

*and production capacity increase.” PPR’s purpose was: “The establishment of a social and productive infrastructure system and the establishment of an effective and sustainable social safety net.”*

PPR investments were designed to be integrated and targeted Social Mobilization, Livelihood Enhancement and Protection (LEP), construction and improvement of small-scale community Infrastructure, establishment of basic health, nutrition, and education services. The social mobilization component sought to strengthen the community organizations, for increased empowerment of the local communities and reinforcing their apex bodies such as Local Support Organizations (LSOs). The livelihoods enhancement component pursued to increase asset based of poor and poorest households with a hope that these assets will be deployed for productive use and to increase household income. Livelihood enhancement component also included supporting resource for value chains (olive, dates, fishery, crafts), skills development, and microcredits. The community infrastructure component entailed improving and managing access to services through productive infrastructures such as drinking water, irrigation, rural energy, rural access, sanitation, and so on. The health and education component aimed at increasing access of local population, particularly women and girls, to the basic health and primary education.

*PPR’s components are fully aligned with Pakistan’s national and sub-national policies and are complimentary to the other efforts of public sector in social development.* Its core components are a holistic approach in poverty alleviation in rural areas that blends well with the overall provincial and national development plans such as Three-Year Rolling Transformation Strategy (2021-23), Vision 2025, United Nations Sustainable Development Goals, and national / regional policies. It promotes inclusion, equity, and greater economic inclusion of marginalized communities and improves the access to facilities and infrastructure resources that are also a major area of focus of the national and sub national governments.

*All targets planned under the Results Based Framework have been achieved.* The program set for itself an ambitious goal indicator, *“At least 25% of the targeted poor<sup>1</sup> households including female headed household (40% FHHs) in program area graduated out of poverty<sup>2</sup>”*. At purpose level, the indicator stated *“At least 60% of the targeted poor (PSC 0-23) and 50% of the poorest households (PSC 0-18) move to a higher score on PSC (40% including FHHs)”*. This RBF is based on a theory of change that each level of the results (outcomes) and associated indicators across all components (outputs) will contributing to reduce the overall poverty in program area. Since the HH survey indicates that these indicators have been met, it is derived that the overall goal has been achieved.

The fact that we have PO reported data and the evaluation’s own 3-tier surveys’ data corroborating, implies that PPR has by all assessment met or even exceeded its goal graduation targets. Additionally, a fresh poverty graduation survey was not conducted after the end of PPR. However, the primary field assessment of individual components concludes that the targets have been achieved which suggests that the target groups have higher poverty scorecards presumably as a result of participation in the activities. These include the following:

- All the beneficiaries of the project lead a better life today than before
- 42% of assets beneficiaries earn 32% more income
- 61% beneficiaries have improved access to drinking water and 28% improved sanitation
- 35% production increased for 26% beneficiaries from irrigation
- 76% beneficiaries benefit from improved infrastructure (45% PSC 0-18 and 35% PSC 0-23)

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1 Using poverty score card cutoff of 0-23.

2 Using poverty score card cutoff of 24-100.

- 212% increase in women's use of ANC/PNC services. 56% increase in OPD attendance
- 25% out of school children enrolled in schools
- 61% beneficiaries report behavioral change in their practices
- 33% beneficiaries moved to a higher PSC score.

There is evidence, that beneficiaries (numbers/percentages available) from PSC 0-18 and PSC 19-23 have received benefits from the project in the form of livelihood assets and access to service. Nearly 63% community institutions organized / strengthened by PPR partners are likely to sustain themselves after PPR. A high percentage of respondents has expressed satisfaction on PPR activities (e.g., 94% health, 78% education) which is a shared success in itself of all direct stakeholders engaged in PPR (AICS, WBG, PPAF, POs and the beneficiaries).

The evaluators also recommend conducting a fresh poverty score card survey against the baseline. It is critical to mention that the advent of the pandemic in 2020 and debilitating rise in inflation were by and large weathered by the PPR beneficiaries and the HH survey results support this.

*LSO-level aggregation is a double-edged sword since it is subject to the risk of elite capture.* An average UC based LSO represents 14 villages and 3,000 HHs. This is a sizeable population of ~15,000 persons. The evaluation found evidence that lower levels of community institutions (COs and VO) constitute PSC groups 0-23. PSC groups 0-18 and 0-23 (60% percent in case of PPR) are not reaching LSOs executive bodies, despite a design emphasis. The LSOs may influence choice of development projects implemented in the concerned UC since they also have some influence on local politics. While true for COs and VOs, LSOs (being at the UC level) are more liable to be politicized and hijacked for individual/party political purposes. Therefore it is important to future interventions to thoroughly analyse membership, transparency, and connectivity of LSOs with their constituent community institutions.

*POs with traditional local/area footprints in the target UCs generally engender better trust with communities under project/program bound timelines* – Though this is not true in all cases, the evaluation team found more evidence supporting this postulation rather than against it. The newer POs could have been provided greater social mobilization resources to ensure parity. Surprisingly, under PPR, social mobilization resources were distributed evenly (per unit of delivery of intervention) even though some POs were already present and mobilized in targeted UCs and locales with already mobilized communities with multiple programs in the past, whereas others, which were either new or ended up in geographical areas with little history of social mobilization.

*POs have collected a sizeable experience capital from PPR to build on in other on-going and future programs.* Post PPR, the process of developing Village and UC Development Plans is being integrated into strategies of most POs, who are aligning their other programs to the thematic areas of these plans. This is a welcome transition and will lead to a greater integration of development interventions.

*POs are replicating models of community-based procurements and payments introduced under the PPR,* including online payments, indirectly promoting financial inclusion. POs did not have regular and punctual experience of working in health and education sectors, partly since integrated programs such as PPR are uncommon. PPR has equipped them with organizational capital to build on for the future with other potential donors. POs in negotiation with other similar projects have replicated PPR's approaches.

*One of the key concerns of the evaluation is internal coherence among components—to start with, in an integrated program one looks for integrated or gap-filling interventions.* Independently spreading interventions in a UC without taking a more coherent and interconnected approach negates the very

purpose of PPR. Provision of social mobilization, health, education, livelihoods, and infrastructure in a connected manner around a locale or around a ‘group of people’ to ensure sustainable poverty reduction outcomes could be considered more rigorously and consistently. An internal coherence among components was not well articulated, for example, Community Infrastructure-Health (Wash and Sanitation) and Community Infrastructure-Livelihood Enterprise and Protection (local economic development) and Community Infrastructure-Education (WASH). A stronger integration among activities could have enhanced the impact manifold. This is both a program design and an implementation issue.

*Another matter within coherence was limited consideration of diversity, adaptation of interventions in different geographical areas in terms of need rationale for all these specialized areas of support. Does every selected union council need all the interventions, or a focused support is better depending on the key driver of poverty in an area; This is important to prevent thin spreading of all interventions in all the areas as opposed to ensuring a single core emphasis based on ground realities and service gaps.*

*Sustainability was an important aspect of this evaluation, but more in terms of dynamic sustainability. Will the momentum created by PPR continue in the future? There are doubts that the method of livelihood enhancement through individual assets distribution will be sustainable in the long run, especially when there is evidence that not every asset beneficiary was able to deploy these assets for income generation. There is a need to reassess livelihood enhancement approaches by their (gendered) impact and how those could be deployed together (e.g., individual assets distribution, value chains, skills development, and microcredits). While assets distribution may be necessary for extremely poor families and may continue, a more plausible means to livelihood enhancement may be local economic development based on specialised support and collective contribution to growth, based on a local potential and supported by other components such as improving infrastructure, improved business literacy, and enhancing collective investment (see internal coherence).*

*COVID-19 and inflation – influencing the outcomes of LEP and overall PPR – COVID-19 pandemic really started spreading in Pakistan, along with the rest of the globe, in first quarter of 2020—right after the main PPR implementation ended. Globally, and in Pakistan, this caused massive shut down in services and otherwise trade, with resulting loss in incomes and output. LEP interventions under PPR, such as livestock and retail, were impacted the most. Adding fuel to fire, inflationary trends driven primarily by global shocks also impacted purchasing power and the local economies, including in the PPR districts. Both, force majeure events which the program design could not have foreseen. The achievement of the outcome indicators as measured during this evaluation show the possible impact of PPR interventions in building collective disaster-fragility resilience through improved collective local governance institutions (COs/VOs/LSOs) promoted under PPR. The evaluators would also like to point out that the certain weaknesses pointed out are to be interpreted while taking cognizance of the pandemic and inflation.*

*Last but not least, a future follow-up PPR action is strongly recommended, albeit disentangled from the objective of providing a of social safety net. Poverty reduction and building social safety net are two different pathways to address poverty. It requires creating sound and sustainable economic activities while assuring inclusion of marginalised segments of population to benefit from such opportunities.*

## 1. Introduction

This evaluation is an independent assessment of outcomes, performance and impact during the life of the Program for Poverty Reduction (PPR) in Balochistan and Khyber Pakhtunkhwa (KP), including newly merged districts<sup>3</sup>. The scope of this evaluation was broad, encompassing the identification of gaps, best practices and lessons learnt related to program objectives/outputs, key interventions and implementation approach. The evaluation scope has been articulated in the Terms of Reference (Annex 1, ToRs).

The evaluation commenced with the submission of the inception report in September 2021. Finalisation of data tools, stakeholders' interviews (including PPAF, Partner Organizations, World Bank), and intensive field visits were conducted during the second half of September and October (Annex 2, workplan). The team has also reviewed secondary material on Khyber Pakhtunkhwa and Balochistan to develop contextual understanding, which will be further expanded during the main evaluation. Given the depth and breadth of the evaluation, it was completed in record time to meet the institutional deadlines of the donors and executors.

### 1.1 PROGRAM FOR POVERTY REDUCTION (PPR)—THE INTENT.

The main goal of the PPR is “population poverty reduction through the creation of sustainable conditions of social and economic development, including income and production capacity increase”<sup>4</sup>. The purpose is “the establishment of a social and productive infrastructure system and the establishment of an effective and sustainable social safety net”<sup>5</sup>.

- a) The primary program component has been the fostering and strengthening of grass-root organizations such as village and community organizations, and local support organizations. This social organization theme is the central ingredient of other program packages and stresses on capacity building of local people, specifically at preparing the Union Council level and village level planning and implementation capacities. This component also focused on improving local governance through improved linkages with line departments of the local government and on documentation of expenditures on the donor funded projects.
- b) Grass-roots organizations fostered and strengthened under the primary program component were used to identify needs for the small physical infrastructure component—this being a precondition for moving to the next steps in the project cycle. Community level needs were prioritized during the development of village plans. Priorities were given to collective needs with large beneficiary base of the most disadvantaged people. The communities were to commit their willingness and capacity to maintain the projects after its completion. Local level committees were formed to take responsibilities of construction, monitoring of the progress, auditing, and devising operation and maintenance systems after completion of the projects. The core emphasis of schemes was on water (drinking and irrigation). Other collective physical infrastructure included small village link roads and sanitation.
- c) Livelihood interventions had a focus on enhancing farming productivity, reducing losses, and transferring assets such as livestock, agriculture components (including fishery) that enhance

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<sup>3</sup> Erstwhile Federally Administered Tribal Agencies, merged with Khyber Pakhtunkhwa through 25th constitutional amendment in 2018.

<sup>4</sup> This program uses National Poverty Score Sard cutoff of range of 0-23 for selecting target group for this project whereby PSC 0-11 bracket include people who are extremely poor / ultrapoor; 12-18 chronically poor; 19-23 transitory poor. <https://www.pfaf.org.pk/doc/programmes/4-ReportOnPSC.pdf>

<sup>5</sup> Using poverty score card cutoff of 24-100, whereby PSC 24-34 is transitory vulnerable, 35-50 transitory non-poor and 51-100 non-poor.

family incomes and assets, as responses to enhance food security and job creation. Under these sub-components, most vulnerable and ultra-poor families were supported in engaging in skill development and establishing micro enterprises.

- d) The target groups have been provided basic primary health care services through training local women to enable them to provide awareness and education in disease prevention to the target communities. Under the education component, local women and schoolteachers have been trained to mobilize the local population to enrol their children in government and community schools. Other interventions included training teachers in developing school plans and innovative children friendly teaching approaches.

## 1.2. PPR PROGRAM CONTEXT—NATIONAL AND REGIONAL

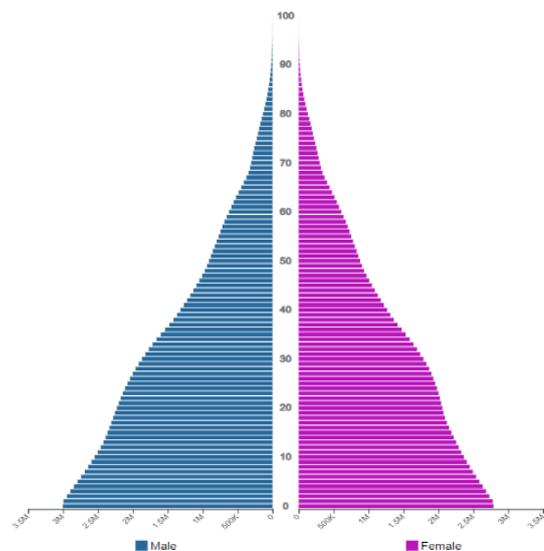
This section includes an overview of the context within which PPR was implemented, and has also been informed by the field visits.

### 1.2.1 National context

Pakistan is the world's fifth largest country by its population (220 million people, 49% female and 51% male)<sup>6</sup> and is the second largest Muslim population in the world. Pakistan is geo-strategically located at the crossroads of South Asia, the Middle East, and Central Asia. The country shares its western borders with Afghanistan, northeast with China, east with India and southwest with Iran. It has a long coastline of 1,046 kilometres along the Arabian Sea. The total area is 796,100 km<sup>2</sup>, characterized by diverse agro-ecological conditions, ranging from coastal areas, desert, fertile plains, plateaus to mountains.

Pakistan's population is increasing at a rate of 2.1 percent<sup>7</sup>. A large portion of the population in today's Pakistan constitutes youth (**Figure 1**). This is a huge challenge for Pakistan's future planning. Currently, 64 percent of the population is younger than 30 and 29 percent of Pakistanis are between 15 and 29 (the age group globally defined as youth)<sup>8</sup>. At any time since its independence, this is the largest percentage of young population in Pakistan's history, and this is forecasted to continue to increase until at least 2050. Life expectancy at birth stands at 66 years for men and 68 years for women<sup>9</sup>. An average fertility rate for woman is 3.4510 and is declining since 1960. A large segment of the population (about 63%) lives in rural areas<sup>11</sup>.

The government in Pakistan is organized in a three-tier system; Federal, provincial and districts. The 2010 18<sup>th</sup> Constitutional amendment guided the devolution of government, and removed previously existing reporting lines between federal and provincial departments except for policy linkages in several domains (water, agriculture and industry



**Figure 1:** Pakistan Population Pyramid.

Source: Pakistan Economic Survey 2021

6 <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=PK> accessed 08.11.2021

7 <http://data.worldbank.org/country/pakistan> accessed 08.11.21

8 UNDP, 2017. Pakistan National Human Development Report - Unleashing the Potential of a Young Pakistan

9 NND, 2019. Government of Pakistan.

10 UNFPA [World Population Dashboard | UNFPA - United Nations Population Fund](https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=PK) and <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=PK> accessed 09.08.2021

11 Government of Pakistan National Census Report, 2018. World Bank, 2019. <https://data.worldbank.org/country>

being examples). Thematic departments provide services through their district setups (e.g., education, agriculture, industries, water, environment, power and so on). They have their policy and administration head offices at the provincial level.

### **Economy**

Pakistan is a lower-middle-income country since 2008 with a gross national income per capita of US\$1,194 in 2020<sup>12</sup>. The overall vision of the current national Government is to regain macro-economic stability and attain GDP growth. Pakistan's real GDP growth is estimated to have declined from 1.9 percent in FY19 to -1.5 percent in FY20 and then jumped to 3.94 percent in 2020<sup>13</sup>. Pakistan's performance has been below the South Asia region's average and mostly below the average of lower-middle-income countries. Internal and external remittances, especially from Gulf countries, play a critical role in Pakistan's economy. From the year 2000 to 2020 the remittances have dramatically increased and currently account for nearly 9.9 percent of Pakistan's GDP<sup>14</sup>. In 2020, the country was the 6<sup>th</sup> top recipient of remittances worldwide (after India, China, Mexico, Philippines and Egypt).

### **Poverty and Inequality**

Multi-dimensional poverty has reportedly decreased since 2004-05 from 55.2 percent to 38.8 percent in 2015<sup>15</sup>. This proportion may have increased from the level of 2015 due to the impact of covid-19<sup>16</sup>. There are stark regional disparities in poverty across Pakistan, as poverty is significantly lower in urban than in rural areas (9.4% and 54.6% respectively). Similarly, heterogeneities were found among provinces, (31.4% in Punjab with 48.4% deprivation, to 71.2% in Balochistan with 55.3% deprivation). The intensity of deprivation however slightly decreased from 52.9 percent to 50.9 percent<sup>17</sup>.

Despite a general trend of poverty reduction and increase in per capita gross national income, inequality has widened as reflected in the Gini index<sup>18</sup>, i.e., 29.8 in 2010 and 31.6 in 2018<sup>19</sup> - the latter is a slight reduction from 2015 (33.5, the highest recorded since 1990). A similar situation exists among provinces. Balochistan and KP have faced a greater dilemma due to contextual challenges including lack of economic opportunities in remote areas and issues connected with fragility during the last two decades<sup>20</sup>.

### **Gender inequality**

The situation of women vis-à-vis men is embedded in patriarchal norms that are visible across classes, regions, and the rural/urban divide. Pakistan is ranked 153 out of 156 countries in the Gender Gap Index<sup>21</sup>, above only Iraq and Yemen, despite having adopted various key international commitments<sup>22</sup> to gender equality and women's human rights, and several national and local commitments. Parliamentary representation improved, with 4 percent female candidates winning making 21 percent of seats in the parliament. In 2019 the paid labour force was composed of 22 percent females, and 88 percent males<sup>23</sup>. Gaps are evident in nearly every sector but particularly wide for economic

12 [www.data.worldbank.org](http://www.data.worldbank.org) (consulted 08.08 2021), which is an 11 percent decline from 2019.

13 Pakistan economic survey report 2020-21. [https://www.pc.gov.pk/uploads/cpec/PES\\_2020\\_21.pdf](https://www.pc.gov.pk/uploads/cpec/PES_2020_21.pdf) accessed 08.11.2021

14 <https://data.worldbank.org/indicator/BX.TRF.PWKR.DT.GD.ZS?locations=PK> accessed 08.11.21

15 UNDP/GoP, 2015. Multi-dimensional poverty in Pakistan.

16 <https://www.undp.org/press-releases/pakistan-pandemic-could-push-millions-more-poverty> accessed 08.11.2021

17 UNDP/GoP, 2015. Multi-dimensional poverty in Pakistan.

18 Gini index measures the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution; a Gini index of 0 represents perfect equality, and 100 implies perfect inequality.

19 <https://data.worldbank.org/indicator/SI.POV.GINI?locations=PK> accessed 08.11.2021

20 IFAD Country Support Strategy Evaluation 2021

21 [http://www3.weforum.org/docs/WEF\\_GGGR\\_2021.pdf](http://www3.weforum.org/docs/WEF_GGGR_2021.pdf) accessed 09.11.2021

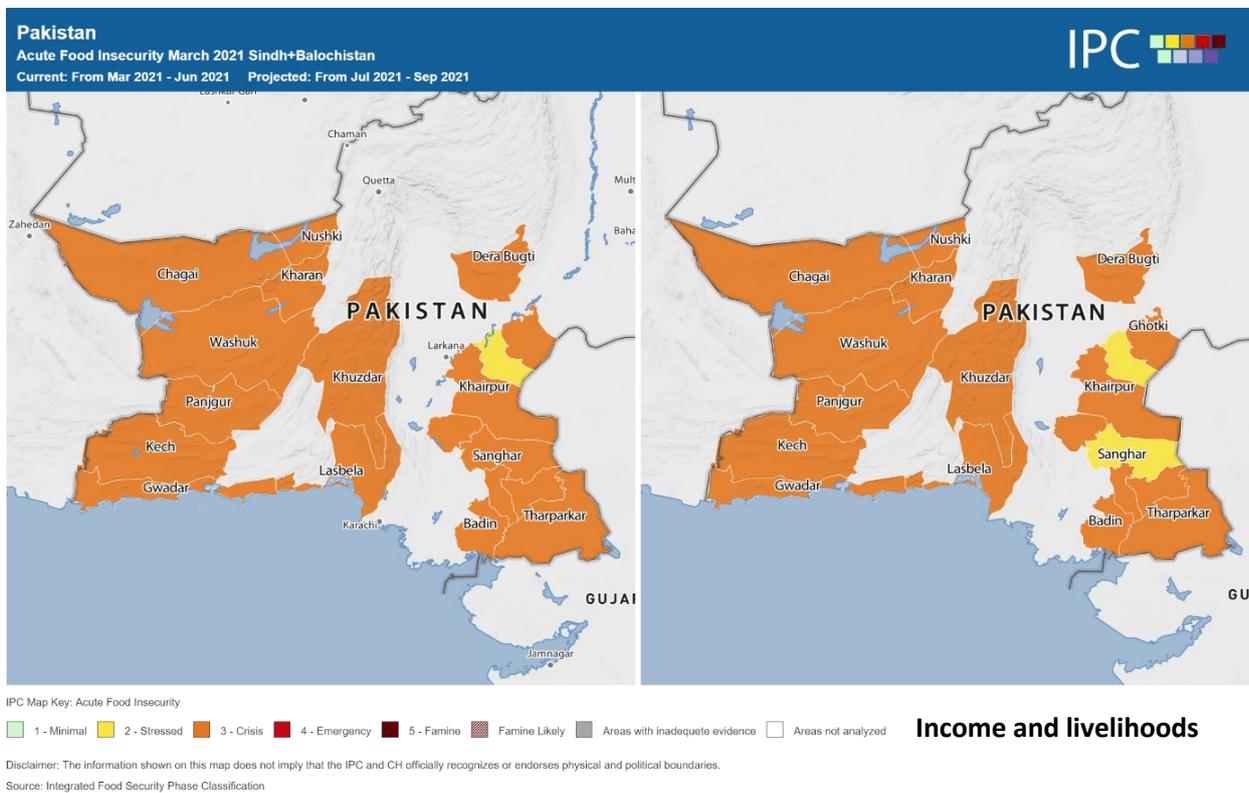
22 The Universal Declaration of Human Rights, Beijing Platform for Action, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), and the Sustainable Development Goals.

23 <https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS?locations=PK> accessed 08.08.2021

participation, education and health<sup>24</sup>. In the context of this evaluation, particularly, the Kech region (Turbat, Awaran, and Gwadar) of Balochistan, is a traditionally matriarchal society—with many exceptions to the average Pakistani patriarchal norms.

**Environment and Climate Change**

Pakistan’s environment and natural resources are increasingly under stress. Fast increasing population and climate change resulting in increased hydro-meteorological hazards have posed several challenges for Pakistan to manage its environment and sustainability of livelihood assets. Much of Pakistan’s vulnerability to climate change is linked to its high dependence on a single river system and inequality in access to water. Natural disasters over the last two decades have necessitated considerable humanitarian responses. Current predictions expect further threats in future.<sup>25</sup> River flows are affected by snow melt, seasonal rainfall variability, and monsoons, which at times can cause severe floods and damage is often also aggravated by deforestation. About 80 percent of the area is arid or semi-arid where annual average rainfall hardly reaches 300 mm and is highly erratic<sup>26</sup>. Several areas in Sindh and Punjab confront phase 3 to 5 level<sup>27</sup> of drought during stress period and are in need of assistance during drought (**Figure 2**).



**Figure 2:** IPC drought assessment Sindh and Balochistan March-June 2021 and forecast July-September 2021. Source: <http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1154292/> accessed 11.08.2021

24 GoP. 2019. Compendium on gender statistics Pakistan. <https://www.pbs.gov.pk/sites/default/files//COMPENDIUM%20GENDER%202019%2018-06-2019%20%20printing.pdf>

25 <https://reliefweb.int/report/pakistan/disaster-management-reference-handbook-pakistan-june-2021> accessed 11.08.2021

26 KP Water Profile, 2021

27 IPC ACUTE FOOD INSECURITY ANALYSIS. Phase 5: *People in catastrophe*; Phase 4: *People in emergency*; Phase 3: *People in crises*; Phase 2: *People in stress*, and Phase 1: *People food insecure*. Assessment March-June 2021 and projection July-September 2021.

Land resources and tenure inequality: Being a largely agricultural country, land has a strategic value in rural Pakistan. It is a key factor of production and symbol of social, economic, and political prestige. Thus, the distribution of land is highly unequal, especially in rural areas<sup>28</sup>. Unequal land ownership has historically fostered a feudal relationship in rural areas and created a range of privileged and underprivileged classes as well as discriminated social categories (especially with regard to gender), particularly pronounced in Balochistan, Sindh, and some parts of Punjab.

Agriculture: Agriculture contributed 20 percent to the country's GDP and provided 38.5 percent employment to the national labor force<sup>29</sup>. Depending on the size of land holding, the poorer farmers have limited freedom of choice and the decision to grow more remunerative cash crops such as sugarcane. They are often under economic pressure to grow more food crops to feed themselves. The livestock sub-sector contributes to over 60 percent of agricultural GDP while fishery sub-sector's contribution to the national economy is insignificant.<sup>30</sup>

Non-farm economy: Pakistan's rural non-farm economy plays a significant role in generating employment opportunities for rural households, especially for women members of the household due to their limited access to farm related income.<sup>31</sup> The main income sources for rural households include wages and salaries (32% of the total incomes); crop and livestock (30%); and remittances (13%)<sup>32</sup>. Technical and vocational education and training (TVET) is an important area for development interventions for the government and informal sector, especially for engaging an increasing number of youths<sup>33</sup>. Overall, 36 percent of the youth (age 15-29) live in rural areas with limited job opportunities and 64 percent in urban areas. According to a study by the United Nations Development Program (UNDP, 2017)<sup>34</sup>, Pakistan needs to generate 1.3 million jobs on average annually for the next five years to absorb both the unemployed, as well as the youth reaching the working age.

### **Nutrition and Food Security**

The National Nutrition Survey (NNS) 2018 reported that four out of ten children under five are stunted (40.2% percent), with 17.7 percent suffering from wasting.<sup>35</sup> The double burden of malnutrition is becoming increasingly apparent, with almost one in three children underweight (28.9% percent) alongside a high prevalence of obesity (9.5% percent) in the same age group. The survey reports disaggregated data by provinces. Newly merged districts of FATA, Balochistan and KP are performing poor in most of the indicators. Some of the examples include:

- The highest stunting prevalence is found in newly merged districts with 48.3 percent, whereas in the settled districts it stands at 40 percent
- Balochistan as a province has the second highest stunting prevalence
- Similarly, both newly merged districts and Balochistan have the highest ratio of wasting (23.1% and 18.9% respectively) than the national average.
- Even in the case of obesity, which is another rising nutrition disorder in Pakistan, mainly due to lack of dietary diversity, is the highest in these two regions (18.6% and 16.7% respectively), whereas KP is the 4th highest with 12.9 percent.

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28 According to the 2010 agricultural census, farms with less than 5 acres constituted 64 percent in number but only 19 percent of the areas, whereas the farms larger than 25 acres comprised only 4 percent in number but 35 percent of the areas.

29 Pakistan Economic Survey Report 2020-2021

30 0.4 percent of GDP, 2.12 percent of agricultural GDP, almost 1 percent to national employment in 2017. (GoP, 2021)

31 Helvetas 2020

32 Household Integrated Economy Survey (2015-16)

33 Helvetas 2020

34 UNDP 2017. National Human Development Report. Unleashing the potential of youth in Pakistan

35 National Nutrition Survey (NNS). 2018

- Exclusive breastfeeding is reported as the highest in KP 60.8 percent followed by newly merged districts with 59 percent. Balochistan is the second lowest with 43.9 percent.
- Sindh and Balochistan have more undernourished women.
- Balochistan has the highest vitamins and micro-nutrient deficiency among women of 15-49 years of age.
- Balochistan has the lowest proportion of households with access to improved sources of drinking water (75.3%).

## Education

Primary school enrolment<sup>36</sup> is high, with 94 percent of children in urban areas enrolled in 2019 (41 percent girls, 59 percent boys) as opposed to 83 percent in rural areas (45 percent girls, 55 percent boys).<sup>37</sup> However, only 37 percent of the population have secondary education, with a relatively low percentage for girls (19 percent girls while boys at 81 percent).<sup>38</sup> Pakistan has the world's second-highest number of out-of-school children with an estimated 32 percent of children (aged 5–16) not enrolled (62 percent of which are female). The highest rates of out-of-school children are in Balochistan (47 percent), followed by Sindh (44 percent), Khyber Pakhtunkhwa excluding Merged Areas (30 percent) and Punjab (24 percent). Province wise analysis suggests that Punjab has the highest literacy rate, with 64 percent followed by Sindh with 58 percent, Khyber Pakhtunkhwa (including merged areas) with 53 percent and Balochistan with 46 percent. Gaps in service provision at all education levels is a major constraint. Socio-cultural demand-side barriers combined with economic factors and supply-related issues (such as the availability of school facilities), together hamper access and retention of certain marginalized groups, in particular adolescent girls<sup>39</sup>.

### 1.2.2 Province specific context

#### Balochistan

Balochistan is the largest province in terms of land area and the smallest in terms of population (12.34 million)<sup>40</sup>. Situated in the southwest region of the country, Balochistan covers an area of 347,190 km<sup>2</sup> constituting 44 percent of Pakistan's total land mass and shares borders with Sindh to the east and southeast, the Arabian Sea to the south, and KP to the northwest. Balochistan is a multi-ethnic province with several languages and cultures. The province has six civil divisions for administrative purposes, Kalat, Makran, Nasirabad, Quetta, Sibi and Zhob. These six civil divisions are further subdivided into 34 districts. Lasbela and Gwadar are coastal districts of Balochistan. Southern districts such as Noshki, Chagai, Washuk, Awaran, Kech, Panjgur are extremely dry and prone to drought risks. Northern districts such as Quetta, Pishin, Killa Abdullah, Killa Saifullah, Zhob, Ziarat etc. are hilly areas with harsh weather characteristics. Southeast districts such as Jaferabad, Jhal Magsi, Kachhi, Nasirabad are plain with rich agricultural production depending on access to irrigation water.

Balochistan's climate is mostly dry and harsh. The mountain areas are characterised by harsh winters and blistering summers. Winters, in the hilly areas are extremely cold while closer to the coast and in the plains the winters are mild, with the temperature never falling below freezing point while summers are hot and dry especially in the plains where temperatures can each up to 50°C. The highest temperatures in the country are often recorded in parts of Balochistan.

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<sup>36</sup> "Gross" enrolment includes students of all ages. In other words, it includes students whose age exceeds the official age group (e.g., repeaters). Thus, if there is late enrolment, early enrolment, or repetition, the total enrolment can exceed the population of the age group that officially corresponds to the level of education – leading to ratios greater than 100 percent. <https://datahelpdesk.worldbank.org/knowledgebase/articles/114955-how-can-gross-school-enrollment-ratios-be-over-100>

<sup>37</sup> World Bank <https://data.worldbank.org/country> accessed 11.08.2021

<sup>38</sup> Pakistan Economic Survey Report 2021

<sup>39</sup> Pakistan Economic Survey Report 2021

<sup>40</sup> National census report 2017, Bureau of Statistics, Government of Pakistan

Natural gas, coal and other minerals are the main natural resources for the economy of Balochistan. An area of major economic importance is Gwadar Port on the Arabian Sea. Balochistan has the highest poverty rate and infant and maternal mortality rate, and the lowest literacy rate in the country<sup>41</sup>. The rate of multidimensional poverty in Balochistan was 71 percent in 2016<sup>42</sup>. 45 percent of the Baloch masses are illiterate of which 30 percent are males and 63 percent females. The illiteracy rate in the rural area is 50 percent and 32 percent in urban areas<sup>43</sup>. In addition to crop cultivation in the canal irrigated districts in the northeast close to the Indus Basin, non-staple, and high-value crops, suitable for the water-scarce high-altitude environment, are cultivated<sup>44</sup>. Northern Balochistan specializes in fruit production; the central and western districts engage foremost in livestock rearing, and the coastal belt relies on the fishery. In the highly underdeveloped, vast, and remote context of Balochistan, several major development projects at the strategically important town of Gwadar are in progress. One of those is the construction of a new deep-sea port. The port is planned to be the hub of an energy and trade corridor to and from China and the Central Asian republics. Another significant developmental project is the Mirani Dam on the Dasht River in the Makran Division which will irrigate 33,200 acres of land<sup>45</sup>.

### **Khyber Pakhtunkhwa**

The Khyber Pakhtunkhwa (KP) province of Pakistan lies in the northwest of the country and was created in 1901 during the British rule, when it was separated from the Punjab province of the then British Empire. Stretching North to South, KP is a profound blend of landscapes varying from Hindukush and Himalaya mountains in the north to hot plains in the south. The hilly terrain in the North and East, with its snow-capped peaks and lush green valleys, is renowned for its beauty and has enormous potential for tourism. The diverse landscape is an opportunity but the landscape itself is prone to climate variability and change. Districts along the western border of Pakistan are predominantly mountainous with two major climatic systems, the monsoon to the east and the Mediterranean towards the west with a dry and semi-dry climate.

KP has a high incidence of multi-dimensional poverty (ex FATA 73% and KP 49%). Among other factors, lack of access to water is a major driver of poverty and deprivation. Therefore, engaging in water sector development for improved access to water is a key driver to improve the well-being of the people. In 2017, the total population of KP province was 35.524 million (4.404 million households). The majority, 30.523 million, were living in the settled districts whilst 5.001 million were in the newly merged district<sup>46</sup>. Out of the total population, 83.5 percent lived in rural areas. KP province is endowed with a geographical land area of 12.89 million ha.

Land holdings in KP are generally small and owners have very little risk-taking capacity. This makes overall land management very difficult, especially in the context of changing climate with frequent extreme events. In this scenario, adaptation to new, efficient, and innovative cultivation materials and techniques can be crucial.

Despite these small landholding and difficult land management, agriculture is the major source of livelihoods in the province, 80 percent of the workforce in rural areas being thus engaged – contributing to the provincial as well as the national economy. On average, 82 percent of all farmers

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41 Ahmed and Baloch 2015. Political economy of Balochistan, Pakistan: A critical review.

42 UNDP, 2016 – Multi-dimensional poverty in Pakistan

43 PBS 217-18 quoted in Ahmed et al (2020). The determinants of Poverty: A case study of district Lasbela, Balochistan, Pakistan. <https://www.researchgate.net/publication/342491603>.

44 Bengali 2015. Profiles of land tenure system in Pakistan. <https://piler.org.pk/wp-content/uploads/2017/02/KB-Report-corrected-compressed.pdf>

45 <https://www.dawn.com/news/113180/mirani-dam-is-it-viable> accessed 08.10.2021

46 Pakistan national census report 2017

own less than 2 ha of land, indicating a high incidence of subsistence farming in the province<sup>47</sup>. Livestock rearing is also an important component of the economy, especially in rural areas.

Nearly 32 percent of the geographical area in KP is arid or semi-arid with less than 500 mm of rainfall. Within the arid and semi-arid region of the province lives 31 percent of the total population, largely depending on subsistence agriculture, livestock, wage labour, services, and remittances. This region is economically resource-poor with limited large-scale commercial agriculture and industrial activity.

A large area of KP comprises highlands that are highly vulnerable to climate variability and change. The region is rich in water resources, which play an important role in the regional hydrological cycle<sup>48</sup>. However, these areas are under severe environmental and social stress. KP's highlands are also exposed to multi-hazards including floods, landslides, and earthquakes.

## 2. Scope of the evaluation

### 2.1. SUBJECT EVALUATED

The Program for Poverty Reduction (PPR) is financed by the Government of Italy (GoI) through the Directorate General for Development Cooperation (DGCS) of the Ministry of Foreign Affairs and International Cooperation (DGCS/MAECI) and the Italian Agency for Development Cooperation (AICS). The original program duration was from September 2013 to September 2016. PPR is implemented by 17 implementing partners in 38 Union Councils in 14 districts of Balochistan and KP. However the PPR could not start on time because of strategic shifts in the program, delays in seeking no-objection certificates (NOC) by some of the POs, volatile security situation in some of the target areas etc. The remaining few interventions and disbursements under the Program will close in December 2021.

Using a community-driven development approach, the PPR focuses on poverty reduction in selected districts of Balochistan province, Khyber Pakhtunkhwa (KP) province, and the Federally Administered Tribal Areas (FATA) which merged with KP following the 31st Amendment of May 28th, 2018, of the Parliament. These districts are amongst the most vulnerable and underserved areas of the country and suffer from extreme poverty, as well as facing serious security issues.

The total Italian financial contribution to PPR has amounted to €40 million, through a soft-loan framework agreement. The PPR's activities under the Italian funded and promoted program will terminate in December 2021. The World Bank has resumed its advisory services in 2021, after the 2019 mission. **Figures 3 and 4** provide budget overview planned and revised.

In the final year of implementation, AICS and PPAF have attentively worked on PPR sustainability. On such basis, PPAF shall design – for donors and through internal funds - a PPR II based on PPR's lessons learned in terms of achieved or progressive sustainability, considering the tied component's reports, the program's Covid-19 response and the Evaluation's findings in this respect.

COVID-19 pandemic came as an unexpected challenge and its impact will be evaluated. Based on the analysis of external factors influencing the program, various inputs, processes (approaches, adaptations, and activities), the evaluators have tried to assess different outputs and outcomes to identify the extent to which the program has achieved its intended results. Reference to the ToRs, the evaluation has followed the PPR results framework as a basis to assess the overall performance of the project besides also documenting the approaches, challenges and opportunities arriving from PPR for the communities, districts, and the province.

**Table 1** provides a glimpse of the results framework.

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47 Zulfiqar et al. 2019

48 Ali and Nizami, 2014 and Grumbine et al. 2014

**Table 2 Overview of components, indicators, Activities, and financial allocations**

No.	Indicators	Major activities	Planned budget <sup>49</sup>
	Goal: Population poverty reduction through the creation of sustainable conditions of social and economic development, including income and production capacity increase	G: At least 25 percent of the targeted poor <sup>50</sup> households including female headed household (40% FHHs) in program area graduated out of poverty <sup>51 52</sup>	
	Purpose: Establishment of a social and productive infrastructure system and the establishment of an effective and sustainable social safety net	P1: At least 60% of the targeted poor (PSC 0-23) and 50% of the poorest households (PSC 0-18) move to a higher score on PSC (40% including FHHs) P2: At least 40% of the target group have their income increased by 20% (including 40% FHHs) P3: At least 60% of the community institutions are viable and sustainable <sup>3</sup> P4: At least 80% of the beneficiaries (including 50%) report satisfaction with the program supported interventions P5: Minimum EIRR of 20% and FIRR of 25% of investment of the program interventions	
Component 1: Social mobilization <sup>53</sup>	Expected output: Social structure and community organizations strengthened, with increased empowerment of local communities and increased capacity of relating with central institutions <sup>54</sup> , other organizations and markets.		
	<ul style="list-style-type: none"> <li>At least 60% of households in targeted Union Councils (UCs) are members of community institutions with at least 50% female membership.</li> <li>At least 60% of the targeted poor households (PSC 0-23) and 60% of poorest households (0-18) are members of community organizations.</li> <li>At least 4,500 community institutions formed/strengthened and 60% of these meets regularly.</li> <li>At least 60% of 1st tier organizations (including 50% of female-only community institutions (WCIs)) clustered into village level organizations and at least 40% of these (including 50% WCIs) are federated at a higher / union council level.</li> </ul>	<ul style="list-style-type: none"> <li>Situation analyses and participatory wealth ranking processes (i.e. poverty targeting or any objective measure of poverty assessment).</li> <li>Organization of households into Community Organizations and Village Organizations (VOs) through field based social mobilization teams and adequate supervisory structures.</li> <li>Training of field based social mobilization teams.</li> <li>Clustering of VOs at the union council area level as third tier representative organizations, depending on the maturity of the first and second tiers.</li> <li>Training and capacity building inputs at three tiers of community institutions. The training will focus on group management techniques aimed at promoting productive dialogue, team management, group-based leadership, collaborative management of conflicts and related psycho-social skills. PPAF's social mobilization process will include an emphasis on state-</li> </ul>	4.75 million Euros

<sup>49</sup> Project document 2011

<sup>50</sup> Using poverty score card cutoff of 0-23.

<sup>51</sup> Using poverty score card cutoff of 24-100.

<sup>52</sup> Viability and sustainability defined as being active (e.g. regular attendance at meetings), having linkages (clustering of COs and VOs to higher tiers, and linkage of LSOs with other NGOs/donor, service providers, markets and line agencies) and good governance structure will be assessed through maturity index of community institutions.

<sup>53</sup> This component aims at the fortification of local communities' social structures and empowerment resulting in communities undertaking an active role in their own development. Community empowerment must be considered as the capacity of communities to cope with their own needs, developing their own strategies for growth and creating responsible and inclusive institutions for social and economic development.

<sup>54</sup> According to the ToRs, these institutions refer to Government line agencies / departments, NGOs and INGOs.

	<ul style="list-style-type: none"> <li>• At least 50% of community institutions across all the three tiers including 50% WCIs show evidence of democratic decision-making in relation to internal organizational management and external decision-making<sup>55</sup>.</li> <li>• 25% of the office bearers of the 3rd tiers community institutions are women.</li> <li>• 70% of the priorities identified by WCIs are included in village development plans (VDPs) and UC development plans (UCDPs), and 40% of WCIs are involved in implementing project interventions.</li> <li>• 70% of conflicts brought to community institutions are mediated through a participatory process in accordance with constitutional and legal provisions.</li> </ul>	<p>citizen relationship, disaster preparedness, spatial planning and caring of the vulnerable as a collective responsibility of community institutions.</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Component 2: Livelihood enhancement and protection</p>	<p>Expected output: Effective social safety net established in favour of the populations' poorest groups especially women, children, old people and disabled especially.</p>		
	<ul style="list-style-type: none"> <li>• At least 40% of targeted poorest households (PSC 0-18), in particular, women (50% FHH), elderly and disabled (40% of identified persons with disabilities (PWDs) within the population) benefitted from productive assets leading towards an increase in their household incomes and/or asset base.</li> <li>• Communities that have received Community Livelihood Fund (50% women beneficiaries) revolve savings for internal lending and maintain at least 95% repayment rates.</li> <li>• 50% beneficiaries (40% women) became self-employed or employed to other sources as a result of skills trainings.</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of community groups around productive or entrepreneurial activities where community members identify livelihood needs and opportunities.</li> <li>• Finance interventions with target/ identified households, in the form of Livelihood Grants to support:             <ol style="list-style-type: none"> <li>a) Transfer of productive assets targeted at the ultra-poor.</li> <li>b) Asset building to increase productivity, including improved natural resource management, agriculture, and fisheries.</li> <li>c) Building linkages, where relevant or appropriate, with other livelihoods and safety nets programs of the Government and other actors.</li> <li>d) Vocational skills and technical training to increase employability as well as enhance productivity.</li> <li>e) Micro enterprise development training to eligible beneficiaries and technical assistance to identify and support innovative micro-enterprises and value chain development that will result in improved livelihoods.</li> <li>f) These will be aimed at enabling a gradual transition towards sustainable conditions for microcredit access potentially available in the areas of intervention. The training will focus on work orientation and identification of potential productive resources and will also provide technical assistance and support in starting small income-generating activities.</li> </ol> </li> </ul>	<p>7.31 million Euros</p>

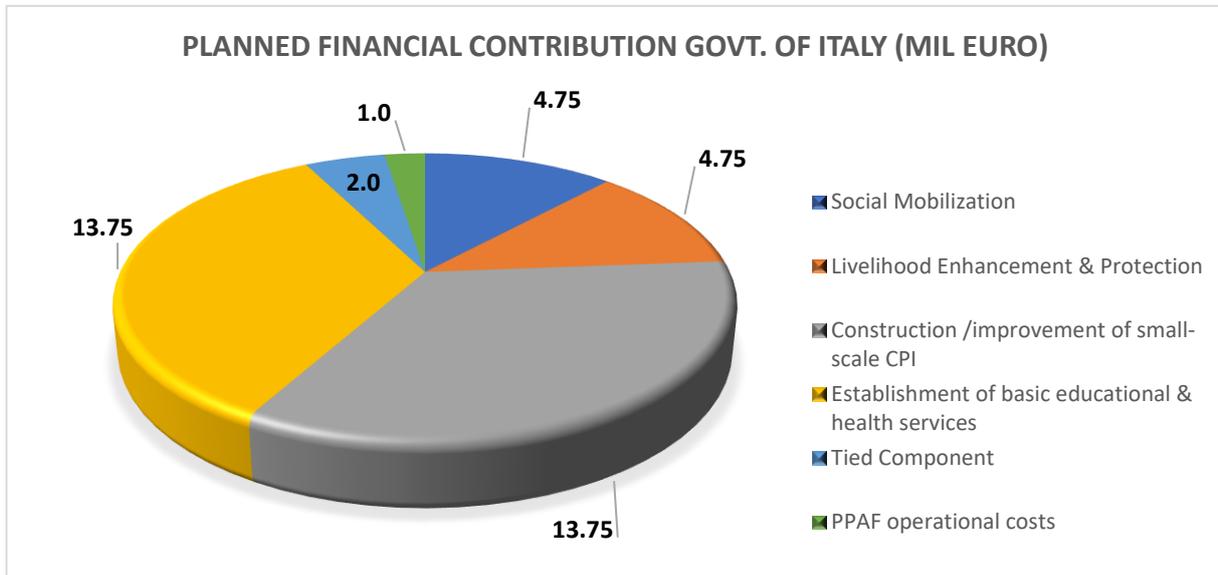
<sup>55</sup> Democratic decision making refers to election-based approaches, 70% members of the CI's members endorse and sign the resolutions. 70% members of LSOs and VO's participation in VDPs/UCDP development process

Component 3: Small infrastructure development	Expected Output: Local productive infrastructures (water infrastructures, civil and energetic works, access to markets, wells, roads, pipelines, power grids etc.) built and functioning.		
	<ul style="list-style-type: none"> <li>100% of the infrastructure schemes are disaster resilient, gender sensitive and PWD friendly.</li> <li>At least 30% improvement in communities' access [80% poor (PSC 0-23)] to drinking water and proper sanitation due to the infrastructure built.</li> <li>At least 30% improvement in communities' access to irrigation water due to the infrastructure built.</li> <li>75% of all infrastructure schemes are benefitting poor HH (PSC 0-23).</li> <li>At least 80% of infrastructure schemes are in use and well maintained, catering to the target communities, especially poorest households and at least 50% of these schemes are directly benefitting women.</li> </ul>	<ul style="list-style-type: none"> <li>Civil works related to protective and productive infrastructure as part of integrated rural development<sup>56</sup>:</li> <li>Works related to various types of infrastructure projects including Integrated Water Efficient Irrigation (IWEI), innovative and emerging technologies, Drought Mitigation and Preparedness Plan (DMPP) and other related interventions.</li> <li>Works related to the provision of basic infrastructure projects, including drinking water, supply of water for other purposes, roads and bridges, sanitation, rural development, and other related interventions such as sanitation etc.</li> <li>Technical assistance to support capacity building and training.</li> </ul>	12.09 million Euro
Component 4: Establishment of basic health, nutrition, and educational services	Expected output: Access of local population to the basic social and health services, including education obtained.		
	<p>Education:</p> <ul style="list-style-type: none"> <li>20% of all out of school children (5 to 16 years of age) are enrolled and are tracked by name to ensure they attend school throughout the life of the project and beyond.</li> <li>At least 80% of those enrolled continue schooling throughout the term.</li> <li>At least 50% of children enrolled under PPR project are girls.</li> <li>80% of teachers trained in improved teaching methodologies utilized these in the classrooms.</li> <li>80% of parents report satisfaction due to project-supported educational services.</li> </ul>	<p>Education:</p> <ul style="list-style-type: none"> <li>Establishment of community schools and rehabilitation of Govt. school buildings.</li> <li>Selection and training of teachers (selected, when possible, among locals who already have a good cultural education and a pedagogical potential).</li> <li>Provision of appropriate educational materials approved by the Government.</li> </ul>	12.25 million Euro  (combined with health)

<sup>56</sup> Identification of sub-projects is to be demand-driven and their selection transparent and based on economic and environmental sustainability as determined by the willingness of the communities to make arrangements for operations and maintenance (O&M). Examples of sub-projects include technological innovations such as drip irrigation, solar lights and pumps, biogas, and others.

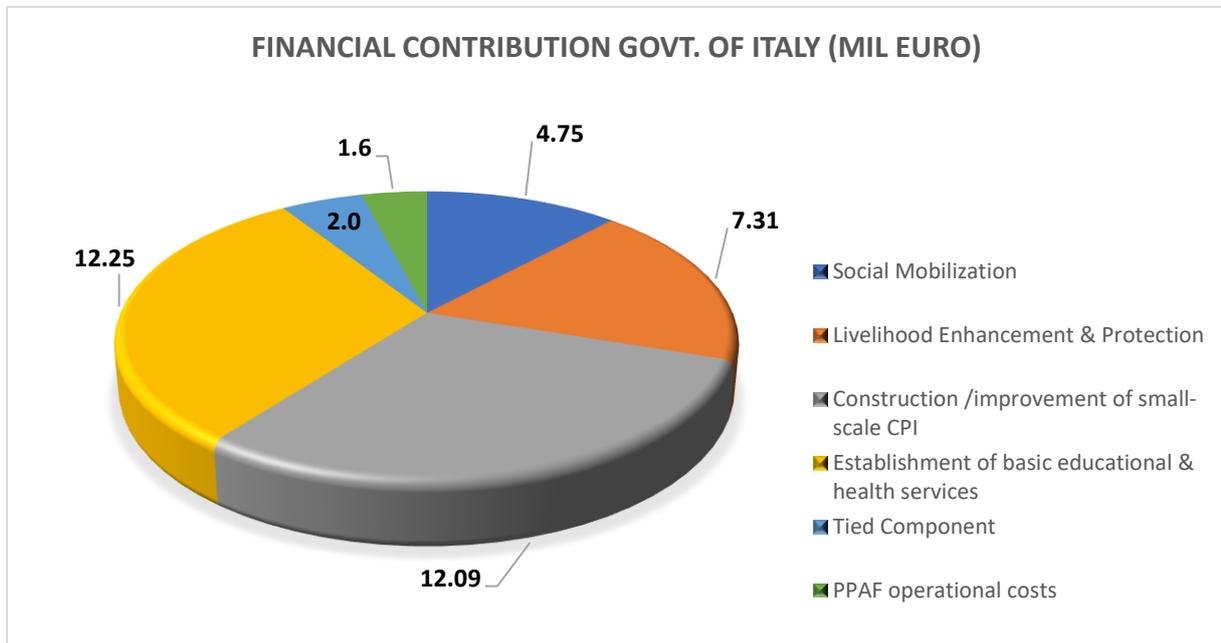
	<p>Health and Nutrition:</p> <ul style="list-style-type: none"> <li>• 20% increase in primary healthcare services utilization by communities at targeted health facilities.</li> <li>• 50% of pregnant women received ANC &amp; PNC services in target areas.</li> <li>• 30% of targeted households reported an increase in hygiene<sup>6</sup> and nutrition-related knowledge and practices.</li> <li>• 80% of women report satisfaction with the health services of the project.</li> </ul> <p><sup>6</sup> The hygiene includes awareness on hand washing, use of latrine and safe drinking water</p>	<p>Health and Nutrition:</p> <ul style="list-style-type: none"> <li>• Strengthening of government health centers and Establishment of community health centers.</li> <li>• Rehabilitation of Health Units with a basic pharmaceutical dispensary, basic tools for laboratory tests, and most important vaccinations and medical instruments for intervention in cases of emergency.</li> <li>• Training of health staff on how to provide medical basic care, how to make a submission to the relevant structures in case of need and how to recognize early signs of childhood diseases and at-risk pregnancies.</li> <li>• Behavior changes sessions on nutrition sensitivity, including handwashing, breastfeeding, prevention of anemia, screening of malnourished children under five, awareness building for pregnant and lactating mothers.</li> <li>• Creation of a referral mechanism for the provision of nutrition supplements for relevant demographics</li> <li>• Provision of kitchen gardening tools and seeds</li> <li>• Health session of the local population. especially women, on the following topics: <ul style="list-style-type: none"> <li>a) Women reproductive health.</li> <li>b) Basic hygiene and disease prevention methodologies.</li> <li>c) Promotion of health through the adoption of healthy lifestyles.</li> <li>d) d) Other medical issues, particularly relevant at the local level.</li> </ul> </li> </ul>	
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Figure 3 Planned PPR Budget (2018-2021) - Ratio of Budget per component



Source: PPR project document - 2011

Figure 4 Revised PPR Budget (2021) - Ratio of Budget per component



Source: PPAF PPR project team - 2021

## 2.2 KEY COMPONENTS OF THE EVALUATION

As per ToR, the end-of-program evaluation was expected to help DGCS/AICS, PPAF and the World Bank to assess program outcomes and results, program approach and management, financial management and procurement. The evaluation is tasked to identify gaps and suggest an improved implementation strategy for a possible 2<sup>nd</sup> phase of the program. The scope of this evaluation, therefore, is large, encompassing various levels and stakeholders at program and operational levels. The evaluation is based upon Development Assistance Committee (DAC) under OECD<sup>57</sup> evaluation criteria, taking into consideration relevance, effectiveness, efficiency, coherence & connectedness, impact, and sustainability. An evaluation of results in the four PPR program components has been conducted as per the ToR issued by World Bank:

- (1) Social Mobilization
- (2) Livelihood Enhancement and Protection
- (3) Construction and Improvement of Small-Scale Community Infrastructures
- (4) Establishment of Basic Health and Educational Services

It has covered aspects including program outcomes and results, program approach and management, gaps, and areas for improvements.

In addition, thematically, the evaluation also ascertained to assess the level of participation and inclusion of primary stakeholders (women, men, girls, boys, elderly persons, and people with special needs) at different stages of the program cycle. The evaluation took into consideration social, cultural, and contextual barriers faced by the program team (including PO staff) and how the program's field staff dealt with those barriers, e.g., in order to ensure women's involvement. The evaluation has also applied World Bank Environmental and Social safeguard Framework (ESF) to assess impact and influence of PPR on transforming social and natural environment—including documentation of unintended results/impact from project interventions.

The multi-stakeholder environment in Pakistan demands that PPR, which looks at multiple drivers of poverty and tries to address them through multiple components, operate within a narrative that is co-created by a multitude of actors. For this assignment, and specifically given the focus effectiveness, anchoring the assignment in a clear understanding of actors' categories is relevant. The stakeholders were identified as either internal or external in different categories of their affiliations (**Annex 3**). Even though we have noted that the POs do not use a systematic tool of stakeholders' analysis<sup>58</sup>, they indicated linkages and synergies with relevant actors in their quest to achieve project objectives and enhance impact of interventions at beneficiary level. The team tried to validate this in the field during data collection process.

An indicative evaluation matrix was prepared to capture all key questions the evaluation will deal with – and the possible data source (**Annex 4**). It was improved and populated with more specific questions after the first few interviews, especially at the level of PPAF and POs.

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57 The consultants will follow OECD-DAC evaluation criteria updated in 2019. <https://www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf>

58 And this may also include spoilers who in principle are not subject of PPR – but may contribute to reinforcing causes of poverty in the regions. Not engaging them may lead to poor people elastically return to where they were in their state of poverty in a post project scenario.

## 3. Evaluation approach, methodology and ethics

### 3.1. METHODOLOGICAL APPROACH AND TOOLS

The evaluation team tried to make this evaluation an interesting learning exercise for all involved, while assuring transparency and credibility of the evaluation outcomes. The evaluation results harvested from the collected data from the field have been used as *hard facts*. In addition, the teams have carefully noted dominant perceptions of the communities as an important indicator of poverty reduction/or otherwise and what approaches may be more effective in future. The following bulleted narrative summarizes the overall evaluation process.

- Review of relevant documentation from the client including but not limited to annual progress reports, aide memoirs/mission reports, technical reports, research reports and relevant communications, policies and strategies, and other documents.
- Develop and submit an Inception Report with evaluation matrix and tools for data collection.
- Finalize / refine field data collection tools.
- Conduct an enumerators and supervisors' training for household data collection.
- Collect primary data and information through field based deep-dive interviews and consultations with:
  - Household beneficiaries, women, and men
  - Local Support Organizations (LSO) and the organizations under the umbrella of LSOs (Village or Community Organizations – VOs/COs and Women Community Institutions – WCIs)
  - Partner Organizations
  - Interviews with other stakeholders, focus group discussions during field visits
  - Field visits for physical observation of the selected interventions, conversation with beneficiaries and other stakeholders
- Based on the above, analyze, evaluate, and report progress against each indicator as outlined in the result-based framework.
- Prepare the draft / final report and debriefing sessions.

For the purpose of the evaluation, a mixed method of field research was used to obtain sample-based quantitative (through coverage of beneficiary households) and qualitative data (through FGDs and KIIs/IDIs) regarding the progress of project activities, outcome, impact, and the extent to which they have contributed to the overall goal of the project. At the same time, a mix of face to face and digital means were deployed for data collection.

Physical observations during field visits followed a review of relevant documents and meetings with the client and related internal and external stakeholders to ascertain project indicators given in the ToRs for this evaluation. Observation checklists, semi-structured interviews with project staff, POs and other relevant actors were also used to identify implementation issues and possible solutions to address those issues.

Sampled beneficiaries were covered in the evaluation in two ways, (i) through a field survey at the household level to attain their perspective and benefits (ii) FGDs with 3-tiered institutions organized and functional at the village and higher levels to provide feedback on overall effectiveness, efficiency, and sustainability of the program. During the evaluation, the experts also studied the extent to which the POs' feedback to different missions was entertained and the findings and the recommendations of the WB monitoring missions incorporated in the project implementation (**Annex 5**)? The evaluation's focus will be on determining the achievement of project targets, record major obstacles

and adaptive solutions, and goals as described in the ToRs as well as the impact on the lives of the poor/beneficiaries.

**Annex 6** provides data collection tools deployed in this evaluation. The evaluation tried to be as concise as possible for an objective evaluation and ensure minimum exposure for the respondents in the currently challenging environment of COVID-19 pandemic and other rising challenges.

### **3.2. SAMPLING METHODOLOGY AND FRAMEWORK**

The PPR was implemented in 38 UCs of 14 districts in Balochistan, Khyber Pakhtunkhwa and erstwhile FATA. We have followed a multi-stage sampling technique for the evaluation:

#### ***Sampling strategy***

1. The decentralised data collection focused on work conducted across two provinces, where PPR operated (Khyber Pakhtunkhwa and Balochistan). Within the provinces, **seven districts** were selected purposively to ensure the collection of representative data (50% of the program districts), to account for contextual differences within a province (e.g., South, and North of Balochistan, lower and higher altitudes in KP). In addition, the choice of districts drove the POs' diversity (RSPs<sup>59</sup> and non RSPs) in the sample.

During the evaluation in KP, Bajaur district representing the newly merged districts had to be excluded as the concerned PO was unable to obtain a No Objection Certificate (NOC) from the authorities. The team, then added Drosh 1 Union Council to the already included Drosh 2 Union Council, in District Chitral.

2. In total, **12 UCs** were selected for in-depth evaluation through beneficiary interviews 32% of the program UCs). These UCs have been purposively selected with the same PO as an implementing partner of PPAF.
3. The sampling ensured that **all stakeholder categories (Table 2)** are included, and geographically represented, as may be relevant. Also, a gendered approach to respondent identification was applied.
  - a. A **stratified multistage probability proportionate to the size (PPS) sample** of approximately 1,575 households was determined with a 95 percent confidence level and 5 percent margin of error as per the ToRs. Total number of interviews, however, conducted in the field was 1648.
  - b. **All the concerned LSOs** from the selected UCs were included for interviews. Participation of VOs / COs was ensured during interviews and where necessary, purposively approached for exclusive interviews.
  - c. The evaluation took a purposive approach to sampling, aiming to identify other **key informants** among beneficiaries to provide the most salient information relative to the questions, while also permitting the triangulation of original data.
  - d. In addition, an effort was made to ensure that the **different project components are fully covered** by different experts. A degree of flexibility was maintained by the evaluation team during field data collection, to consult relevant stakeholders which were not pre-identified.

**Table 2: Stakeholders' typology and sampling strategy**

Category	Definition	Sampling strategy
<b>Internal stakeholders</b>		
Donors / financial institutions (PPR)	<ul style="list-style-type: none"> <li>Government of Italy through the Directorate General for Development Cooperation (DGCS) of the Ministry of Foreign Affairs and International Cooperation (DGCS/MAECI) and the Italian Agency for Development Cooperation (AICS)</li> <li>World Bank Group</li> </ul>	<ul style="list-style-type: none"> <li>Current Head of program/portfolio holder</li> <li>World Bank TTL / PPR</li> <li>Officers/knowledge bearers at any other level within the donor / financial institution identified for interview</li> </ul>
PPAF	<ul style="list-style-type: none"> <li>PPAF is the lead apex institution for community driven development in Pakistan</li> </ul>	<ul style="list-style-type: none"> <li>CEO and the management of PPAF</li> <li>Group Head leading the PPR implementation</li> <li>Relevant thematic heads of PPR project</li> <li>Finance and procurement staff</li> </ul>
POs	<ul style="list-style-type: none"> <li>POs: Partners receive funds from PPAF for implementing actions in the field.</li> </ul>	BRSP, NRSP, AKRSP, SRSP, BRAC, EPS, CERD Some of them have been engaged with PPAF since pre PPR with a long institutional history of partnership.
<b>External stakeholders</b>		
Beneficiaries (individuals/ households)	<ul style="list-style-type: none"> <li>Beneficiaries in 7 districts and 12 Union Councils: <b>Kech:</b> Gokdan, Ginna <b>Lasbela:</b> Winder, Sarkan <b>Killa Abdullah:</b> Purana Chaman) <b>Pishin:</b> Khushab <b>Swat:</b> Hazara, Kuz Abakhehl Kabal <b>Lower Dir:</b> Koto <b>Chitral:</b> Ayun, Drosh I and Drosh II</li> </ul>	<ul style="list-style-type: none"> <li>Women / Women Headed Households</li> <li>Men and their families</li> <li>Girls</li> <li>Boys</li> <li>Persons with Disabilities</li> <li>Elderly and youth</li> </ul>
Beneficiaries / community institutions	<ul style="list-style-type: none"> <li>Community institutions in 12 Union Councils as mentioned above</li> </ul>	<ul style="list-style-type: none"> <li>Community Organizations</li> <li>Village Organizations</li> <li>Women Community Institutions</li> <li>Local Support Organizations</li> </ul>
Government	<ul style="list-style-type: none"> <li>Federal</li> <li>Provincial</li> <li>District</li> </ul>	<ul style="list-style-type: none"> <li>Economic Affairs Division</li> <li>Poverty Alleviation and Social Safety Division</li> <li>Relevant provincial government departments which have linkages with the communities /projects</li> <li>District representatives (administration, Health, Nutrition, Education)</li> </ul>
Others	<ul style="list-style-type: none"> <li>Others may include development actors who are not partners in PPR</li> </ul>	<ul style="list-style-type: none"> <li>NGOs / bilateral INGOs (non-recipients of PPR grants)</li> <li>Think tanks (e.g., around nutrition, health, education, humanitarian NGOs fora)</li> <li>The Private sector / TVET actors or as relevant to LEP</li> </ul>

### 3.3. DATA COLLECTION AND ANALYSIS

The data were collected from the identified sample, both through **face to face interviews** and/or **digital platforms (Figure 4)**.

1. **The household survey** was conducted through enumerators (F2F) and entered on Kobo toolbox for analysis (total 1634 households, 56 percent men, 44 percent women).

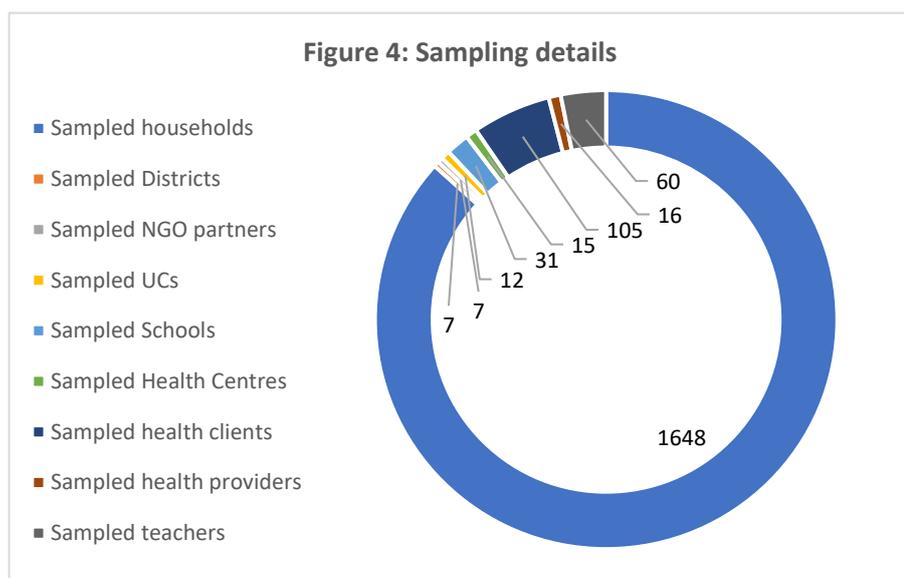
2. **Interviews with LSOs** were conducted through F2F FGDs. The analysis were carried our through the Kobo toolbox (12 LSOs, 8% women, 92% men).
3. Interviews with **POs** including the following selected organizations:
  1. Balochistan Rural Support Program (BRSP)
  2. National Rural Support Program (NRSP)
  3. Sarhad Rural Support Program (SRSP)
  4. Aga Khan Rural Support Program (AKRSP)
  5. Centre for Excellence in Rural Development (CERD)
  6. Environment Protection Society (EPS)
  7. Bangladesh Rural Advancement Committee (BRAC)<sup>60</sup>

Interviews with POs were conducted in multiple ways:

The first round of introductory meetings with the entire PPR team of the PO were held online on a digital platform. These followed an online survey approach to collect data on all the components including institutional aspects of the PPR. This helped acquiring data by removing any fear to miss any aspect or human misinterpretation.

A final round took place in the field with F2F interactions in the field to elaboate on already received responses by the team.

4. **Health and Education** components have an additional layer of data collection. These data were analyzed through appropriate softwares:
  - a. Physical visits to the health/education facilities (16 health facilities, 31 schools (40% girls’ schools))
  - b. Interviews with clients/parents for their satisfaction (105 health clients, 16 health providers and 60 teachers)
5. Interviews with **external stakeholders** were held in person or online – as feasible on case to case basis and were docu mented as qualitative notes (mainly health and education).



<sup>60</sup> BRAC has already left the country due to issues related to work permit in Pakistan. The evaluation team therefore interacted directly with LSOs and households / beneficiaries in Lasbela. The report therefore refers to 6 POs in later analysis.

**Box 1****PPR Evaluation Data Collection: Innovation meets timeliness**

The team realized very early on that given the tight time frame - just few weeks to deliver the draft final report - the evaluation data collection mechanisms will have to be innovative enough to be implemented and analysed rapidly. First, it was decided that a pure CAPI approach would delay the pilot surveys and training, as well as the main surveys. It was decided to use a hybrid approach with manual forms being used in the field and CAPI tools helping with data cleansing and analysis. Second, the team decided to undertake the four core data collection tools literally simultaneously. The PO, the LSO/VO/CO, the health facilities, and the HH survey were implemented on a rolling and a simultaneous basis, with good results. Third, the PO tool was used as a pre-LSO/VO/CO preparation tool and was implemented by serving it through a web-based tool—thus forcing the POs to organize their PPR related information prior to meeting up the experts on the LSO/VO/CO FGDs. Fourth, given the geographical expanse of the PPR districts, the experts’ team was split into two—one going to KP and the other going to Balochistan—for the FGDs. This was done by relying on and utilizing each expert’s secondary skills. This was possible as the entire team was very experienced in more than a single aspect of community driven development—the co-team leaders’ approach also helped. Fifth, and last, the utilization of a dedicated and guided expert data analyst along with the use of Kobo Toolbox, resulted in almost simultaneous production of analysis from the HH surveys. This is best-practice territory, and the team recommends this approach for future evaluations where detail and time are of essence.

**3.4. ETHICAL CONSIDERATIONS**

The evaluation conformed to 2020 United Nations Evaluation Group (UNEG) ethical guidelines. This included ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair engagement of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities. **Table 3** presents the ethical issues, related risks, safeguards and measures considered during the evaluation. These issues were monitored by the Team Leader / Co Team Leader and managed during the implementation of the evaluation.

**Table 3: Ethical consideration**

Ethical issues	Risks	Safeguards
<b>Overall</b>		
That the evaluation is conducted in a way that leads to negative results/impacts for those involved	That the evaluation causes harm to individuals or groups engaged.	<i>Ensure no harm</i> to those informing the evaluation. This includes (not limited to) physical harm, psychological distress and discomfort, social disadvantage, harm to participants’ financial status, privacy, anonymity, and mental comfort. Ensure protection of basic human rights, especially the vulnerable people in the field. The wellbeing and safety of team members was also considered by minimizing any harm or discomfort, including health safety in relation to COVID-19.
<b>Data collection</b>		
Ensuring Informed Consent	That respondents, particularly direct beneficiaries do not fully understand the informed consent concept.	<i>Informed consent.</i> (a) <b>Informants</b> should understand that their participation is voluntarily and without having been coerced and/or deceived, and (b) they are clearly informed of what the evaluation requires from them. Information was given to the participants about PPR, and the PO concerned, the purpose of the evaluation, the methods being used, the possible outcome of the evaluation, as well as associated demands and all foreseeable inconveniences and risks that the participants may encounter

		during and after their participation. <i>Right to Withdraw</i> for the interviewees from the evaluation process and withdraw any data concerning them at any point without fearing any consequences.
Privacy during the interview	Respondents feel their views /perspectives cannot be safely shared	Interviewers made an effort that interviews, particularly those with direct beneficiaries, or ones which are politically sensitive, take place in an environment that is private and safe. Only female consultants reached out to female beneficiaries.
Expectation management	Respondents translate the presence of evaluators as direct addition of support	Interviewers endeavored to explain, in common language, that the evaluation is independent and delinked from any future commitment.
<b>Data analysis</b>		
Data management	Data is accessed by parties outside the evaluation team.	<i>Confidentiality, data protection and privacy.</i> The team ensures confidentiality of information, privacy and anonymity of interviewees and other participants at all times.
<b>Reporting</b>		
Data privacy	The opinions, perspectives, views of respondents become public.	The team clearly explained the limits to confidentiality to prospective participants.
Data interpretation	That the way findings are understood by readers and the evaluation team differs.	<i>Transparency, Openness and Fairness.</i> The team fully committed itself to transparency and openness in the publication, communication, and dissemination of data.

### 3.5. LIMITATIONS

While the evaluation team received immense cooperation from all the stakeholders including the World Bank, PPAF, POs and beneficiaries, it is also important to note certain limitations faced in the process:

- The fourth wave of COVID-19 pandemic was still active with a high infection rate during the period of data collection in the provinces. The data collection was assured by adopting multiple ways using online and face to face interviews with multiple smaller groups and strictly complying with SOPs.
- It is important to note that this evaluation was conducted when PPR contracts with most POs had been concluded and the project staff especially assigned to PPR had either left the organizations or had been assigned new responsibilities. Acquiring POs' perspective of PPR became a challenge in a few cases due to limited institutional memory and records<sup>61</sup>.
- The timeframe for the evaluation was rather limited for making special arrangements for household data collection from a rather large sample of 1648 households. At times there have been overlapping schedules between field teams. This process, however, was completed successfully with adaptable plans.

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61 PPR phased out for most partners in 2018 or 2019

## 4. Findings of the Evaluation

The PPR was implemented in 38 union councils in 14 districts of Khyber Pakhtunkhwa (KP) and Balochistan (**Annex 7**). The districts of Balochistan included Zhob, Killa Saifullah, Killa Abdullah, Pishin, Gwadar, Lasbela, Awaran, Panjgur and Kech. The districts of KP included Lower Dir, Upper Dir, Chitral, Swat and the Bajaur Agency in erstwhile FATA. This is a large geographical spread to manage a program, in terms of effective coordination, monitoring and internal coherence.

The social mobilization component remained the core ingredient of PPR in which community institutions (CIs) were either formed or activated to foster program implementation.

The findings of this evaluation are based on assessment conducted in 7 out of 14 districts (50% of the total districts included in PPR), 7 out of 17 Partner Organizations (41% of the total POs contracted) and 12 out of 38 Union Councils (32% of the total Union Councils included in the PPR).

### 4.1. RELEVANCE

#### 4.1.1 Sub national and national priorities

Pakistan is a developing country, with an annual per capita growth averaging only at two percent, which is a half of the South Asia average. With 24 percent of the population living below the national poverty line<sup>62</sup> the Government of Pakistan (GoP) has been prioritising poverty alleviation in its national policies and frameworks for social protection and development. In Pakistan, poverty is more prevalent in rural areas compared to urban areas<sup>63</sup> and therefore the GoP and provincial government place a special focus on rural support programs and development policies that specifically target rural interventions for poverty alleviation.

Since the promulgation of the 18<sup>th</sup> Amendment, that led to decentralization of power from the Federal Government, greater autonomy rests at the provincial level for policy making and taking province specific measures. Both Federal and provincial governments have been working towards social development. One of the examples is social safety net development initiatives such as Benazir Income Support Program and succeeding wider Ehsaas program of the federal government with a strong trickle down to the provinces. These policies generally aim at creating greater economic opportunities for the poor and provision of basic facilities such as health, nutrition, and education, amongst other core themes. In all these efforts, the government is supported by many development organizations by offering technical, financial, and other forms of support.

62 <https://www.adb.org/countries/pakistan/poverty>

63 Muhammad Azeem Ashraf. Poverty and its alleviation: The Case of Pakistan. <http://dx.doi.org/10.5772/intechopen.68960>

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#### Box 2

##### Relevance of PPAF's Program for Poverty Reduction (PPR)

The four program components and expected outcomes are,

1. **Social Mobilization** (Social Structure and community organizations strengthened, with increased empowerment of the local communities and increased capacity of relating with central institutions, other organizations, and markets.)
  2. **Livelihood enhancement and protection** (Effective social safety net establishment in favour of the populations, poorest groups, women, old people, disabled, and children.)
  3. **Community Physical Infrastructure** (Local productive infrastructures for water, civil and energetic works, access to markets, wells, roads, pipelines,)
  4. **Establishment of basic education and health services** (Access of local population to the basic social and health services, including education and beyond).
-

The following sub-sections analyse some of the major government led initiatives with national and provincial (Balochistan and KP) influence. This overview will help in determining relevance of PPR to the government's ambitions.

### ***Government led initiatives and reforms***

#### ***Three-Year Rolling Transformation Strategy: Agenda for Economic Transformation and Jobs-led growth (2021-23)***

Three-Year Rolling Transformation Strategy (3-YRTS) is an Economic Transformation plan that is a flexible and dynamic, based on economic complexity as a policy tool, to reorient existing resources into high productivity areas. The Plan is multidimensional and multi-layered, which not only includes intersectoral transfer of resources from low to high productivity sectors, but also intra-sectoral transfer from low to high productivity activities. A core component of the strategy is the Social Protection and Ehsaas Strategy: (i) coordination among vertical and horizontal tiers; (ii) operational strategy; (iii) social protection framework; (iii) stable macroeconomic environment; and (iv) create opportunity for the poor.

#### ***Vision 2025***

The Vision 2025 sets an overarching policy narrative at national level. It was approved in 2014 by the Planning Commission of the Ministry of Planning, Development & Reform of Government of Pakistan. It introduces a conceptual framework to achieve inclusive economic growth, with benefits for human, social, and economic dimensions. It identifies the following as its key pillars:

- Developing human and social capital – scaling-up of systems for education, health, sanitation, social development, job creation, and creating youth-centric and gender specific opportunities.
- Achieving sustained, indigenous, and inclusive growth – entailing mobilization of resources with enhanced trade, revenue collection, and improvements in productivity of sectors with social protection frameworks in place to reduce poverty level by half.
- Governance, institutional reform, and modernization of public sector – optimizing governance by capacity building, removing hurdles and malpractices, and building regulatory frameworks.
- Energy, water, and food security – Provision of adequate, reliable, clean, and affordable access to energy, water and food while also focusing on environmental conservation.
- Private sector and entrepreneurship led growth – Improving the investment feasibility in Pakistan and attracting public private sector partnerships and developing SMEs and entrepreneurship ventures.
- Developing competitive knowledge economy through value addition – developing value chains, skill building, providing technologies, and promoting innovation.
- Modernizing transportation infrastructure and greater regional connectivity – with a focus on improving rural connectivity and connecting urban and rural areas.

#### ***Annual Development Plans***

Annual development plans (ADP) are prepared by every province as a financial commitment for the year (or subsequent years in case of longer-term schemes) and include an overview of the projects in development sectors with sets targets. As an example, Khyber Pakhtunkhwa in the latest edition of 2020, included 34 sectors in the plan. These included social development include agriculture, drinking water and sanitation, elementary and secondary education, energy and power, environment, food, forestry, health, higher education, home, housing, industries, labour, local government, multisector development, population welfare, relief and rehabilitation, social welfare, water and more.

***Ehsaas Program***

This umbrella program has been launched recently by the newly established Poverty Alleviation and Social Safety Division (PASS) of the Government of Pakistan. The Ehsaas Program follows a multisectoral approach where the goal is to holistically reduce inequalities and invest in people<sup>64</sup>. It has grouped together several government initiatives in social development sector, which will now be centrally looked over by the Division of Poverty Alleviation and Social Safety. These government initiatives are:

- Benazir Income Support Program – Provides financial support to 5.7 million beneficiaries, previously by cash-only methods but is now being expanded to bank accounts, mobile banking, financial, and digital hubs, cash transfers and graduation opportunities. The credits offered include interest-free loans, asset transfers, and vocational training.
- Pakistan Poverty Alleviation Fund – (explained above)
- The Zakat and Ushar Department – From the Central Zakat Fund at the State Bank of Pakistan, this department transfers this cash down to village level through community level committees
- Centre for Rural Economy
- Centre for Social Entrepreneurship
- Pakistan Bait-ul-Mal – Focuses on poverty alleviation by providing educational, employment, residential, and other necessity facilities to underprivileged demographics.<sup>65</sup>

***Rural Economic Transformation Project for KP***

This project is launched by the Planning & Development Department of KP with a budget of PKR29 billion. The project objectives are defined as,

- Poverty alleviation
- Enhancing access to food
- Increasing KP's food security
- Greater inclusion of rural demographic into various economic opportunities.

The four sectors for its projects are forestry, social welfare, industries, and social welfare. As of now, the approved projects include agribusiness development, upskilling and education of youth, construction of public facilities and community physical infrastructure.

***Balochistan Rural Development and Community Empowerment (BRACE) Program***

This provincial social development program has been launched by the Government of Balochistan and is partly supported by the European Union. This is a strategic effort of the provincial government that focuses on rural upliftment by alleviating poverty, increasing community mobilization, and empowering people. The key components of this program are,

- Supporting the Government of Balochistan in developing local development policy framework.
- Research and advocacy for understanding household poverty dynamics and preparing communication materials on the conditions
- Capacity building of government officials
- Training of local bodies
- Technical and vocational skills training especially for women and youth
- Community investment fund that provides micro health insurance
- Social mobilization by developing networks of Cos, VOs, LSOs.

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64 The Ehsaas Strategy Post COVID 19.

65 Government of Pakistan Poverty Alleviation and Social Safety Division Op-Ed

- Creating income generating opportunities through grants
- Building community physical infrastructure
- Rehabilitation of people with disabilities

#### **4.1.2 Poverty context in the target districts**

*Identifying the target communities and localities – selection of Target Union Councils for PPR was based on prior PPAF engagement, clustering of program activities, and permissive security conditions*

– The target districts for PPR were the oft-restive autonomous areas which were in the process of being integrated with the federation. Within these target districts, identified by the GoP, it was agreed to target 38 UCs, driven by the amount of the available financing. Ideally, the program could have relied on the localized demand identification by the POs and LSOs/VOs/COs, in the spirit of community driven development (CDD), ensuring better chances of ownership and sustainability of interventions. PPR took a different approach in the interest of delivering rapidly and PPAF hired a 3<sup>rd</sup> party to develop (a) district profiles for the identified districts, and socioeconomic baselines, and (b) a ranking of the UCs therein. Following this, based on identification of the ‘poorer’ UCs, a further filter applied for the final selection of the 38 UCs consisted of the following: (i) PPAF already engaged in the area, (ii) clustering approach—UCs in vicinity of each other (to ease mobility and access by POs), and (iii) relatively secure areas with workable movement and implementation. Overall, the union councils selected for the project seem highly appropriate due to poor socio-economic indicators.

*PPR has targeted remoteness poverty which is one of the common issues and a driver of poverty in all the target districts.* Due to PPR program interventions some of the key constraints have been removed and people have access in remote areas to improved basic facilities, education, and income generating opportunities. PPR has provided technical and financial support to the key interventions including income generation interventions such as investment in water for irrigation and drinking purposes, link roads and bridges, health and education facilities, and physical assets for most deserving people.

*The program design has a high relevance also in the context of local economic development.* A central ingredient of the whole process is the guidance to local people for collective action to foster and coordinate development process in their catchment area and act as a lobbying force to strengthen cost-effective service delivery system. Social mobilisation has been the strategic vehicle to create inroads and deliver Community-based Physical Infrastructure (CPI), Livelihood Enhancement and Protection (LEP), health, education, and all other schemes as part of PPR. They are organized into Community Organizations (CO) known as 1<sup>st</sup> tier of community institutions. The COs are federated into a 2<sup>nd</sup> tier Village Organizations (VO). The 3<sup>rd</sup> tier is called Local Support Organizations (LSOs) which is a federation of VOs.

In view of the sampled 6 POs, social mobilization activities were already operative on ground in half of the areas before the commencement of PPR. No such foundation existed in other areas.

*The way it is defined, the process of decision making has been democratic in performing PPR activities.* The COs, VOs and WCIs identified their common needs during their regular meetings (mostly once a month). The priorities – mostly drawing on the Union Council Development Plans (UCDPs) and Village Development Plans (VDPs) – were forwarded to the concerned LSO through a resolution. The LSOs held series of meetings to further prioritize requests received from the COs/VOs/WCIs. The LSO prioritized the project after an in-depth debate. According to the LSOs, the prioritization considered the most disadvantaged community where urgency for executing the project was the highest. This process has replaced a rather externally mediated needs identification system. In the past, the needs used to be identified during the first dialogues organized for initial introduction of the projects / programs. Objectives of a program and partnership obligations were explained. The partner organizations conducted needs assessment and facilitated the process of prioritization. This has now

graduated into a pure community-led process. It has certainly evolved over years of community led programming and thus a welcome process PPR has also contributed to.

For individual execution, proposals on the schemes were prepared by the relevant community institution and forwarded to the concerned PO. The POs, with the assistance of PPR, provided technical and financial support to the identified projects which fell within the ambit of the PPR and within the priority areas for the local and provincial governments. The PPR evaluation team noted the following projects more frequent than others:

- a. Improved access to water for drinking and domestic uses.
- b. Improving access to irrigation water for expanding land area under agriculture production, enhance crop yields and diversify crops (fruits and vegetables) with an intent to increase farmers' cash income.
- c. Distribution of livelihood assets to the poorest—including formation of Community Interest Groups (CIGs) for cooperative utilization of transferred assets.
- d. School improvement (physical, level enhancement, missing facilities).
- e. Address the issue of missing facilities in health centers for better services. This was particularly interesting for women.

All the LSOs the evaluation team met in the sampled UCs, seemed to exist even after the conclusion of PPR and the members operate in a mutually respectful and democratic manner for consensus-based decision making.

#### **4.1.3 Local development context of the Union Councils**

The past years of learning with communities have enhanced the capacity of the community institution to prioritize their needs and undertake planning exercises and thus classical needs assessment exercises have evolved into medium / long term improved plans. The data collected during the process of situation analysis in a Union Council is utilized for developing Village and Union Council Development Plans (VDP and UCDP). Major components presented in the VDP/UCDP typically include the following:

- Union Council data including villages, villages / sub-villages, households, population, income level categorization of households, built environment, local institutions, education and health infrastructures, natural resources and livelihoods, energy, disputes, languages and business.
- Major issues faced by the communities
- List of solutions and demands of the villages / Union Councils.
- The needs identified by WCIs were also reflected in the plans (health, education, income generation, infrastructure development, lending etc.).

*These plans are important in the event that there are no local governance structures and opportunities available to the communities to reflect their vision for local economic development. Some of the proposed interventions are financed by PPR which gives good traction to implementation of the plans and a sense of responsibility among community institution to execute activities that do not require finances (for instance advocacy for raising the level of a school with concerned authorities).*

*Funding UCDPs/VDPs may be a challenge since these are not recognized documents of the district or provincial governments. Currently, there are no elected local governments in the PPR program area and hence there was no access to local funds for financing VDPs/ UCDPs prepared by the communities. The LSOs will have to have access to the means for reflecting their UCDP priorities in the provincial annual development plans of the government. If that does not happen, their faith on UCDP may dwindle fast since the whole idea of the plans was to continue to achieve tangible impact on the local*

population even after the assistance from PPR comes to an end. According to the PO and the LSOs, the UCDPs still remain important as an advocacy tool for the LSOs. These are relevant as a longer-term sustainability tool and a focus of LSOs' interest to continue. In order to make that happen, it is very important to embed an advocacy plan within the UCDPs to legitimize LSOs' efforts to seek funds from government or non-government sources (including locally elected members of provincial or national parliament and NGOs).

An analysis of program components in the context of the national and sub-national policies shows that PPR is fully aligned to these policies and is complimentary to the efforts of public sector in the area of social development. Its core components are a holistic approach in poverty alleviation in rural areas that blends well with the overall provincial and national development plans such as Vision 2025 and United Nations SDGs. It promotes inclusion, equity, and greater economic inclusion of marginalized communities and improves the access to facilities and infrastructure resources that are also a major area of focus of the government agencies.

## 4.2. EFFECTIVENESS

### 4.2.1 Overall achievement at program level

*Overall, all the quantitative targets agreed under the results-based framework of the project have been achieved.* In a few cases achievement surpassed the targeted numbers. An updated results-based framework with statistics analyzed from surveys is attached in **Annex 8** for a reference with details on indicators evaluation.

At the purpose level, five performance indicators were noted in the results-based framework. The details are below:

***At least 60% of the targeted poor (PSC 0-23) and 50% of the poorest households (PSC 0-18) moved to a higher PSC score (including 40% FHH)***

A fresh poverty graduation survey was not conducted after the end of PPR. Hence there is no evidence to assess this indicator and therefore a definite percentage is difficult to ascertain. However, the data driven conclusions from the evaluation may be useful in assessing program's achievement to this end:

- All the beneficiaries of the project lead a better life today than before
- 42% of assets beneficiaries earn 32% more income
- 61% beneficiaries have improved access to drinking water and 28% improved sanitation
- 35% production increased for 26% beneficiaries from irrigation
- 76% beneficiaries benefit from improved infrastructure (45% PSC 0-18 and 35% PSC 0-23)
- 212% increase in women's use of ANC/PNC services. 56% increase in OPD attendance
- 25% out of school children enrolled in schools
- 61% beneficiaries report behavioral change in their practices
- 33% beneficiaries moved to a higher PSC score.

While is evidence, that beneficiaries (numbers / percentages available) from Poverty Scorecards 0-18 and 19-23 have received benefits from the project in the form of livelihood assets and access to services.

***At least 40% of the target group have their income increased by 20% (including 40% FHH)***

The household survey determined 42% of the target beneficiaries receiving assets have their income increased by 32%. According to POs, 72% of the PSC 0-18 beneficiaries receiving assets are contributing to household income whereas 37% of the PSC 0-23 beneficiaries are earning income from

their productive assets. Most of this comes from livestock sale during first two rotations of sale recorded by the project. Level of income increase is thus different for different asset type and how it was put to use (in productive activities or self-use without growth).

***At least 60% community institutions are viable and sustainable***

According to the interviews conducted with sampled POs, it is concluded that 63% of the community institutions have a high chance to sustain themselves as viable institutions without PPR support. Interviews with LSOs concluded that the members are more confident on this indicator and suggest 92% of them will likely remain sustainable.

***At least 80% of the beneficiaries (including 50% women) report satisfaction with the program intervention***

According to the sampled POs, 86% beneficiaries (half of them being women) expressed satisfaction on the PPR support. The evaluators assessment is also in line with this claim. Households were asked this question for different components of the program (such as assets, training, physical infrastructure, health and education etc.). As a whole all the beneficiaries have expressed a high satisfaction on PPR's interventions including women who comprised 44% of the respondents. It is important to interpret this correctly. Regarding health and education interventions conducted within government set up were appreciated by the respondents since these continue to provide services to the communities. Health and education services which were especially created by the project to be sustained by the communities did not succeed to continue. Similarly, physical infrastructure and livelihood activities which sustained beyond PPR received appreciation. The details may be found in relevant sections in this report.

***Minimum EIRR of 20% and FIRR of 25% of investment of the program interventions***

We have conducted analysis of selected infrastructure schemes in KP and Balochistan. The overall EIRR / FIRR has ranged from 13% to 29% for different cases. This indicator therefore is well achieved.

The goal of the program was poverty reduction by engaging communities through the *creation of sustainable conditions of social and economic development*, including income and production capacity increase. This was planned to be achieved through four main components including social and economic uplift. In contrary, however, the purpose statement reflects an intent to *provide social safety nets*. This is in contradiction to creating sustainable conditions for poverty reduction to which goal has hinted. Poverty reduction and creating social safety net are conceptually two different things and require different sets of interventions. An example of social safety net for instance is monthly unconditional cash support to poorest families under the Benazir Income Support Program, or other instruments which may provide unconditional support to families in extreme need for their survival so that they continue to bounce just above the net through continuous minimal protection. The PPR activities were meant to create sustainable solutions so that people are not in need for a continuous social protection. While the activities actually implemented on ground contributed to achieving the overall goal, the purpose statement seemed less relevant to PPR.

A detailed component-wise assessment using multiple data sources (household survey, data from LSOs and POs followed by detailed meetings) is noted in the following section.

## 4.2.2 Component wise achievements

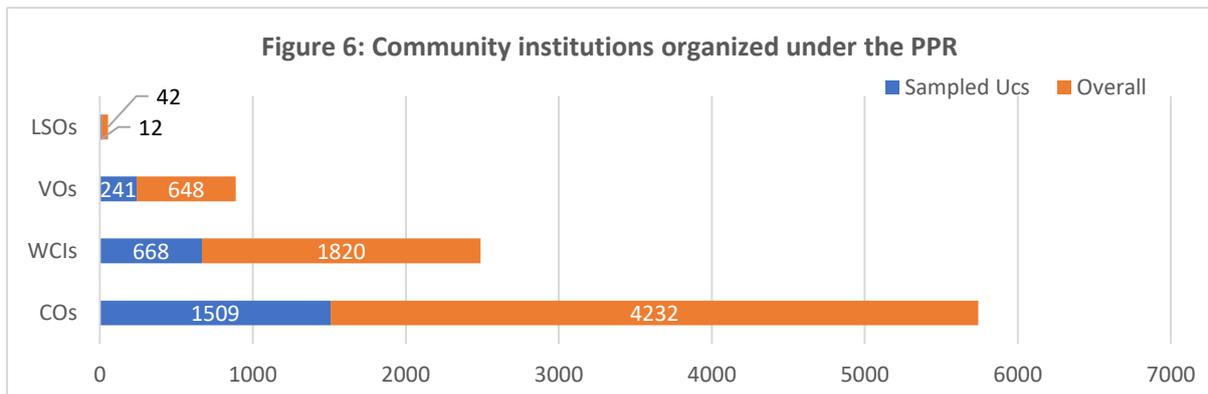
### 1. Social mobilization and institutional strengthening

Community institutions organized (PPR target: at least 4,500 community institutions formed/strengthened; 60% of 4,500 community institutions meet regularly) 60% of COs clustered into VOs and 40% of VOs clustered into LSOs)

All sampled POs were able to achieve social mobilization targets—with some exceptions. Within the sampled union councils, the data collected from POs and LSOs indicated the following:

- 1st tier Community Institutions established: 1509
- 1st tier Women Community Institutions established: 668
- 2nd tier Community Institutions (VOs): 241
- 3rd tier community institutions (LSOs): 12

Out of the sampled 12 UCs, 80% of the 1<sup>st</sup> tier organizations (including WCIs) are federated with VOs while 93% of the VOs are federated into LSOs (**Figure 6**). As a whole, all the numbers were achieved over and above targets.



In total, 6,487 households within the target UCs are federated with the community institutions with 271 female headed households.

The COs, VOs and WCIs were inquired the reason of their not joining LSOs as members. Their main constraints were remoteness from a higher concentration of villages which constituted LSOs, and cultural constraints (mobility of women, lack of motivations among men to travel and participate in LSOs' meetings).

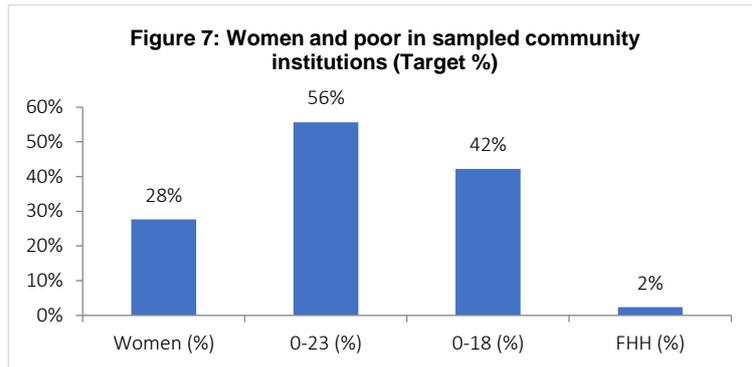


**Participation of poor and poorest (PPR target: 60% of PSC 0-23 and 60% of PSC 0-18 are members of community institutions)**

According to the household survey, 100% of the respondents falling within PSC 0-18 or 0-23 were members of a community institution.

We have also analysed membership of the community institutions as a proxy indicator of participation of these groups. Of the total membership within community institutions, 48% are poorest of the poor households (PSC: 0-18), and 32% are poor household (PSC: 0-23). Within the sampled UCs, the percentage was a little different with 42% poorest of the poor households (PSC: 0-18), and 56% poor household (PSC: 0-23).

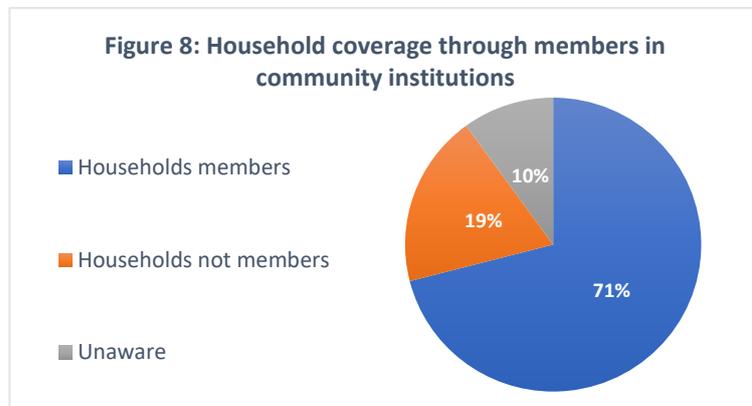
In total 32% of the target beneficiaries are women of which 4% women are head of the household.<sup>66</sup> Within sampled UCs, women beneficiaries are 28% with 2% women headed households (Figure 7).



With certain overlaps, a little percentage 0.52% included physically challenged people, transgender (2.5%), religious minorities (17%) and other social/ethnic minorities (10%) is included in the community institutions. The proportion of youth (ages 14-29 years) was 20%.

**Extent of households organized (PPR target: 60% of total HHs and 50% female membership)**

Within sampled UCs, an aggregate status of household coverage under the social mobilization process is 71%. As per household survey, 79% respondents reported to have been part of a CO whereas 19% responded were not involved in any such process (Figure 8).



A majority (74%) of members assented that their households were actively involved in convincing others to establish a CO. Others did not know or participate in this process.

The household data suggests that out of all respondents interviewed, 54% of the interviewed households were represented by men in a VO. This proportion was 34% for women. In 12% cases both men and women of the household were members of a VOs.

Out of the respondents who reported being members of community institutions, 52% confirmed receiving trainings on community management and 35% on leadership management. Of these 61% were men and 39% were women. When asked if these trainings have been instrumental in enhancing their skills and abilities, 96% agreed. They acknowledged their improved knowledge and awareness about their rights (22%), cooperation between HH/community (21%), each other’s problems (20%),

<sup>66</sup> Within the sampled households, the situation was slightly different: Poorest (0-18) 42%, Poor (0-23) 56% and women 28% with women headed households 2%.

the importance of education (15%), health-related issues (12%), and collective effort towards resolving common issues (10%).

Within sampled UCs, 58% LSOs reported to meet on monthly basis whereas 42% meet quarterly or once in few months. Other LSOs meet only when they need to receive a guest (e.g., PPR end evaluation) or if an issue arrives on table for deliberation. They are managing their financial records. However, on ground some of them are not documenting their meetings on regular basis and thus it is difficult to validate monthly frequency of the meetings.

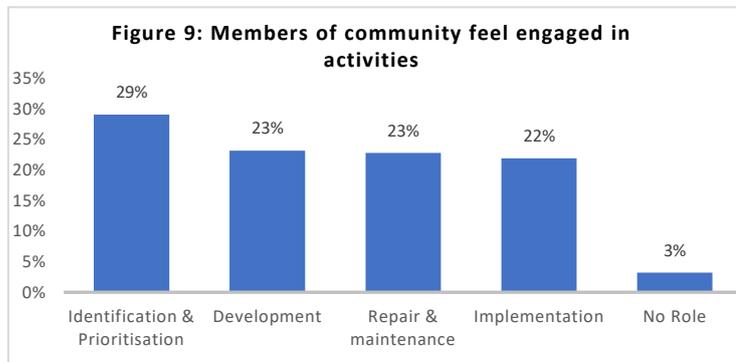
According to the household survey, an encouraging 59% of the respondents indicated that they participate in VO meetings on monthly and 38% participate on a need basis. This response for COs was 61% (monthly meetings) and 35% (need based meetings). In total 93% respondents reported that the LSOs meeting are organized periodically or on monthly basis.

With the termination of the Program, there seems to be some gaps in periodicity of the meetings at COs/VOs and LSOs level. However, most of the community institutions are still intact, hold their meetings on need basis, keep the attendance record, and document their decisions for circulation to the general body members. In commensuration, they also try to materialize their plans with the support of other donors, corresponding line departments or through their own contribution.

**Decision making and collective action (PPR target: 50% of COs/VOs/LSOs and WCIs evidence democratic decision making)**

Concerning involvement in decision making and project design, within sampled UCs, 73% of the community institutions were engaged in implementing their activities. They felt being part of the decision-making process during implementation of PPR. The CO members feel part of the decision-making process fully (48%) or partially (46%).

About 29% of the HH members stated of being engaged in identification and prioritization of the respective development schemes. Around 23% of the members reported their engagement in design and development process, repair, and maintenance, and 22% during the implementation of activities identified by their respective community institutions (Figure 9).



Due to time limitation, the evaluation team did not engage with all the individual organizations from 1<sup>st</sup> and 2<sup>nd</sup> tiers to assess their decision-making system. At the 3<sup>rd</sup> tier level, however, all the LSOs in sampled UCs function in a democratic way and take collective decisions. As per data, 75% follow show of hands for majority decision making whereas 17% go for proper balloting. The social dynamics in all the LSO meetings were highly encouraging with respect to their mutual unity and integrity.

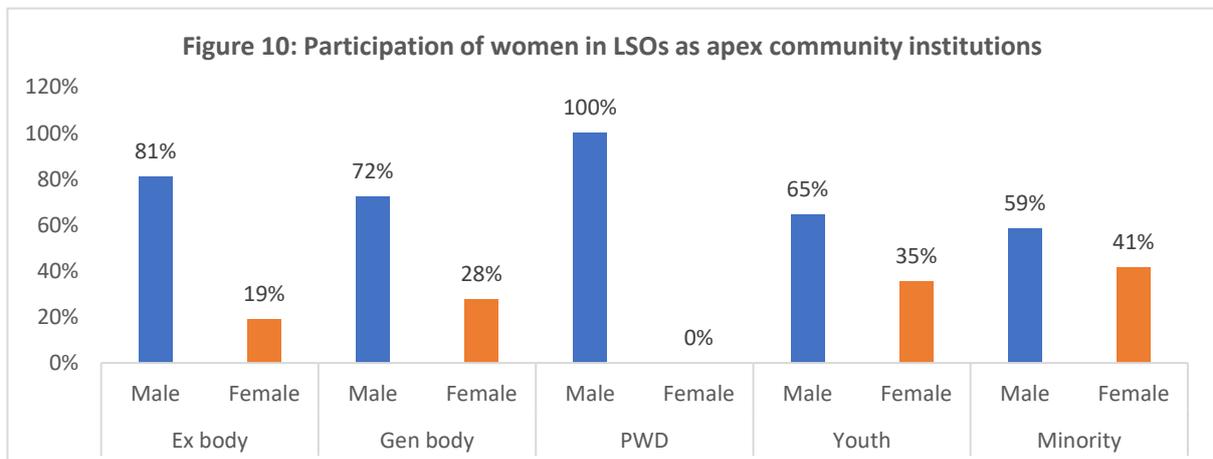
Within sampled districts, the POs have facilitated developing 379 VDPs and 28 UCDPs in their target areas (including 12 in UCs sampled by the evaluation). LSOs in all the 12 sampled UCs have UCDPs. The household survey concluded that a substantial proportion of households (91%) reported to have been involved in VDPs development process.

Women participation and leadership (PPR target: 40% of WCIs are involved in implementing project interventions; 25% of office bearers in LSOs are women)

Altogether 385 WCIs (58%) were directly involved in implementation of the schemes developed by VDPs/UCDPs.

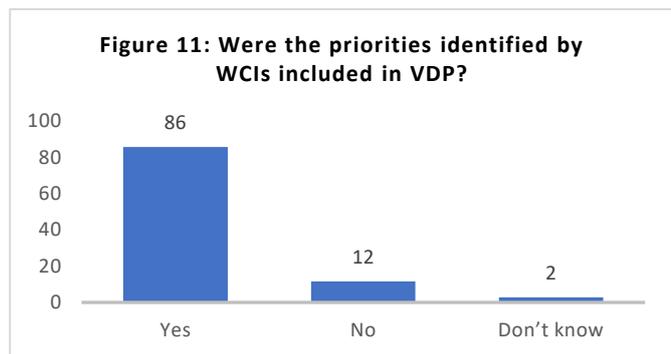
Around 67% men interviewed in the household survey are convinced that WCIs have an unavoidable role to play in community development. There was little awareness among households on proportion of women in leadership positions within community institutions.

Within the 12 sampled Union Councils, 50% of the LSOs were found to have women representation within LSO structures. These LSOs collectively have 34 women members, 6 women as vice presidents, 1 woman as general secretary and 4 women as information secretaries. Overall, women’s participation in LSOs’ executive body was 19%. In case of general body, 28% members were women (**Figure 10**). With the exception of Kech and Lasbela, there is no evidence that women attend the LSO meetings regularly, even though they are members or office bearers of the LSOs.



***Inclusion of WCI priorities (PPR target: 70% of priorities identified by WCIs are included in VDPs/UCDPs)***

In all the 12 UCs assessed, VDPs and UCDPs were developed. POs reported 62% of the development priorities determined by WCIs that featured in VDPs/UCDPs. The POs also reported that 64% WCIs were engaged in implementing development projects. Answering the same question, 73% respondents from the LSOs confirmed WCIs’ engagement in UCDPs implementation. Majority of respondents from household survey have given the nod that WCIs are involved in VDP and UCDP development process. 86% respondents confirmed that WCIs’ priorities are included in the VDPs. A proportion of 14% either does not feel engaged or does not know about the process (**Figure 11**).



86% respondents confirmed that WCIs’ priorities are included in the VDPs. A proportion of 14% either does not feel engaged or does not know about the process (**Figure 11**).

While women respondents also confirmed inclusion of their priorities in the UCDPs, 39% of the women respondents are sure to suggest that actions they had prioritised were also implemented, as opposed

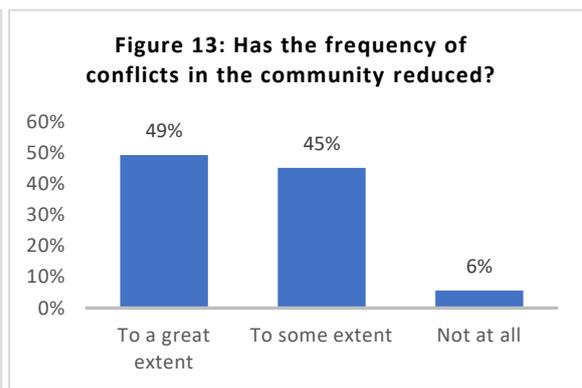
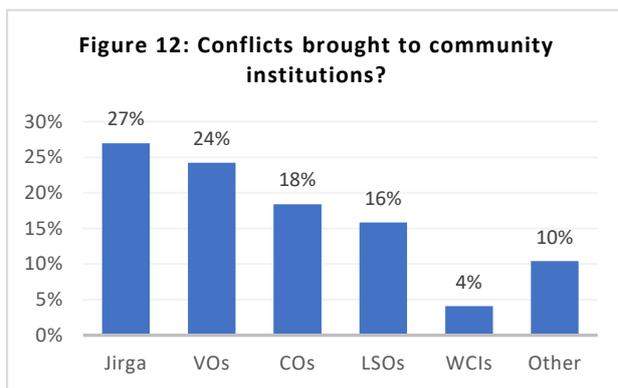
to 54% who confirmed that male community institutions did not prioritise actions recommended by women when it came to implementation.

**Community institutions engaged in dispute resolution (PPR target: 70% of disputes mediated through participatory process based on Pakistani law)**

Community institutions seem to have a sizeable role in conflict resolution. Over 73% respondents from the household survey confirmed that disputes and unsettled matters were brought to VOs (24%), COs (18%), LSOs (16%); and WCIs (4%) for assistance to solutions. This, in comparison to traditional jirga, which was indicated by 27% respondents and formal institutions (10%) (Figure 12).

In total, 57% respondents said that the decisions are made by the presidents of VO, CO, WCI, and LSO. 31% witnessed that the decisions were made through participation and mutual consent. Roughly 7% ascribes the decisions to be made traditionally or under the tribal law and 6% resorted to the court of law for their issues. This suggests that 88% local disputes were sorted out by community institutions.

In terms of social acceptance, 65% respondents were completely in agreement with the decisions made, whereas one-third of the respondents (35%) partially agreed with the decisions made. An indication of success by 49% respondents is an overall reduction in frequency of disputes to a great extent within communities (Figure 13).



In numbers, 11 out of 12 sampled LSOs have resolved 121 issues out of 160. All issues are resolved in democratic manner through consensus. The nature of issues resolved by them, precisely, deal with land, labour, water, link-road or culverts, irrigation, and at times issues related to marriage or divorce, drug control and traditional tribal conflicts.

The LSOs received POs’ support in constituting their bylaws. They were facilitated in building their linkages with the line departments for multiple services. POs also assisted them in putting up District Development Forums, involving other stakeholders in the process and connecting them to the relevant provincial departments.

**2. Livelihood enhancement and protection**

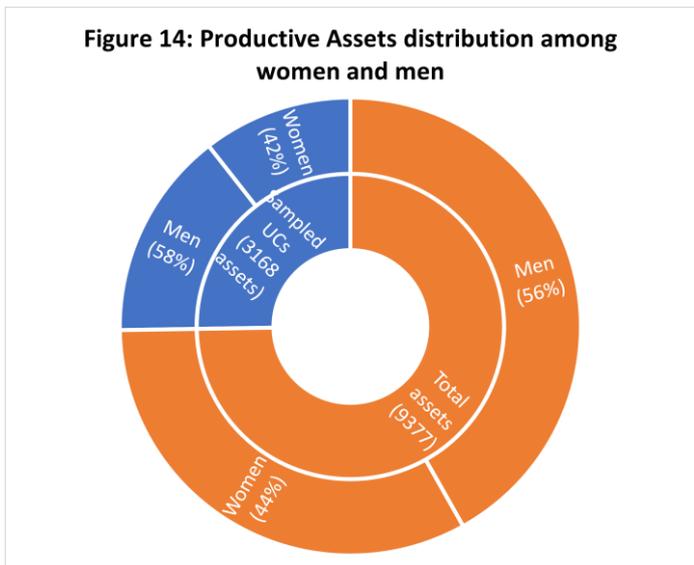
In prelude and to provide context to the following findings, it should be noted that the onset of the COVID-19 pandemic right after the completion of bulk of the PPR implementation (2019) impacted the income and asset outcomes as noted during the evaluation (2021), and the pandemic has still not abated entirely. In addition, Pakistan has seen some of the worst inflation rise during 2019-2021. This may have influenced beneficiaries’ responses regarding the evaluation questions on level of increased income from LEP interventions.



**40% of the targeted poorest (0-18) in particular women (50% FHH), elderly and disabled (40% of identified) benefited from productive assets leading to increased household income / asset base**

**Productive-assets’ transfers**

Under the LEP component of PPR, assets have been transferred to most vulnerable households which have provided them with renewed livelihood opportunities. According to the PPAF’s 2<sup>nd</sup> Quarterly Report 2021 of PPR, in total, 9,377 productive assets (44% productive assets to women) were transferred, including 169 productive assets allocated to PWDs (36% women). Within sampled UCs for this evaluation, out of the total 3,168 productive assets, around 1,846 (58%) have been transferred to men and 1,322 (42%) have been transferred to women (**Figure 14**). PWDs comprised 3% of beneficiaries. 11% assets were also distributed to the group PSC 0-23.



**Productive assets leading to increased household income**

According to POs, 72% of the PSC 0-18 beneficiaries receiving assets are contributing to household income whereas 37% of the PSC 0-23 beneficiaries are earning income from their productive assets. The analysis of household interviews suggested 78% beneficiaries (PSC 0-23) receiving productive assets. Of them, 55% reported earning income by 40%. Most of this is influenced by cash earned from sale of livestock (73%). As of today, overall, 42% of beneficiaries receiving assets still contribute 32% income to the family (mostly service oriented assets, mostly men).

The analysis further shows:

1. 77% assets beneficiaries reported no change in their assets since received. Only 13% reported growth in the assets whereas 6% reported losses. A static condition in the asset does not show an economic activity.

- 73% of the assets’ beneficiaries use their assets for own use or domestic purpose. 20% use it for some productive activities (but only 6% regular) whereas 7% lost their assets.
- Agricultural tools / assets were used and increased income initially. As of today, 31% assets reportedly are not in use, poorly functional and need replacement.

The most frequent type of assets reported during the evaluation included items in four categories of productive assets: (1) Livestock (2) Small enterprises (mainly ladies’ shops and tuck shops), (3) Handicrafts and (4) Agricultural inputs across all districts and union councils in two provinces. This shows little diversity in the context of local economy and natural resources except for south Balochistan where fisheries sector was also added. A screenshot from assets database hints to this issue (and also to the fixed financial limit of the asset) (Figure 15).

AssetsType	AssetsName	Value
Livestock	Sheep	50,000.00
Agri Inputs	Spray Machine	49,950.00
Small Enterprise	Fruit Processing	49,990.00
Livestock	Sheep	50,000.00
Small Enterprise	Sun Dryer for fruit & Vegetat	49,950.00
Livestock	Sheep	50,000.00
Small Enterprise	Electric Shop	49,990.00
Small Enterprise	Minayri Shop	49,950.00
Agri Inputs	Spray Machine	49,920.00
Livestock	Sheep	50,000.00
Small Enterprise	Puncture shop	49,900.00
Agri Inputs	Spray Machine	50,000.00
Seeds	Tomato Seeds	
Seeds	Tomato Seeds	
Livestock	Sheep	
Livestock	Sheep	

Figure 15: Types of assets distributed

The POs and LSOs were separately invited to conduct a quick and dirty ranking of most popular assets among communities (due to easy maintenance, high rate of return and sustenance over a longer time). The results are given in Table 4:

Table 4 Effectiveness of productive assets in terms of increasing household income

Asset	Ranking	Remarks
Shops	9	Sustainable with enough return if properly selected. High rate of return if managed well
Poultry set	7	High income but fragile and often exposed to high mortality and need breed compatibility with local environment. Similarly, lack of proper management at commercial level is often skipped at household level
Handicraft machine (Pico, embroidery)	7	It is sustainable but often women lack market linkages and is not operated at profitable level. Some of the enterprises need to have very strong market linkages established and need extra efforts for such chain’s establishment.
Welding	6	Its market and service oriented and sustainable.
Mobile repairing	6	It is a market-oriented service, has succeeded the expectation of service seekers, and is sustainable.
Bicycle repair / puncture	4	Its market and service oriented and is sustainable.
Rikshaw	4	It is good option but need to check on its potential impacts on environment.
Agriculture machinery	3	Often used seasonally, not properly maintained for longer term use and machinery is expensive to manage

Assets connected with service delivery have a higher chance to remain sustainable. For instance, auto rikshaws, although not common among assets, were stated to be the most successful assets in terms of income generation, sustainability, and a support to local community for improved mobility.

Small enterprises (small retail shops) followed by livestock were most distributed assets across the program area. Livestock was considered more income generating and sustainable than small enterprises (ladies' shops and tuck shops). Livestock ownership by the poorest however is tricky since he / she has no land and an assumption that this group can afford purchased fodder is incorrect. In total 42% of the beneficiaries receiving livestock reported multiplication in their assets. However, 34% were able to market increment until last year (average take home PKR25,610/month), and that too on irregular basis. The rest of the beneficiaries (66%) did not indulge in any kind of marketing (60% home consumption and 6% losses). 56% of the beneficiaries receiving livestock reported not receiving any training on livestock management skills. The ones receiving training shared that marketing skills was not included in their curriculum.

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#### Box 3

##### Livestock as assets – mixed reviews

Imam Buksh of Kech was provided a cow which he sold and purchased 4 goats. He was not able to feed the cow while goats graze free. He spent some money on his treatment. Although animals were given to landless people in Lasbela, this activity was a success as animals are free grazed and fodder is available. Most of those supported were reported to have graduated to poor from destitute category (LSO's assessment). Gul Mohammad of Swat received a cow with his own contribution of Rs.10,000. He milks 4-5 kgs/day. He sells milk and spends the income on purchasing fodder. At least some milk is spare for the household that he had to purchase in the past. He was not sure if he will be able to sustain cow for long.

This suggest that these assets did not contribute to increasing household income to the extent designed. The income figures are temporal and show an increase from base income. This however does not lead to conclude that assets have a sustainable contribution to reduce poverty, until and unless these are productively deployed and continue to grow. LSO, VOS, and COs were satisfied that the poorest were benefited from distribution of productive assets. They were generally happy with the targeting (identification of poorest). 2-5% incorrect targeting was reported (wrong entries in PSC or the asset transfer was not appropriate as per individuals' aptitude).

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#### Box 4

##### COVID-19 and inflation – influencing the outcomes of LEP

Pakistan declared health emergency on 17<sup>th</sup> March 2020 when COVID-19 outbreak was declared in more than ten cities in the country after its first appearance in January in Karachi. This was right after the main PPR implementation had ended. Globally, and in Pakistan, this caused massive shut down in services and otherwise trade, resulting loss in incomes and output. LEP interventions under PPR, such as livestock and retail, were impacted the most. Adding fuel to fire, inflationary trends driven primarily by global shocks also impacted purchasing power and the local economies, including in the PPR districts. Both, *force majeure* events which the program design could not have foreseen. The achievement of the outcome indicators show a possible impact of PPR interventions in building disaster resilience through improved local governance institutions (COs/VOS/LSOs). The evaluators would also like to indicate that certain weaknesses identified by the evaluation need to be interpreted while taking cognizance of the pandemic and inflation.

***Communities receiving Community Livelihood Fund (CLF), 50% women, revolve savings for internal lending and maintain at least 95% repayment rates***

Communities within sampled UCs have also received micro credits through Community Livelihood Funds (CLF). Out of the total 1,193 number of loans disbursed, 50% have been received by women (including 14% female headed households). At present, around 590 of these microcredit schemes are still active (37% with women). According to LSOs, the repayment rate so far is 57% by men and a significantly higher rate of 80% by women.

Success is associated with the borrower prior experience with the business he / she intends. This is illustrated by Uzair Ahmed's story. He received finance to purchase an embroidery machine (*Jokie*). He is doing a good business and earning around PKR90,000 per season. Before he worked for someone else and had a prior experience of this business. Several success stories are associated with micro-credit based on the evaluation in 12 UCs.

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**Box 5**

**A woman farmer in Kech**

Esyan bibi who got loan Rs. 30,000 for tub well followed by 30,000 for seed and fertilizers and another 30,000 for land levelling is a successful farmer and making profit. She is growing vegetables and grasses. She sells grass to others and fodder for her 6 goats. She expressed that agriculture support was more successful and longer term compared to livestock. However, shortage of irrigation is a challenge for the farmers.

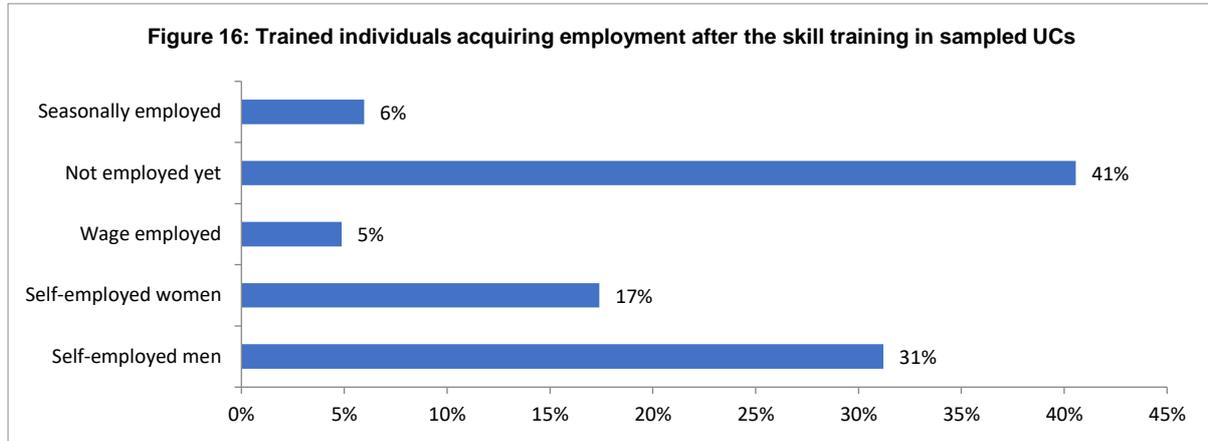
There are a few comments on the amount provided as micro-credit. The financial ceiling for instance for ladies' shops and tuck shops was considered far less than that required for the enterprise to become sustainable.

***50%beneficiaries (40% women) got self-employed or employed (Skill training / Nokri ya Karobar) to other sources as a result of skills trainings***

In total, 34,373 beneficiaries (32% women) received livelihood skill trainings. These trainings included technical and vocational skills trainings and group trainings for effective and efficient management of economic activities. The beneficiaries of productive assets also received customized training opportunities on small businesses, kitchen gardening, and other opportunities have together enabled individuals from poor households (0-18) to participate in income generating activities that eventually improved their quality of living.

The capacity building interventions have enabled the trained participants to utilize their knowledge in their own environment and also sell their services to larger community. The target community have now better linkages with markets and services providers. According to POs, out of the total trained beneficiaries in sampled union councils (8,121 individuals), 57% trained beneficiaries were self-employed (including 76% women). 16% were employed with others (including 29% women). Some of these skill trainings were managerial short courses in nature. The figures show that skilled women have a higher tendency for opting self-employment.

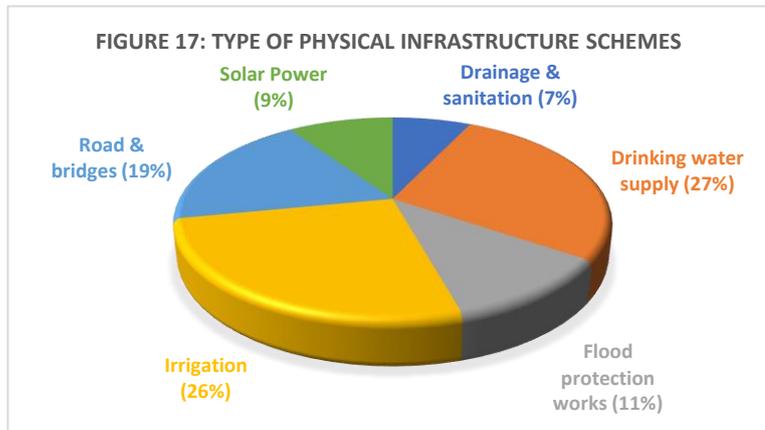
This was also confirmed by the LSO members. The LSOs reported a total of 3,740 individuals being trained in 12 UCs, of which 1,632 were women (44%). In total 1,818 (48%) skilled individuals are self-employed after receiving the trainings (31% men, 17% women). 11% are employed seasonally or wage employed. Overall 41% cases are unsuccessful (**Figure 16**).



The household survey indicated 27% beneficiaries receiving skill training (44% women). Of them, 95% reported engagement in self-employment / wage employment. An overall increase of 13% in income was reported by them. Skill trainings seem to demonstrate success, especially for women. For example, 79% of women trained in handicraft production reported producing new articles; and of these, 62% were able to sell them at an average income of PKR32,947 until last year.

### 3. Community Physical Infrastructure

Responding to the priority needs, PPR’s investments in small physical infrastructure projects have significantly increased people’s access to basic resources and facilities (drinking and irrigation water, drainage & sanitation, solar power, roads and bridges, **Figure 17**). Beneficiaries are remotely located, have limited connectivity, and scarce socioeconomic opportunities. Some of the reported improvements in basic social facilities include the following.



**30% improvement in communities’ access to drinking water and sanitation (80% poor PSC 0-23) due to infrastructure**

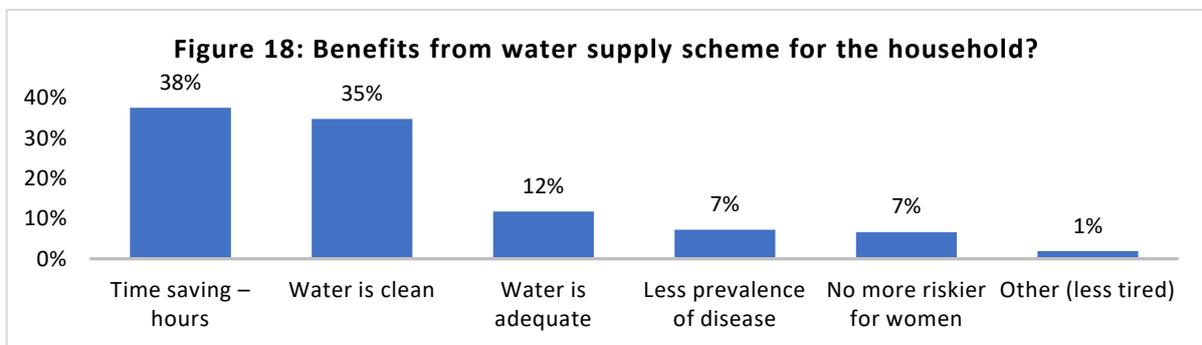
The drinking water supply schemes under PPR are providing quality drinking water to around 6,492 households in the selected 12 UCs. Drinking water schemes covered 75% of the interviewed households (49% for PSC 0-18 and 35% PSC 0-23). The data however indicates that 61% find these schemes fully or partially fulfilling their drinking /domestic water requirements<sup>67</sup>. The remaining 14% household (mixed group) noted disappointment due to multiple reasons including lack of accessibility

<sup>67</sup> Interestingly, the same percentage was noted within sampled UCs

(too far, not PWD friendly, failure, inadequacy, or poor maintenance of the schemes) and thus no access to benefits from the investment.

Overall, 52% households reported being engaged in the need assessment process (including 34% women). 42% households are enjoying water taps inside their houses. 30% households collect water from just about outside their houses whereas 16% collect water from a central point in the village. In total 79% of the benefited households found water adequate for their drinking and domestic needs as opposed to 8% who barely meet their drinking water needs or 5% who are not satisfied with the adequacy of water. Overall, 88% beneficiaries rate the quality of water as good or better than before.

Improved access to drinking water has rendered several benefits. 38% beneficiaries indicated that water closer to their homes has saved them from the daily drudgery to fetch water from far in multiple trips without being sure of the quality of water for drinking. 35% beneficiaries are happy that clean water is available to them, 12% stated water is adequate, 7% noted less prevalence of disease and another 7% stated that it has reduced exposure to risks enroute for people fetching water (**Figure 18**).



Among beneficiaries who were directly responsible to fetch water are 66% women, 24% men and 10%



children. The time saved from fetching water instead is used in productive (56%) or social activities (19%) including handicrafts making, household chores, sporting, studies, and family interaction.

In addition, 28% household beneficiaries reported benefiting from **sanitation** schemes. These schemes included construction of private toilets, public toilets, sewerage drains and garbage disposal. The main benefits included reduced incidence of malaria (37%), reduced diarrhea or other gastrointestinal illnesses (34%) and reduced skin diseases (29%). Out of total beneficiaries, out of the beneficiaries, 56% of the households think that sanitation activities could not fulfil their requirement

fully. Over 60% households consider that sewerage and garbage collection schemes could be focused more seriously.

**30% improvement in communities’ access to irrigation water due to infrastructure**

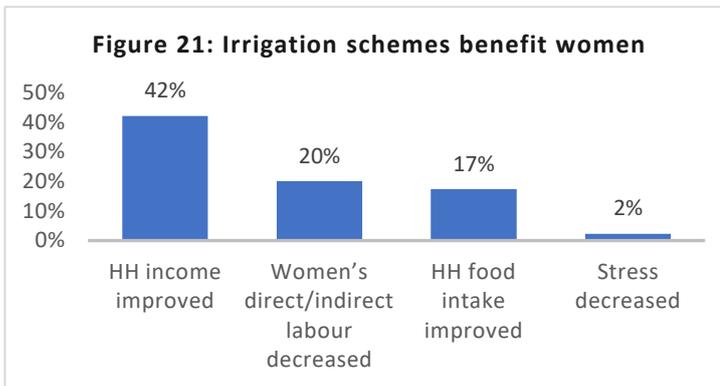
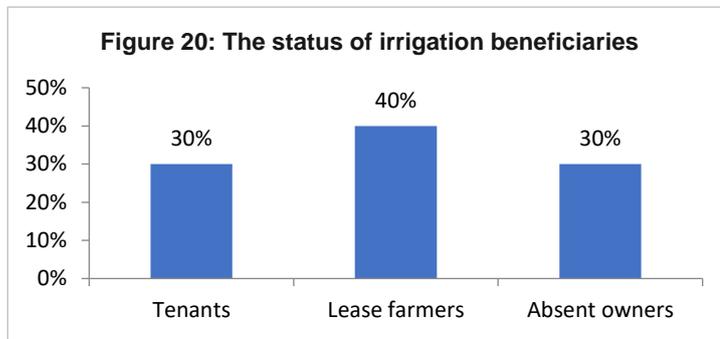
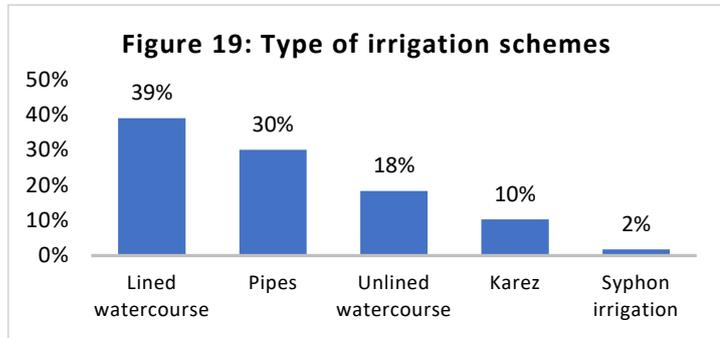
As shown in **Figure 19**, irrigation schemes have been installed with multiple techniques including lined and unlined water courses (39% and 18% respectively), piped irrigation (30%), restoration of *Karez* system (10%) and siphon irrigation (2%). Within sampled UCs, 26% beneficiaries received direct benefits from improved irrigation. 18% improvement was noted in communities’ access to irrigation. Overall, 35% increase in agricultural production was reported by beneficiaries.

Overall, 15% respondents of the household survey indicated an irrigation scheme in their village. The schemes included piped, lined, and unlined watercourses, *Karez*, and siphon irrigation.

Beneficiaries indicated 37% increase in land under irrigation. An average increase in income per household was PKR44,000 from their base income (24% increase).

Access to irrigation water has provided the opportunity for village-based farmers to grow more crops with higher productivity, where the harvests may either be used as food for sustenance or to make an additional income stream by selling in local markets. The farmers mostly included lease (40%), tenant (30%) or self-operating farmers. 30% farmers included absent owners who left their lands to a close relative for cultivation.

**(Figure 20).**



It is estimated that around 23,032 Kanals (~2,900 acres) of new land has been developed following the interventions under PPR projects in the evaluated UCs. Women respondents have reported benefits in the form of improved food intake (17%), improved income (42%), reduced labor due to easy access to fodder on the peripheries, land development for rainfed land management, and reduced stress from fearing no rains etc. (20%) (**Figure 21**).

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**Box 6**

**Improved access to irrigation water with reduced cost**

PPR under the community physical infrastructure (CPI) component has provided technical and financial support to 30 small farmers in Kuz Abakhel, district Swat district in KP. The CPI lifts groundwater uphill for irrigation of the farmland to grow vegetables and cereal crops. A solar pump has been fixed to lift water from 180 feet depth through 3-inch diameter pipe. In the past, the small farmers had access to irrigation water pumped through diesel pumps and were paying Rs.1000 per/hour as water charges. Replacing the diesel water pump with solar pump, the farmers are paying Rs.400 per hour for using irrigation water, which has reduced pressure on the financial resources of the farmers.

Two farmers, Gul Qadeem and Ilyas, informed that each farmer in the village needed 4-5 hours of irrigation time in a week. The solar panels were fixed on the rooftop of one of the influential community member having a protected rooftop but water boring site had no proper protection structure. The system seemed functioning well. However, operation and maintenance systems and linkage with credible service delivery vendor are missing which poses a potential risk for the CPI to be redundant.

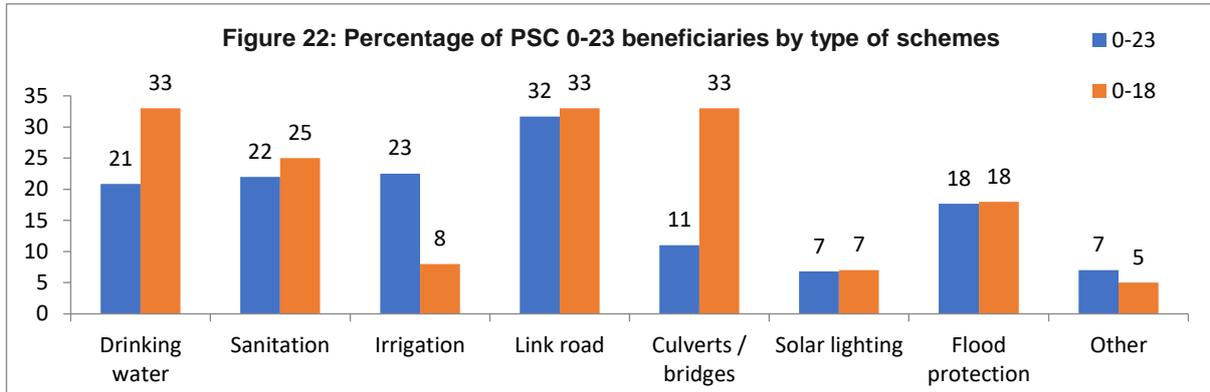
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***Benefits from other infrastructure schemes***

In addition to water, PPR also has contributed to construction of link roads, fixed solar lights for houses, bridges, protection walls, and street pavements—although this was not directly indicated under the PPR results-based framework. But over 96% beneficiaries have mentioned them, and the evaluation team found those interventions extremely useful, and which are most visible and are tangible. The investment in link roads, streets, and bridges, has improved access for people within the villages, reaching neighboring villages, towns, markets, and cities, thus increasing their mobility and resilience through an increased social network and connectivity.

***75% of all infrastructure schemes are benefiting poor households (PSC 0-23)***

According to data 37% of all infrastructure beneficiaries are PSC 0-18 and PSC 0-23 groups. In total, 76% infrastructure schemes benefited poor (the largest area of benefit being drinking water supply and sanitation schemes followed by link road, culverts, and flood protection). 47% beneficiaries of schemes are women (this includes indirect attribution including irrigation schemes). A breakup by type of schemes is given in **Figure 22**. It should also be noted that a lot of these results are dependent on the share of the respective poverty quintiles in the overall population of the target areas. By and large, nearly all CPI schemes benefit all income-strata.

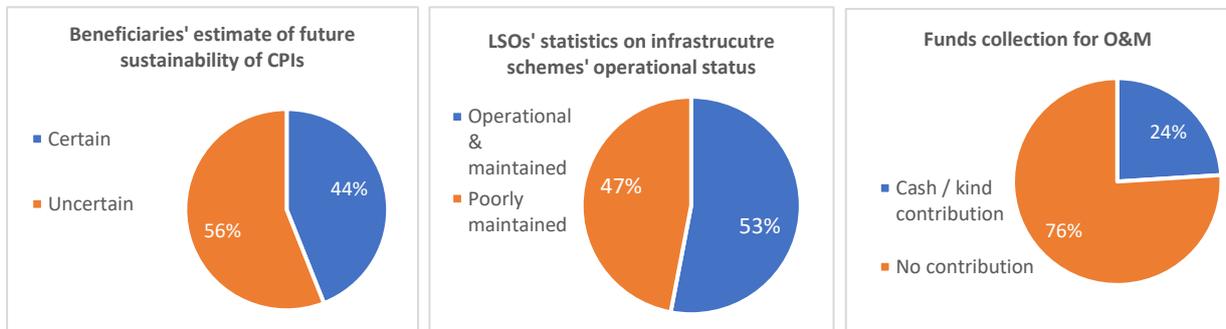


**At least 80% of infrastructure schemes are well-maintained; 50% infrastructure schemes are directly benefitting women**

Figure 23 presents different aspects of CPIs operation and maintenance. According to the LSOs, overall, 53% of infrastructure schemes are currently in use and well maintained – of these, the highest percentage is for drinking water supply (79%) and the lowest is culverts (33%).

The household survey confirmed that 14% drinking water supply schemes had failed to provide services. In total 44% respondents were confident that the structures were well designed and well maintained and thus will continue to render benefits. A larger proportion of 56% of the respondents was not certain if the infrastructure schemes will remain sustainable since they do not see an active dialogue or set of measures around operation and maintenance.

The operation & maintenance of infrastructure schemes was a major question which emerged during this evaluation. 24% of the household survey respondents confirmed that they contributed to operation and maintenance of infrastructure schemes in cash or kind or both. Yet, based on the interviews in sampled UCs, there is no systematic fee collection from users, even if it is a minor contribution for instance from agriculture proceed, saving from energy expenses or paying for health in consequence to use of dirty water. The only maintenance system without fail is the annual cleaning of irrigation channel by all water users which is deeply embedded in the traditional farming culture. For the rest of the schemes, a system has to be defined. Without the presence of such management systems, the sustainability of community projects will remain in doubt.



**Figure 23: Operation and Maintenance of Community Physical Infrastructures**

### ***Qualitative assessment of CPIs***

The team visited several infrastructure schemes and all aspects of implementation including quality of civil works, material, and documentation were assessed.

Standard designs were used all across the interventions and in line with government and practices. BOQs were sampled during LSO/VO/CO meetings and found adequate. The evaluation team found that where completed, schemes were adequate and up to the state-of-practice quality standards. An experienced team of CPI professionals verified that various CPI CDD prerequisites were in place. While the quantities, quality, or agreements were in place, the caveat is that at places they were not being practiced. The gap between agreements and practice is where the evaluation team suggests improvements through improved LSO/CO/VO governance (see also sustainability section).

Infrastructural schemes are usually very good social connectors and provide a highly tangible benefit and incentive to the communities involved. PPR schemes are low-cost schemes, with very good involvement of LSOs/VOs/COs in all steps including procurement and implementation. There are, however, a few concerns on the infrastructure component which are to be taken as lessons for improvement in future such programs.

- Design considerations need improvement. This differs for different types of schemes. The main concern here is that a scheme design for Kech cannot be same as in Swat due to climatic and contextual differences. Similarly, washrooms designs were not found safe for children (with potential for harassment) and were not fully compatible for PWDs. There was no support for girls for MHM (e.g., in Chaman).
- Water schemes have been established but accessible points have not been created. In several cases witnessed by the evaluation team, it still requires fetching long distances (Winder and Skaran, Kech). Financial ceiling should not be the reason to prevent from taking the scheme to the next level and completing it in every manner. A similar example was observed in case of Karez extension in Pishin / Kech – Karez water was not reaching field efficiently – it was more wasted than used. There was no conveyance system in the design and water was wasting. The reason given to the evaluation mission was financial ceiling.
- Site assessments could be better in several cases. For example, in one village in Sakran, two water supply schemes were noted which were not needed. In another case the scheme was within a boundary wall which is suspected to be a private property.
- Solar powered water supply scheme – these were functional in a situation when grid power is not reliable. However, if no proper SOPs are introduced and water is over-extracted, it will risk groundwater reserves. Learning: Solar is more appropriate for drinking water supply (even better to have an overhead tank for storage) than for irrigation.
- Open defecation by children around schools is still rampant – In Balochistan one school used toilets as stores. The principle warned that the behaviour of open defecation comes from home. This is nothing new for children and may not have an obvious influence on enrolment. Therefore, it is necessary to work on behavioural change communication on sanitation across board.
- In schools, toilets were constructed but there was no water availability to feed the toilets.

All CPI interventions in health and education were improvements rather than new construction. The team verified that all such improvements were satisfactorily completed.

### ***Basic Financial Analysis of CPIs***

Simply to verify, and to estimate profitability of investments in CPIs, a basic financial analysis was performed to calculate the FIRR of two projects implemented in Balochistan and one project in KP.

- For the Karez Cleaning and Extension scheme in district Pishin the FIRR calculated was 29%
- For the irrigation water supply scheme in district Kech, the FIRR calculated was 28%
- For the jeepable bridge at Khairabad in UC Drosh I, district Lower Chitral, the FIRR was calculated as 13 percent.

**Table 5** below shows the financial analysis parameters for the three projects.

**Table 5 Financial analysis of the three sampled projects**

Project	Village-UC-District	FIRR 15% discount rate	FIRR 35% discount rate	Benefit/Cost Ratio
Karez cleaning and extension	Zarghoon-Khushab-Pishin	29%	45%	1.2
Water supply scheme for agriculture	Tanzak-Gokdan-Kech	28%	44%	1.7
Jeepable bridge	Khairabad/Drosh1/Lower Chitral	13 %	29%	1.7

The detailed analysis sheets have been added to this report as **Annex 9** whereas **Annex 10** lists the types of infrastructure schemes financed and implemented by PPR.

#### 4. Health

In the health section, PPR promoted basic health services through directing investments in basic health units (BHUs), capacity building and increasing technical resources. The PPR intended to create small Health Care Units and on-site training of nurses and para-medical personnel in order to ensure that each community can be provided with primary care and people instructed on how to behave in case of emergency.



The POs were expected to facilitate linkages between the Health Units and the nearest hospitals/ Rural Health Centres. Some of the most important program activities in the health sector included:

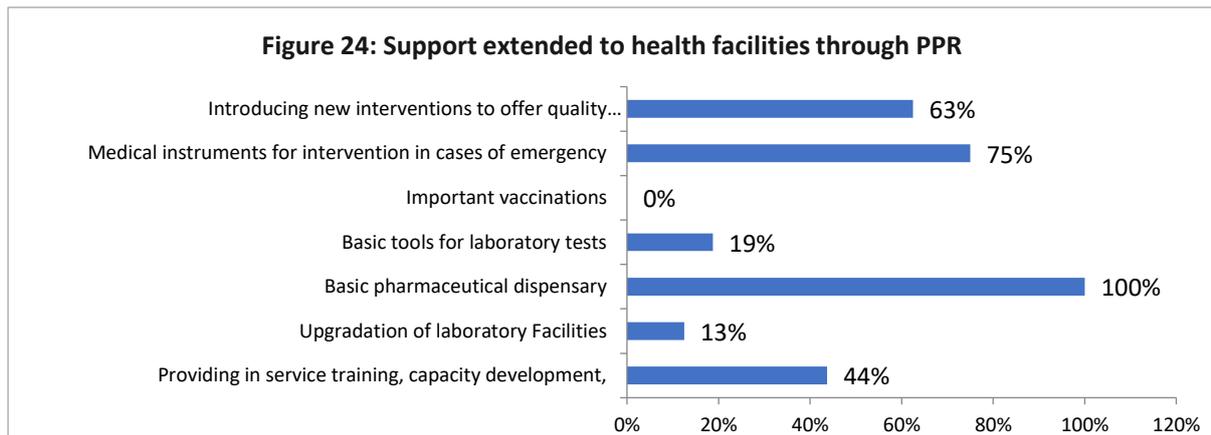
- Construction of Basic Health Units at village level;
- Provision of Health Units with basic pharmaceutical dispensary, basic tools for laboratory tests, most important vaccination, and medical instruments for intervention in cases of emergency;

- Training of nurses/para-medical personnel on how to provide medical/nursing base care, how to make a submission to the relevant structures in case of need and how to recognize early signs of childhood diseases and at-risk pregnancies; and,
- Training of local population especially women, on
  - Reproductive health,
  - Basic hygiene and disease prevention methodologies,
  - Promotion of health through the adoption of healthy lifestyles,
  - Other medical issues particularly relevant at the local level.

Health and nutrition component was comprehensively assessed at the community level (household surveys and meetings with LSOs), assessment of the health facilities by doctors, and meetings with health staff and government representatives.

**20% increased / improved primary healthcare services and utilisation**

According to the health department and project representative PPR Project strengthened the health facilities through providing capacity development through training of staff of BHUs (44%), upgradation of laboratory facilities (13%), pharmaceutical dispensary (100%), basic tools for laboratory tests (19%) and medical instruments for intervention in cases of emergency (75%). It is pertinent to mention that no contribution or support was extended towards vaccination component (Figure 24).

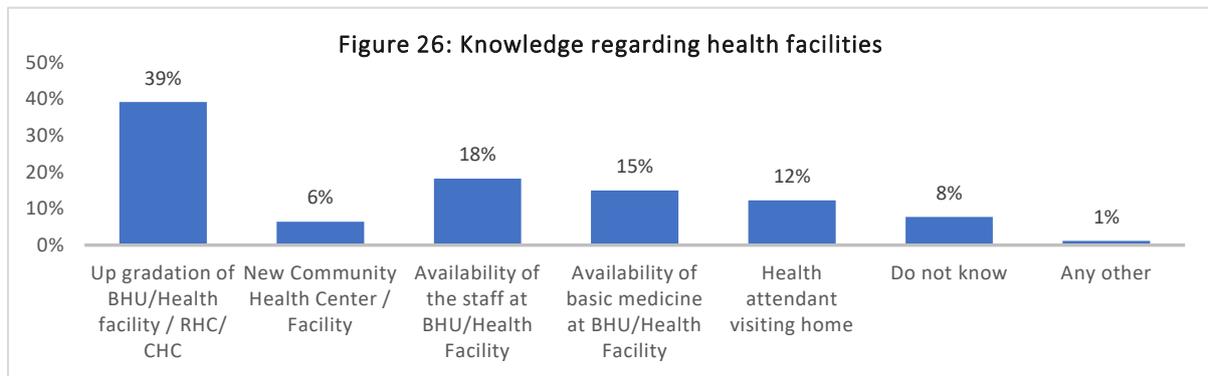
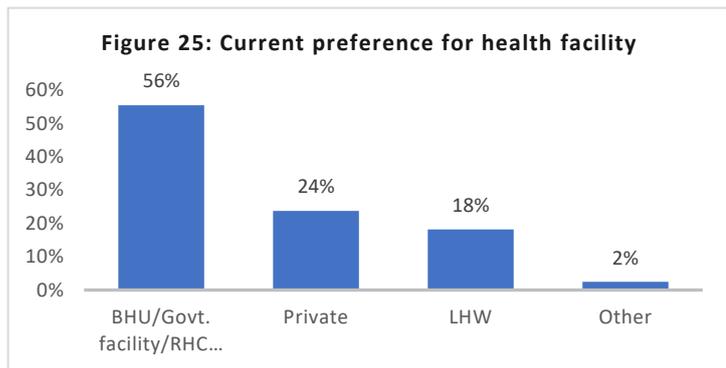


Furthermore, PPR Project contributed effectively towards provision of quality services for smooth functioning of the health centres by providing solar energy and building boundary wall to the BHUs; Medicine and equipment provision in both public and private health facilities; repair of infrastructure, toilets, improving waiting area. The daily Out-Patient Department (OPD) attendance was noted to have increased due to availability of medicines and female health staff (56% in public and 24% in private health centres). The quality of natal health services also improved with the provision of delivery kits and equipment. Training and capacity building were conducted, and necessary equipment was provided. Skilled birth attendants increased at the health centres.

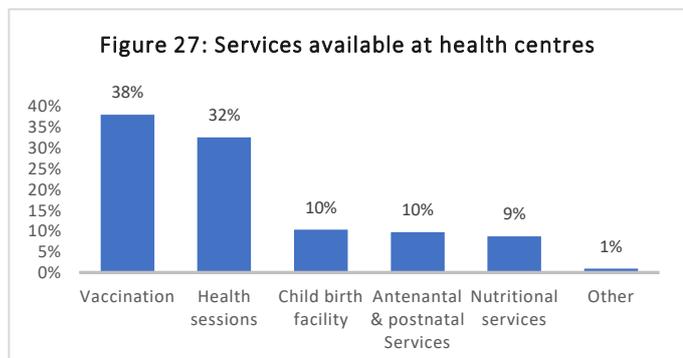
Nutrition services were strengthened at the health facility and through advocacy in the community. There is a marked increase in OPD of different health centres since clients are getting quality services. Many issues have been resolved while working in collaboration with the district health departments and government health facility in-charges. Public sector had limited resources and any support was helpful in the improvement of services. The activities noted in the field included renovation in RHC and BHU in Bamburet, repair of BHU incinerators, and renovation of Tehsil Headquarter Hospital Drosh which was a major activity covering population from 11 UCs.

Furthermore, a new Community Health Centre (CHC) was built in Hazara UC since no government health facility was available in the area and was staffed with trained LHV and Medical Technician. The provision of several equipment to the centres led to the patients receiving good quality health services near to where they lived. The health centre was equipped with basic and essential medicines, furniture, instrument and medical furniture, blood transfusion apparatus, delivery table, stature etc. Based on the household interviews, 56% of the respondents claim to prefer health services from BHUs and other Government health facilities whereas 24% use the private health facilities for their health needs (Figure 25).

There is a slight, but welcome shift towards BHUs and LHWs from pre-PPR situation. In total 39% of the respondents were aware of the upgradation of the BHUs and Government rural health facilities in their respective areas. Only 6% were aware of the PPR established community health centres (CHC). In addition, 18% of the respondents were aware of the availability of the staff and 15% were aware of the medicine available at the BHUs (Figure 26).



Regarding spectrum of health services, 37% of the respondents knew about vaccination, 32% about health sessions, 10% about childbirth, 10% about antenatal and postnatal and 9% regarding nutritional services (Figure 27). Increase in primary health care services utilization by communities and targeted health facilities may also be attributed to the collaboration with District Health Offices (DHOs) offices for improving the service delivery standards at government health facility by proper reporting, monitoring, supervision and feedback of the health facility and implementation of interventions under full guidance of the DHOs. Improved staffing by deputizing medical technicians and LHVs to remote health facilities through



government collaboration and hiring of staff through PPR Project<sup>68</sup> was another factor. Creating awareness regarding Government Health Insurance Scheme and institutionalization of referral mechanism to higher level health facilities were also contributing factors for improved health services.

#### **50% improved Antenatal Care (ANC) and Postnatal Care (PNC) services**

The PPR supported the strengthening of health facilities with appropriate staff including competent women staff in remote areas to render Mother & Child Healthcare (M&CH) services. Furthermore, health facilities were also provided with necessary medicine and equipment for undertaking complete ANC and PNC examination. Furthermore, this indicator was also achieved through capacity building of Community Resource Persons on Nutrition, WASH and M&CH to educate women on importance of ANC and PNC, thus creating awareness amongst women to adopt a responsible health seeking behaviour for safe pregnancy and post pregnancy care of the mother and child.

The HH survey shows 212% increase in women using ANC /PNC services from health units (as opposed to the past). This percentage comes from interviews with 725 women representing their households in 12 Union Councils. The assessment of health centres reports ‘marked increase’ in OPD attendance compared to the past, including for ANC/PNC services. However, they do not have exact figures to support the level of increased visitors of ANC/PNC services. The POs’ reported 440% increase in pregnant women seeking ANC and PNC services against baseline.

**Table 6 Capacity building in health (PPR)**

S.N.	Capacity Building Interventions	Numbers
1.	Training of CRPs on health and hygiene seeking behaviours	10
2.	Training sessions at household level through trained CRPs on Health Hygiene and M&CH	4000
3.	Identification and training of health CRPs on Nutrition, WASH & M&CH	10
4.	Training sessions at community level through trained CRPs on Nutrition, WASH & M&CH	640
5.	Trainings for LHV/Midwives	5
6.	Refresher for midwives	5

An innovative step was taken by EPS by selecting four female beneficiaries from UC Kuz Abakhel and Hazara for LHWs/CMWs training course for eighteen months. This was to expand the availability of trained service providers to the beneficiaries. The EPS facilitated these beneficiaries to complete training through supporting costs of training in the selected institute. The main focus was on social, epidemiologic, and cultural context of maternal and new-born care, pre-pregnancy care, and provision of care during pregnancy, competence in provision of care during labour and birth, provision of care for women during postpartum period, postnatal care of the new-born and facilitation of birth spacing and post- abortion care. EPS had already provided them the LHWs kits with necessary items to work in the communities for awareness and render services for Antenatal Care and Postnatal Care.

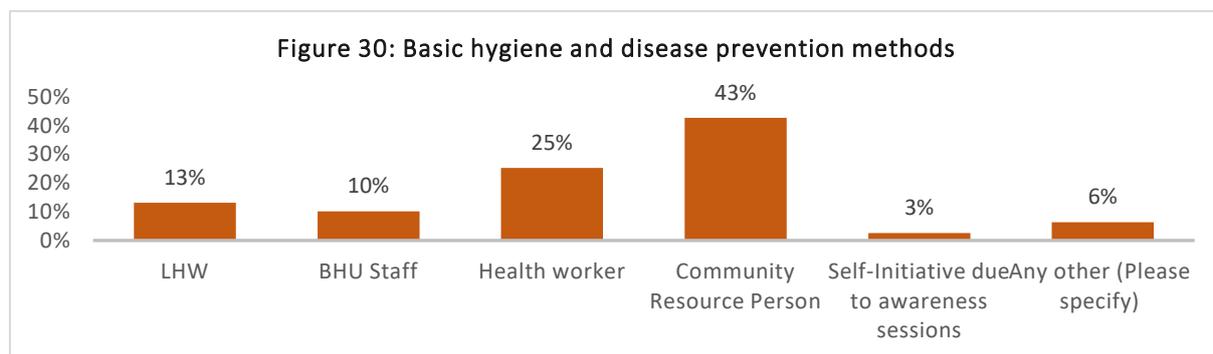
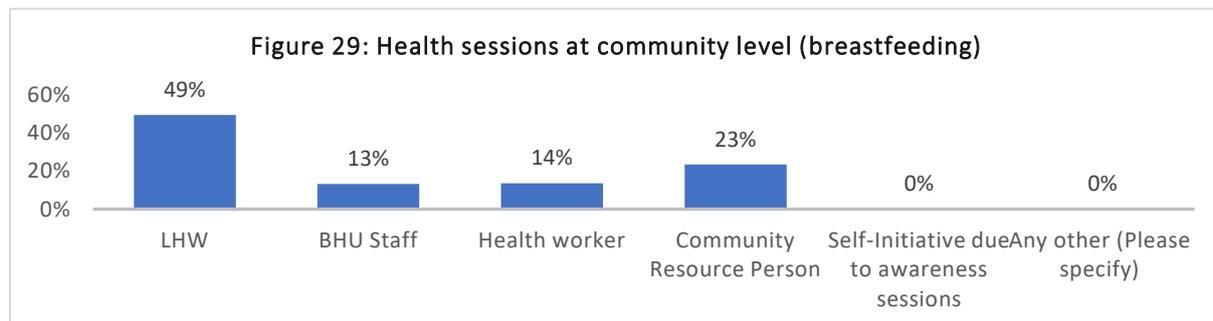
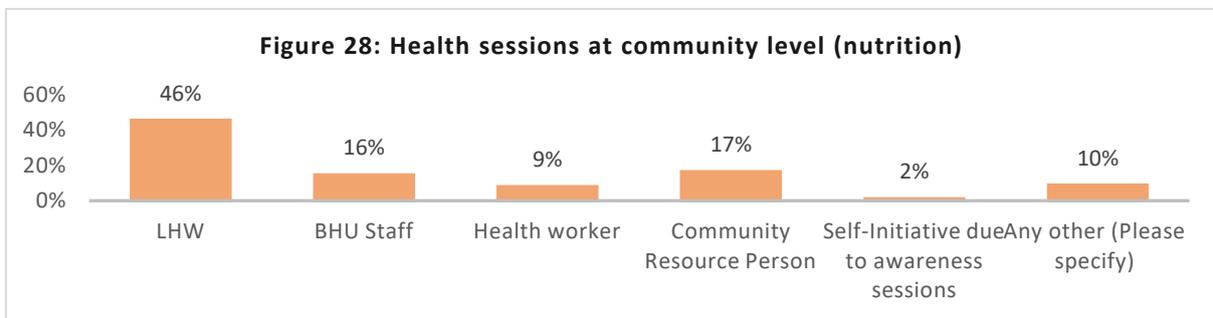
Overall, PPR Project undertook several interventions effectively through creating awareness at the community level for ANC and PNC, availability of trained health care providers at community level and strengthening of the health facilities with provision of necessary female staff, medicine, and equipment. Multipronged approach towards achievement of this indicator proved to be very effective and as a result the numbers of ANC and PNC increased considerably.

<sup>68</sup> However, after phasing out, this cadre of staff discontinued and was partially replaced by health department

**30% of targeted households report improved hygiene and nutrition related knowledge and practices**

Out of the total household respondents, about 13% reported attending awareness sessions. Majority of the respondents attributed their increased knowledge and changed behaviour to health, hygiene, and nutrition sessions.

Sessions were conducted by LHWs (46%), CRPs (17%) and BHU staff (16%) as reflected in **Figure 28**. Behavioural change in hand washing, breast feeding prevention of anaemia, importance of screening of malnourished children under 5, healthcare during pregnancy and lactation, and women’s reproductive health also followed the same pattern throughout the course of the project. Regarding breastfeeding awareness, the CRPs (23%) and health workers (14%) and basic health and hygiene awareness, the CRPs (43%) and health workers (25%) played key role beside LHWs as represented in **Figure 30**. Sessions were conducted monthly, quarterly, or randomly.



Sessions regarding promotion of health through healthy lifestyles were mainly conducted by the CRPs on quarterly basis or randomly depending upon the specific UCs. Validated by 23% beneficiaries, it is important to appreciate CRPs’ self-initiatives for conducting awareness sessions. This points to effectiveness of community-based awareness campaigns and other interventions that led to adoption of healthy lifestyle for basic hygiene and disease prevention. Interestingly, knowledge sessions regarding promotion of knowledge on locally relevant medical issues were undertaken mostly by

LHWs and doctors. This finding clearly points towards the fact that the community rely on a technically trained persons takes the responsibility of preventive healthcare and medical knowledge awareness when compared to CRPs and others.

Regarding the provisions of nutritional supplements, 49% of respondents claim to have received supplements either themselves or for a member of the family. Children have also received nutritional supplements at the household level (49%). It was encouraging to learn that an effective nutrition referral mechanism is functional in the project areas. Almost 60% of the malnourished pregnant women and children were referred to the relevant health facility by community health worker, LHW and community themselves.

Nutrition component was also addressed effectively through kitchen gardening. 15% respondent reported practicing kitchen gardening for their home use. Of them, 42% reporting selling their garden surplus in the neighbourhood.

**80% women express overall satisfaction with health services of the project**

A client satisfaction survey was conducted at variety of health facilities. A total of 105 respondents were included in the survey out of which 72% were patients and 27% were patient relatives. Percentage of interviews at specific health facilities comprised BHUs (61%), Community Dispensaries (CDs, 30%), and Community Health Services (CHCs, 8%). Patients visiting these health facilities mainly came for medical services (59%) followed by maternal (18%) and child health services (14%).

**Table 7 Purpose of visit to health facilities**

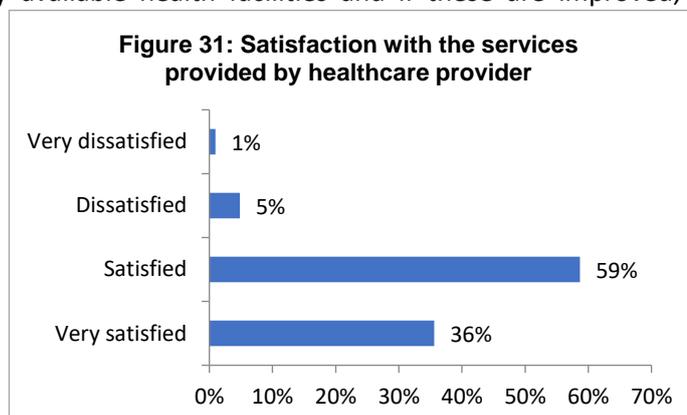
Maternal Health Services	18%
Child Health Services	14%
Medical Services	59%
Nutritional Services	4%
Emergency	3%
Others	3%

For 54% respondents, the health facility they visited was the only one available in the vicinity. Another 23% came since the quality of services was good, 14% came on someone’s recommendation whereas 5% opted for the facility due to low cost.

An important finding is that the community has developed confidence in the facility government health facilities which is reflected by the fact that 79% of the respondents are using these facilities after the PPR Project support related to upgradation of these health facilities.

These findings further emphasise the need to strengthen government health facilities in the far-flung areas as in most cases these are the only available health facilities and if these are improved, communities’ first preference may be to visit these as opposed to resorting to other more expensive or farther healthcare services. PPR effectively contributed to the provision of quality health service to people in need.

Majority (94%) of the respondents were either satisfied, or very satisfied, with the services they received from healthcare provider (**Figure 31**). 100% women are



satisfied with the attitude and behaviour of the service providers. More than 95% of the patients were given clear instructions regarding medicines, were treated with respect, and felt comfortable discussing their health problems with the service provider who listened patiently prior to advising treatment.

The key service provider at the assessed health facilities were male doctors (31%) followed by Dispensers (22%) and LHVs (12%). Lady doctors were available at 4% healthcare facilities whereas 32% mentioned female attendant or medical technicians. PPR Project's geographical area comprised of far-flung parts of Pakistan where availability of female health service providers is still a challenge. This also explains the high number to patients visiting the health facilities for medical services.

Regarding medicines, 70% received all the medicines on the prescription from the respective health facility whereas 30% did not receive all the medicine. 91% will visit the respective health facility again. 87% will recommend the health facility to friend and family. Overall, 69% of the respondents confirmed that they felt improvements in the health facility since their last visit whereas 31% did not see any improvements.

Overall, majority of the respondents expressed their satisfaction regarding the premises, cleanliness, behaviour, attitude, skills and ability of the service providers and provision of medicines on the prescription.

### **Effectiveness of approach**

Health Component of the PPR Project was effectively implemented keeping in view the needs of the far-flung areas. Understanding that health is mainly a public good and more may be achieved through collaboration and coordination with the government. PPR also tried to fill weak segment of the government health system at the community level through training of community representatives/health workers and provision of equipment to skilled health providers. Upgradation and strengthening of the government health facilities was quite impactful. It was a much-needed step since these BHUs/CDs have staff but with limited resources for medicine and equipment to provide diagnostics and procedural services.

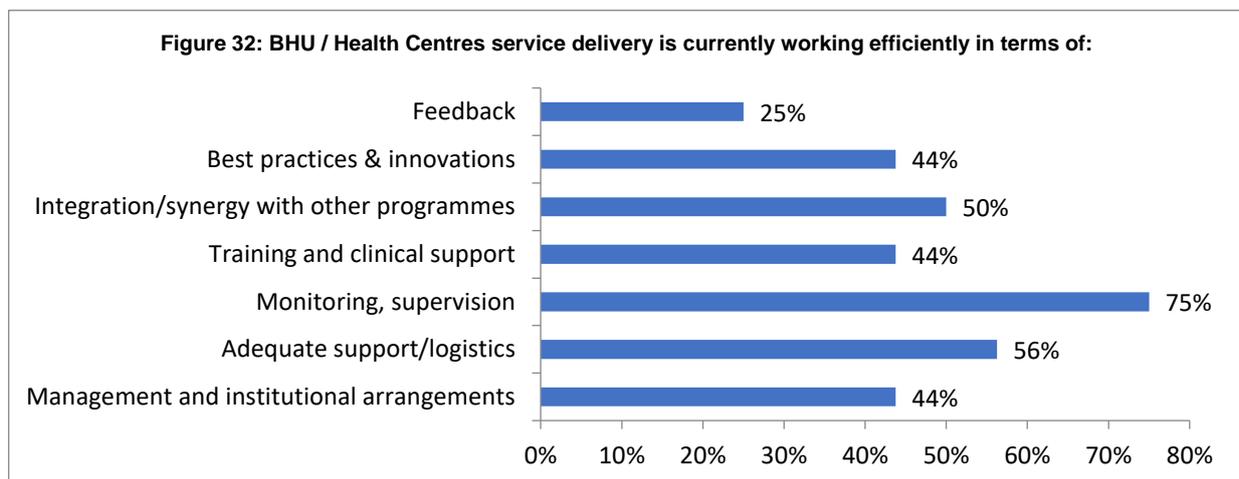
In order to ensure effective coordination and collaboration with district health departments and other stakeholders, round table meetings were conducted on regular basis to discuss progress, challenges or any other matters that could lead to improved performance of PPR partners. Health was the only component where this kind of structured coordination with public sector was organised. A further good understanding of the regulations and standards of provincial health department and regulatory bodies pertaining to interventions may enhance the level of acceptance by the department of health systems created. An example was the establishment of CHCs in KP which did not meet the criteria of KP Healthcare Commission and thus had to be closed.

It is worth mentioning that almost 70% of the respondents were aware of the establishment of community health centres (CHCs) through the PPR. Furthermore, 43% agreed to the fact these CHCs were linked to BHUs in the respective UC. For example, in Chitral, the CHCs were asked to refer the patients to RHC Ayun or BHU Bamburet if needed. Also, private CDs, where available, were linked with RHCs. In case of any staff or medicine need, the centres mutually supported each other. Subsidized referral transport through village organization and referral of malnutrition patients from CHC to BHU for treatment were also in place. Malnutrition patients were referred for lab services and BHUs. For certain lab tests, patients were referred to CHCs. Training and capacity building were conducted for improving referral of malnutrition patients.

All the respondents confirm that PPR support played a crucial role towards strengthening the health facilities in the respective districts. This support includes training of the health staff, upgradation of the laboratory facilities, provision of medicine, upgradation of the laboratory facilities through provision of basic tools for laboratory tests and medical instruments for handling of emergencies. Additionally, new interventions to offer quality M&CH and nutrition services. It was also agreed by all the respondents that in view of the support extended by PPA Project, quality of services for satisfactory and met the objectives to improve the health service delivery effectively. Furthermore, according to more than 90% of the respondents the PPR support also met the needs of health service providers and patients to a greater extent by providing medicines and solarised buildings, boundary walls of the BHUs, medicine and equipment in both public and private Health facilities. Patients received medical services in nearby health facility. Renovation was conducted in RHC, BHUs and CDs with repair of the incinerator where needed. The indicators have shown that quality of services have been improved. Due to 24/7 availability of LHV, ANC, PNC services improved at BHU. There was marked increase in daily OPD of different health centres. Exceptional decisions were also taken such as fully equipped and functional new CHCs built in UC Hazara that had no government health facility and Skilled birth attendance was increased.

PPR support for health from the perspective of efficiency of BHU/PHC service delivery was also assessed on a management and integration criteria. According to the respondents, the effectiveness of implementation was as follows.

It is evident from **Figure 32** that above 75% respondents give weight to monitoring and supervision of the project staff. Furthermore, 63% is because of other factors related to interventions linked and complementary to interventions carried out by other agencies, especially Government institutions. The key health department managers opined that the interventions of the PPR had a very beneficial impact on overall health service delivery of BHU/ PHC.



An assessment of sampled health facilities was conducted by medical doctors engaged by the evaluation (**Annex 11**). Majority of the health facilities visited were from the government sector and included one THQ Hospital, 6 BHUs and 4 CDs.

CHCs established through PPR Project except one i.e., CHC Pahlawanandeh are all closed due to non-availability of funds after the project closure. Centres were also closed in case of KP due to non-compliance with standards of Healthcare Commission.

Majority of the government health facilities visited reported to have sufficient medicines, functional equipment and trained additional staff (provided by the PPR) however, as the project closed or scaled down, the staff was lost, equipment was not repaired on time and thus became non-functional. Medicines were continued for some time till the end of the project. Currently, these improved (during PPR) health facilities are operational as per government budget that leads to scarcity of medicines and laboratory tests.

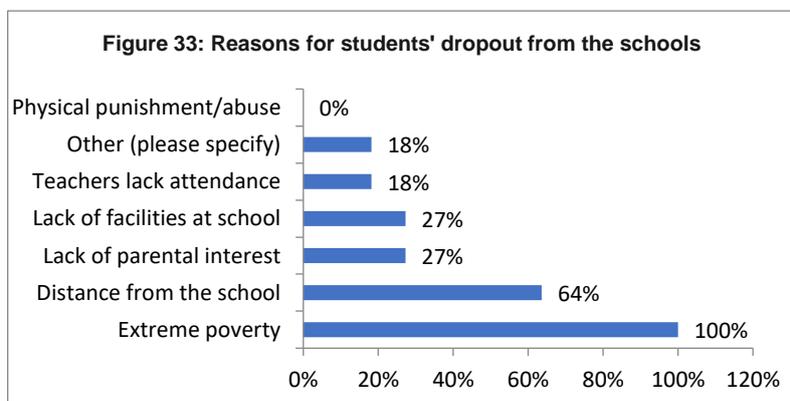
### 5. Education

In the sector of education services, the main sector interventions included improving school infrastructure by the construction of new classrooms, washrooms, boundary walls, supply of teaching equipment, improvement in quality of drinking water, electrification, supplying sports equipment, and addition of new teaching staff. Teaching staff was also trained on improved teaching skills and maintaining school environment child friendly.



**20% of out of school children are enrolled in schools and 80% of them continue schooling throughout the project cycle (50% girls)**

Increasing school enrollment is a complex subject and faces multiple challenges in Pakistan requiring multiple set of interventions. In rural areas some of the major obstacles for children not attending schools may be due to the economic pressures on the households requiring more hands to earn, inability of a family to afford school needs of their children, remoteness to school, unfriendly environment of the schools, schools’ failure to generate interest and motivation among children, a negative mindset among parents associated with girls’ education, lack of awareness on need for education, societal constraints for girls’ education, lack of school or staff in the school and its functioning and so on (**Figure 33**). Most of these constraints were confirmed by the respondents of the household survey. It was therefore necessary that PPR would adopt diverse, context relevant and need based interventions to remove a multitude of barriers to attract children to school.



According to the POs in the sampled UCs, 48% out of school children were enrolled in schools during the program period (40% for girls). Interestingly, as per their data, most increased was noted in higher primary classes (grade 3 and above). The LSOs reported an overall increase of 29% and 27% increase in enrollment of out of school children for boys and girls respectively.

The schools interviewed during field visits suggested that most children completed full cycle of primary education – however 10-15% students either migrate or drop out for personal reasons. COVID-19 had a very negative influence on schools. In Lasbela alone, 38% children did not return to school since they were engaged in work by parents to due to economic stress.

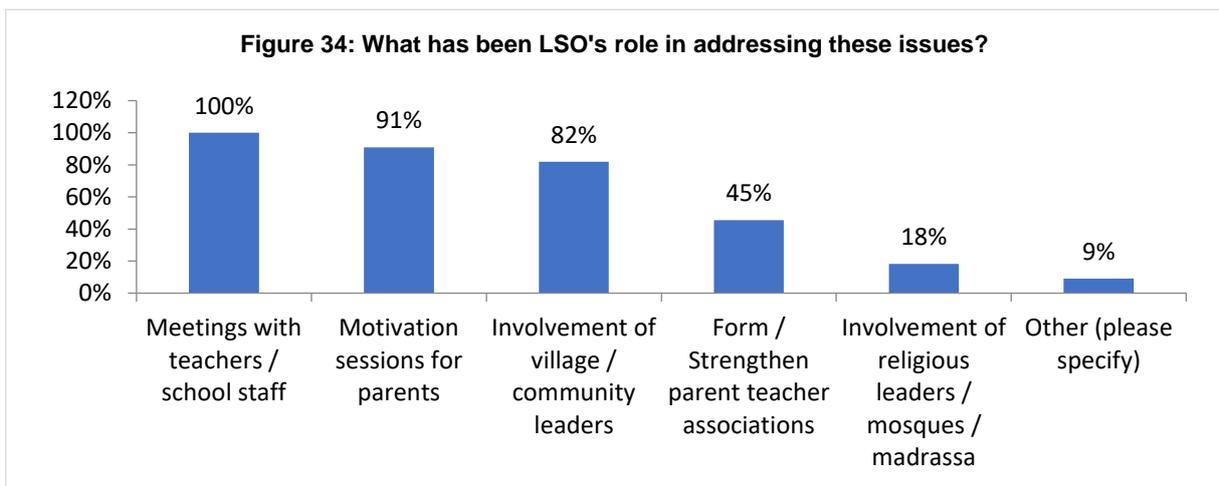
Expecting that an LSO is community’s representative body in a UC, is expected to have the best overview of out of school children, and an outreach to the parents, we asked LSOs if they played any role in bringing out of school children to schools.

The LSO members tried multiple ways to improve the situation. Some of the most educated members of LSOs held meetings with school staff and acquire their support in increasing enrollment (100%), tried to address the matter by holding one on one or group sessions with the parents (91%), involved village elders and religious leaders to use their influence in overcoming societal constraints (82% and 18% respectively), strengthened parents-teachers association, and participated in school improvement activities introduced by POs (9%) (Figure 34).

**Box 7**

**A modern co-education school in Chitral**

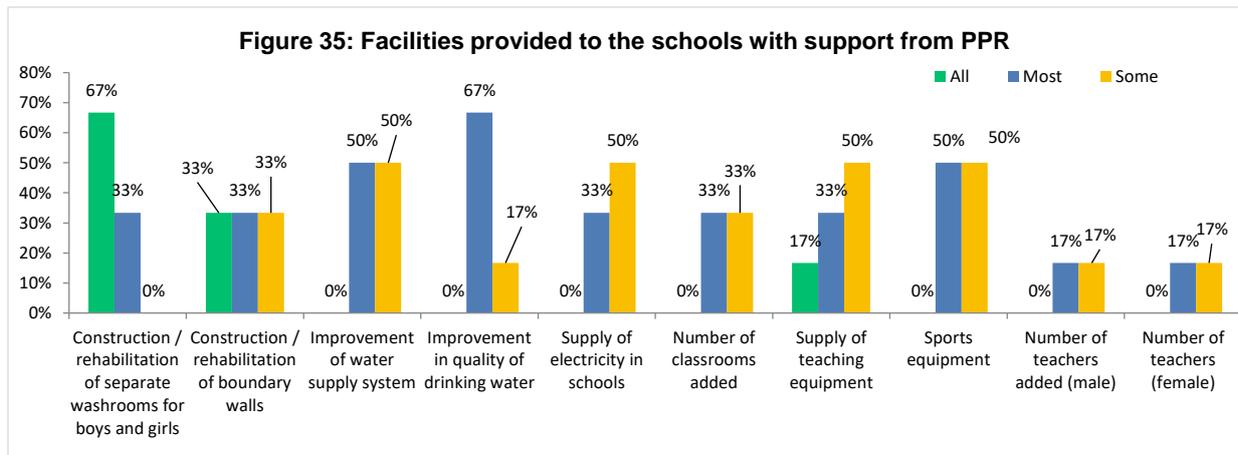
Originally founded by late Maurine Lines, a high school for girls and boys is a noticeable feature in Birir valley. This is a replicable demonstration of tangible investment in young people. The LSO Ayun Valley Development Program has responded to the needs of the students by establishing a computer lab. Sixteen (16) computers and an overhead projector have been installed in the school. There are 327 students including 161 girls in the school. The school has 17 teachers. The evaluators suggest that the computer lab may benefit all the students regardless of inclusion in the curriculum so that children of all ages, especially in secondary classes, have good familiarity with IT. The main already emerging sustainability challenge may be the maintenance and upgradation of computers which needs to be thought out by the LSO.



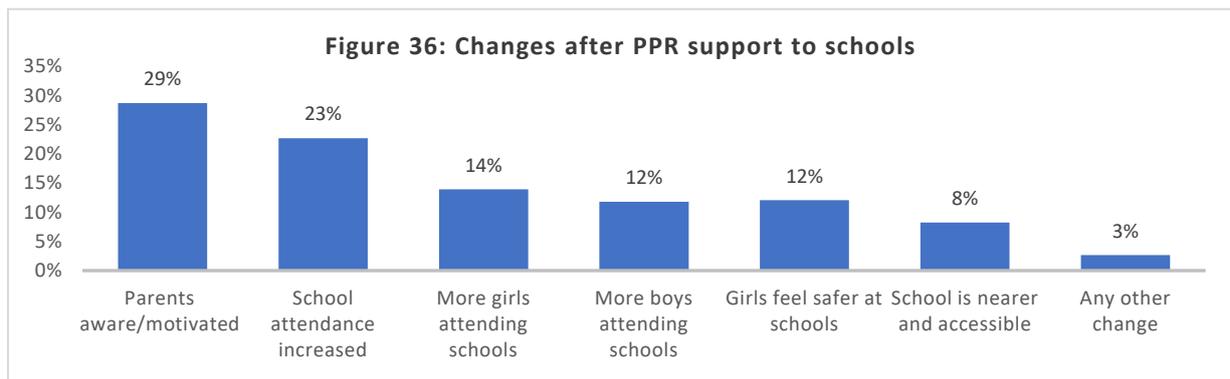
The POs provided multiple facilities to schools as per situation. Generally, all the POs tried all the efforts noted in Figure 35, with a different level intensity and frequency. The most frequent option chosen to school improvement was construction / rehabilitation of washrooms and boundary walls

for more personal security and dignity of children. According to POs, one of the most significant impacts of these activities was increased enrollment of girls and regular attendance of female teachers (which turned in as an unintended impact of activities). The POs confirmed that they received full support from the LSOs, also including free human resource from the communities in school improvement activities.

The household survey acquired the end users’ perspective on education. 86% of the interviewed households confirmed PPR’s support to improve schools. They were aware of PPR’s assistance to building new classrooms (28%), toilets (26%), school upgradation from primary to middle (13%), teachers’ training (5%) and other activities such as improving sports ground, sports equipment, computer labs, books, uniforms, stationary, mats, solar panel and handpump (5%).



61% household respondents reported that all their children are attending schools. 19% reported some or all their children were not going to schools. The remaining respondents did not have school going children at home. The respondents suggested that the change was in parents’ attitude and increased enrolment was a pull factor for the most reluctant parents (29%). For 3%, there was no change than before (**Figure 36**).



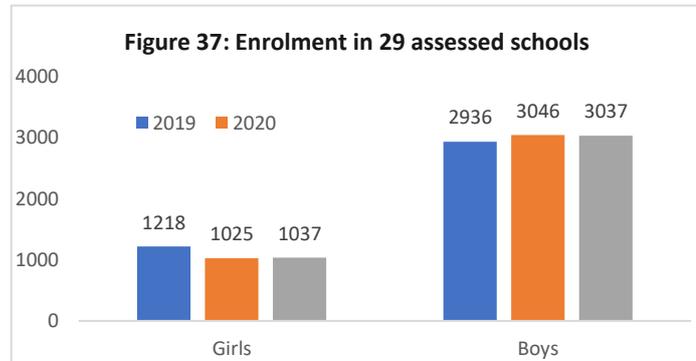
Overall, 70% of the respondents assessed that the environment has improved for children to attend schools over the last five years. 25% stated that there was no change (20%) or even deterioration (5%).

In addition to the interviews with POs, LSOs and household members, a physical assessment of 29 schools in 12 UCs was conducted.

While overall enrolment seems to have increased in the physically assessed schools by 21%, enrollment of girls has skewed overtime. The last three years enrollment data show that number of

girls have reduced (15%), which is not consistent with the data provided by PO and LSOs. It is important to review the situation which is contrary to the intention of PPR in promoting enrolment levels especially among girls (**Figure 37**).

10 schools reported having washrooms from PPR and most of them were fully functional with adequate water. Out of remaining 19 schools, 15 had a separately located washroom – however in suboptimal condition (often without water) and 4 schools were without washroom facility for girls. All the schools had boundary walls built by the government, however, in most cases the height of wall was raised by PPR. Overall



security system of the premises was found optimal in 22 schools. Availability of water and electricity was reportedly inadequate, but arrangements existed. In Chaman for example, five washrooms were closed down and were used as stores because there was no water in the school. 14% of the schools had proper gate keeping / guard system. 8 schools reported construction of additional classrooms by PPR. There seems to be a virtual absence of recreational facilities in the school visited. The evaluators felt that to the extent possible, locally popular games may be encouraged at school as an incentive towards further improving enrolment.

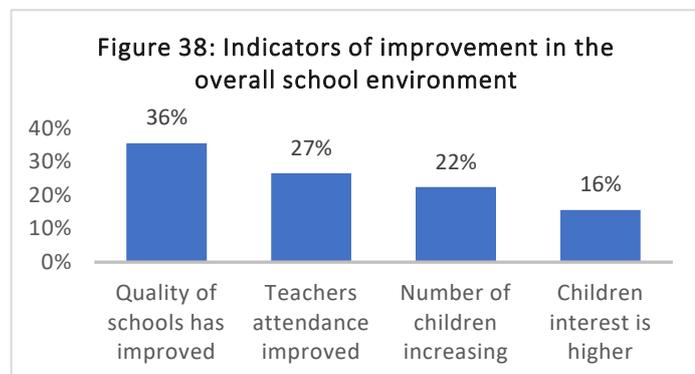
**80% teachers trained on improved teaching methodologies use learned techniques in schools**

According to POs in the sampled districts, 1,156 teachers (519 female teachers) received training on improved quality of educational lessons. However, there is no evidence of total aggregate percentage of teachers trained since total number of teachers is unknown. Out of trained, 41% teachers in POs’ assessment are using learned techniques. In LSOs’ assessment at least 50% are using child friendly techniques. Nearly 30% household respondents also confirmed this statement.

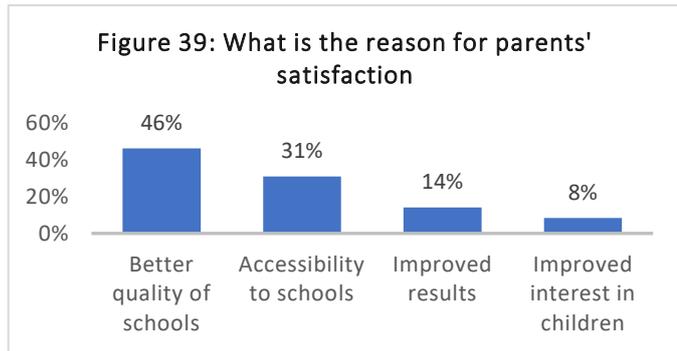
These interventions eventually resulted in increased enrolment and improvement in teaching quality in the schools. Female teachers’ training (and additional recruitment) led to their improved confidence and capacity which had a positive impact on girls’ enrolment. Conversation with teachers during school assessment suggested that the level of teachers’ qualification was very poor, especially among female teachers. Only 5 teachers out of 143 present teachers had masters’ degree. Among male teachers, this ratio was 28 out of 155 teachers. In total 77 teachers from 14 schools reported to have received training organized by PPR on improved teaching skills.

**80% of parents report satisfaction with project’s educational services**

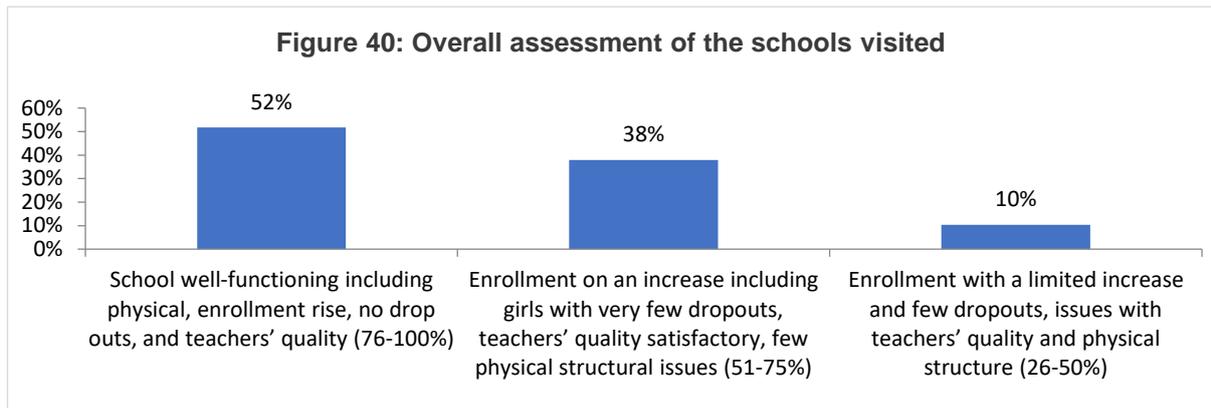
As a whole, an aggregate 78% of the household respondents stated that the overall school environment has improved over the last five years (improved quality, teachers’ attendance, more children with high interest). Quality of school and teachers’ attendance has improved, and enrolment is increasing. At the same time, children’s interest is also increasing (**Figure 38**).



An aggregate 78% of parents reported satisfaction with the educational services within sampled UCs. 46% attributed this to improved quality of schools. The primary reason for their satisfaction was improved quality and environment at schools and better results from children’s academics (**Figure 39**). In total, 45% of the parents reported participating in parents-teachers’ meetings. Out of them, 92% find these meetings highly beneficial for their children.



**Figure 40** is an assessment of schools assessed by the team. It is encouraging to see that 52% schools were found at par with all the minimum standards including increasing enrolment and necessary facilities. 38% schools were rated medium due to a few infrastructural and drop out issues. The remaining 10% schools were rated low with several issues.



## 6. Untied component

This evaluation has evaluated the entire program as a whole using collective finance (including the community contributions which include their governance time inputs) rather than specifically focusing on the untied component of 2 million euro. The evaluation team, however, taken a special note of the initiative on promoting olive value chain in semi-arid areas of KP and Balochistan based on a success story in the past<sup>69</sup>. Olive was introduced first time by Pakistan Agriculture Research Council (PARC) during 1986 under an Italian Project titled “Fruit, Vegetable and olive Project” funded by Government of Italy. After this project a general survey was conducted to estimate the number of

### Box 8

#### Olive plantations

In district Lower Dir, the evaluation team was introduced with a Community Resource Person (CRP) trained on olive grafting in Italy. He is encouraging farmers to engage in olive production at commercial level for fruit and oil extraction. In an encouraging briefing by the CRP, the scale of activity foreseen in future seem to have several game changing advantages in future (i) rehabilitation of already declining olive plants native and endemic to the region, (ii) added economic incentive to the farmers from value chain (iii) and economic perspective in the region through sale of olive fruits and oil high in demand in health cuisine at national and international level.

69 <http://www.parc.gov.pk/index.php/en/olive-history-of-olive-in-pakistan>

naturally occurred wild olive specie *Olea ferrugenia* (Kahu) and found more than 80 million wild Olive plants in different district of Pakistan. Under another olive project of federal government 5.5 million olive plants were top worked but less than 1% plants survived in the result of top working because of management of top worked plants. Olive grafting was replicated by other actors interested in forest conservation and value chains with mixed results<sup>70</sup>.

PPR took the initiative to build on successful results from the past and distributed 60,000 plants to 1,022 small farmers and Community Resource Persons (CRPs). Farmers were trained on raising plantation of olive plants and grafting wild olive trees. was imparted. Based on the premise that this initiative will result in scalable value chain in future, three Olive Oil Processing plants are being purchased and installed with a capacity of 250kg per hours in District Killa Abdulla, Zhob in Balochistan and Low Dir in KP. One plant will cater to the needs of small farmers of 2-3 more adjacent districts of the area. This is a major capital investment which is being made on certain assumptions (i) farmers will take interest in planting / conserving olive trees and the value chain (ii) the olive plants and fruit production will be successful with the scale that ensures that oil extraction and marketing will be economically viable. While this is an extremely pious intension for extending dividend of investment to the community, it may require a sound business plan with a win-win options for the farmers, investors and the environment. As a word of caution, it is important to consider a public-private partnership (read community-private sector partnership) with certain rules of game to assure a long-term push-pull business sustainability, expansion and more farmers getting benefits. This will exactly be in line with the ‘driver of poverty’ approach (also see page 38, 79). In this example, the driver is lack of market opportunity and water scarcity, which are being addressed through the intervention<sup>71</sup>.

#### 4.2.3 Gender consideration

According to WHO, *gender refers to the characteristics of women, men, girls, and boys that are socially constructed*. This includes norms, behaviours and roles associated with being a woman, man, girl, or a boy as well as relationships with each other. Gender is hierarchical and produces inequalities that intersect with the social and economic inequalities. In addition, gender-based discrimination intersects with other factors of discrimination such as ethnicity, socioeconomic status, disabilities, age, geographical location, gender identity and sexual orientation.<sup>72</sup> Therefore, gender inclusion is essential for any intervention or action towards sustainable development.

PPR’s goal as given in the Results Framework is “poverty reduction through the creation of sustainable conditions for social and economic development including production and income capacity increase.” The project design uses an integrated gender inclusive approach targeting at the marginalized population segments in the selected communities. A Results based Framework (RBF) served as the project foundation, developed around target-based indicators. Gender is primarily reflected in the RBF through inclusion of women against a substantive 40% target in the overall project goal. PPR design mainstreams gender through equitable distribution of benefits across all gender groups, but with a higher emphasis on women. Whilst needs of other vulnerable and marginalized groups are also included under each of the four main project components, women inclusion is cross cutting with almost equal participation in all areas of implementation. Therefore, while gender considerations are already noted in earlier sections on effectiveness, given a high emphasis on inclusion, a separate analysis on gender related interventions is produced in this section.

70 Kamal, F.D. 2012. Extending the Olive branch. Helvetas Swiss Intercooperation. Swiss Agency for Development and Cooperation (SDC)

71 Pakistan imported \$11.5 million dollars’ worth olive oil in the year 2019. The intervention will not only provide an opportunity of sustainable livelihood but will also help in reduction of country import bill.

72 [www.https://www.who.int/health-topics/gender](https://www.who.int/health-topics/gender) accessed 11.10.2021

Overall, as with all its indicators, PPR has also achieved its gender related indicators across the four components in terms of targets. The project mid-term review also reveals that the project has contributed significantly to improving women's agency and socioeconomic uplifting. Similarly, the program results show an increase in female school enrolment in PPR supported schools as well as economic empowerment of females through social enterprise support. However, while PPR has quantitatively achieved its gender targets and has managed to sensitize the targeted communities towards gender mainstreaming, there is still a need for deepening gender inclusion.

Gender related findings from the four PPR main components are presented below:

### **Component 1: Social Mobilization and Institutional Building**

This is the core component of the project which informs and defines the other three components. Social mobilization is the first step towards community organization, which introduces the community or the beneficiaries to the intervention or scheme. In case of PPR, social mobilization was not the first step for several of its POs (especially the RSPs), who already had established networks in the areas where PPR was being implemented. It was observed that in UCs where LSOs and VOs had been formed pre-PPR, collective decision and community participation were evident. Similarly in such communities, WCIs were also seen to be more pro-active compared to those districts or UCs where the PO had formed new LSOs and VOs as part of PPR. Sustainability was also more evident amongst older LSOs and VOs including WCIs. For example, in Lower Dir, KP, the PO CERD started working in the area after PPR and moved out once PPR had completed its duration. As a result, Lower Dir local organizations are quite weak, especially women organizations, which needed more intense mentoring in view of a more rigid and strict code of conduct for females.

According to the household survey conducted for the end line evaluation, 90% households had been engaged or involved in Village Development Planning (VDP) process, with 55% males and 34% females, who were members of any COs. Only 0.5% PWDs from the entire survey universe said that they were members of a CO. The survey respondents who were members of a CO reported reasonable representation of all social and economic segments in their communities. The highest percentage was that of poor households (35%), followed by youth (20%), religious minorities (17%), PWDs (15%), ethnic minorities (10%) and finally transgender (2%). The respondents also felt that community participation in PPR was quite effective with 50% respondents who were of the view that all gender groups participated in PPR implementation with another 49% who said that all gender groups 'fully' participated.

Furthermore, most respondents at the household level (85%) were of the view that PPR had increased women's agency after becoming members of a WCI. Qualitative data shows that WCIs, wherever functional, provide a platform for women to learn skills, and enhance their capacities in addition to opportunities for assets building and social enterprises. Besides, the economic empowerment, the WCIs also provide a social platform for the community women. Although, majority of household respondents, who were members of WCIs opined that their WCI took independent decisions for both internal management and development schemes. More than 88% respondents said that WCIs were involved in the development of VDPs, and that their priorities were included.

However, there are also indications of the need for more female participation in the overall process considering the importance of engaging women for sustainability of any change. A significant, 54% household survey respondents felt that male CO members tried to influence their decisions and resisted prioritization of WCI plans in VDPs. Similarly, a mentionable 28% LSOs reported that WCIs were not directly engaged in implementation activities and their concerns were incorporated through

the male COs. To add to this, the LSOs further claimed that only 34% of CLFs were received by women—though eventually, the evaluation showed female CLFs performing satisfactorily in 80 percent of the cases, compared to 57 percent for male CLFs. The LSO data further reveal that out of a total of 340 average beneficiaries who were provided skills trainings only 13% were women. As far as female participation in LSOs, data shows that women representation was present in most LSOs more as a mandatory step, with only a few which also had female office holders like VPs and FS. *While PPR was able to achieve the quantitative targets for establishing WCIs, it lacks in qualitative aspects in certain areas with significant equity gaps including participation of other gender groups, which basically stem from a flawed targeting and selection process. A PSC survey methodology was administered through a third party, deploying a poverty score attributed at the household level – the process raised certain concerns about the accuracy of the process.*

### **Component 2: Livelihood enhancement and protection (LEP)**

As PPR focus was poverty reduction, LEP interventions are crucial areas of the program. Livelihood enhancement interventions were both directly and indirectly provided. Direct interventions were social enterprises (new) and strengthening of existing ones, assets distribution (livestock, farming tools, sewing machines, poultry, equipment, supplies), in addition to provision of Community Livelihood Funds and setting up of CIGs. Indirect contributions were in form of training and skills enhancement opportunities, which supported economic productivity.

As for other indicators, for livelihood enhancement schemes also, all PPR POs have been able to achieve their targets as given in the results framework. Female headed households (FHHs) were specifically targeted in view of their vulnerability, while other women beneficiaries were selected in accordance with the PSC scores. According to the sampled POs, a substantive 44% FHHs with 0-18 score reported an increase in their household income<sup>73</sup>, while another 18% FHH with PSC score of 0-23 reported higher incomes because of PPR support. Furthermore, 47% female headed households received CLF, to help them in economic uplifting.

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#### **Box 9**

##### **Capitalising on her prior knowledge**

Mirajunisa from Alliya, UC Drosh, in Chitral has six school going children. Her husband is a daily wager who barely manages to find work on most days. She already had a sewing machine, which she used for earning some supplementary income by stitching clothes for the local women. She was given a Peko machine, an iron, and some initial stitching material by PPR around 7 months ago. Now, she gets more work from the women and manages to stitch one to two suits from which she earns PKR300-400 per suit each day. Their family economic conditions have transformed after PPR's support. Her children are able to attend schools while she is also able to provide better food to her family and address the needs of her children. Mirajunisa also taught stitching to local girls and was also teaching her eldest daughter knitting so they could further expand their work.

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The type of support provided was determined keeping in view of its feasibility and capacity of the beneficiary. For example, women were mostly provided livestock, which are traditionally managed by household women in most rural communities, sewing and Piko machines, and jewellery kits, again assets which could help them in enhancing their traditional skills. The household survey data confirms that majority women had prior experience of making handicrafts, and almost 60% female beneficiaries continued their traditional skills even after PPR support. Although by and large there is positive feedback from the beneficiaries regarding the support provided by PPR for livelihood enhancement, however, data also indicates weaknesses and gaps in the process including lack of standardization across the partners and regions.

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<sup>73</sup> Although important to note that in the sampled UCs this figure could not be verified.

*Many beneficiaries were provided marketing trainings but did not receive any training for maintenance of the equipment or asset they had been provided. Many beneficiaries failed to make incomes (and notably on this aspect, there are stark difference in reporting by POs and households). however, those with prior knowledge of the skill demonstrated very good results even when they did not have training or regular coaching. In addition to this, it may be worthwhile studying the gendered difference of sustainability of assets.*

### **Component 3: Construction and Improvement of small-scale community infrastructure**

Infrastructure deficiencies affect the entire population but as with everything else the very poor, and vulnerable groups including women, PWDs, elderly and children are affected more. PPR's community infrastructure program was need based and quite effective in improving community living conditions. A significant number of schemes (371) had also been put forward by WCLs as issues like access to potable water, lack of latrines, general access difficulties because of drainage problems or unpaved pathways directly affected women. The household survey shows that in communities where any water schemes had been implemented, women's burden of collecting water reduced significantly to 66% compared to 82% before the intervention. The water schemes beneficiaries further added that PPR supported water schemes saved time (38%), provided cleaner water (35%), water availability had improved (12%), and lesser occurrence of water borne diseases (7%) and water collection spots were safer for women (7%). Female respondents said that they used the saved time for more productive (56%) and social activities (18%).

Similarly, a noticeable 17% female respondents said that the irrigation schemes in their communities had improved their family food intake, another 20% said they had to do less labour work due to availability of irrigation water and fodder, and a significant 42% reported an increase in household income due to higher agriculture productivity because of improved irrigation. This serves an argument to support access to irrigation water despite an argument that irrigation may not be directly meant for the PSC group 0-23.

There was a consensus amongst all PPR stakeholders and beneficiaries that all PPR infrastructure schemes were gender sensitive and PWD friendly.

### **Component 4: Improvement in and strengthening of basic services (Health and Education)**

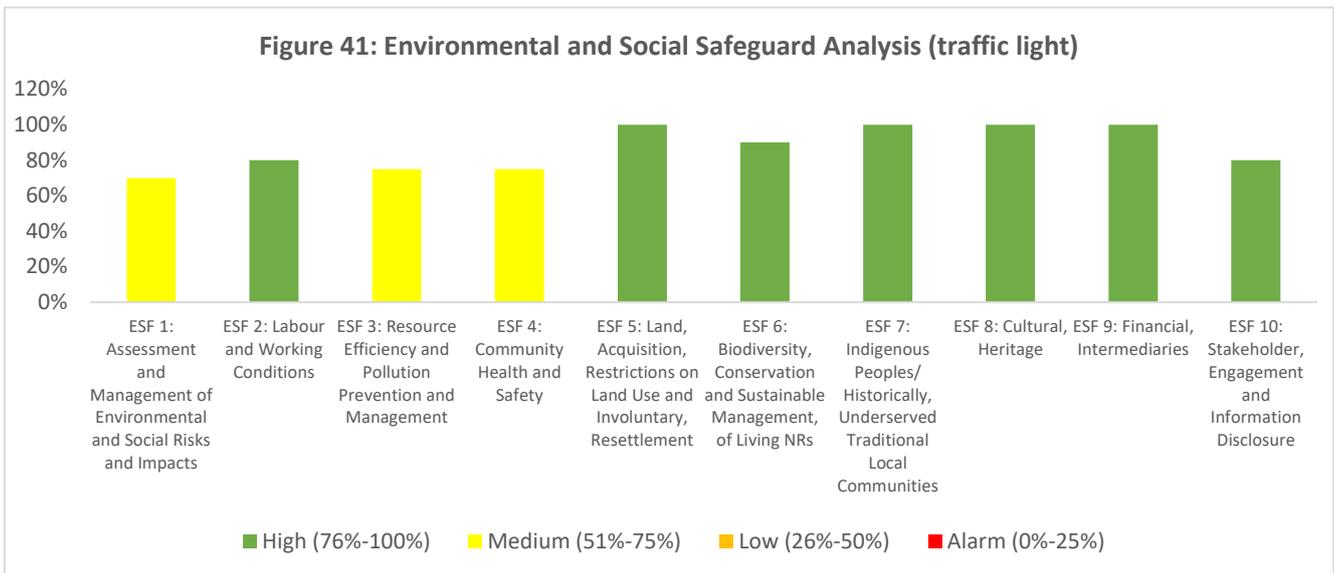
According to the PPR communities, the health and education support by PPR are very beneficial for them especially in areas where availability and access to schools and health facilities was lacking. PPR has used a mixed approach for improving these two services, both, upgradation of available government facilities and initiation of community based low-cost private facilities.

Overall, improvement in education and health services have been beneficial across all genders, though they have been more useful for females. The household survey data indicates an increase in girls' enrolment in communities because of better services or easy access to a school in case of community-based school including higher motivation, higher attendance and retention rate and increase in community safety perception towards safety of girls. Besides, improved education status of girls, improvement in education services have also had a positive impact on boys whose enrolment has also substantially increased including higher attendance and retention rates. PPR also enhanced parents' participation in schools by establishing and strengthening School Management Committees as well as conducting teachers training sessions. This holistic approach in improvement of education facilities in building community trust and credibility in the school thus producing a positive impact on school enrolment and learning environment.

In case of health services strengthening by PPR, upgradation of government facilities has not only benefited the PPR communities but also other communities as well. Improvement in mother and child health services have directly benefited the women who before PPR mostly relied on outreach workers for reproductive health problems.

#### 4.2.4 Environmental and Social Safeguards

The World Bank Environmental and Social Framework - ESF - Guidelines 2017 were used for this analysis. Using a traffic light system (**Figure 40**), it is encouraging to note that the majority of standards were found green (76-100% compliance) or yellow (51-75% compliance). One reason for this high ranking is that the projects implemented by PPR are very small in size and cannot trigger large impacts with respect of standards. **Annex 11** presents the detailed assessment of Environment and Social Safeguard analysis of the PPR.



### 4.3. COHERENCE AND CONNECTEDNESS

#### 4.3.1 Internal coherence among components

One of the key concerns of the evaluation is internal coherence among components. An internal coherence among components is not well articulated, particularly CPI-Health (Wash and Sanitation) and CPI and LEP (local economic development) and CPI and Education (WASH). Most of the activities are meant for collective benefits and our assessment indicates benefits reaching the PSC group 0-23 without any trouble to access services facilitated by the project. However, a stronger integration among activities could have enhanced the impact manifold. As it seems now, different activities have been implemented in isolation from each other with scattered benefits. An integration can bring multiple benefits to the population and bring cost efficiency. In health sector, one example of lesser internal coherence was kitchen gardening. This component had a cross-sectoral significance as a nutrition sensitive LEP activity. Similarly, health component was closely associated with CPI component due to structural requirements within health facilities including provision of water and energy. The scope for this activity, however, is much wider than what was done.

*The most important aspect in associated with improved environment in schools is regular access to water.* While washrooms were built by PPR in a package of addressing missing facilities in schools, it is alarming that a systematic integration of CPI component with school facilities was not obvious during the evaluation. Adequate supplies of water in washrooms must be accorded highest priority if the hygienic conditions are to be fulfilled and separate washroom for girls with menstrual hygiene management awareness to add an incentive for greater enrolment targets and to fulfil responsibility towards children who need a complete and not partial attention.

*POs have collected a sizeable experience capital from PPR to build on.* In the post-PPR phase, it seems that the process of developing Village and Union Council Development Plans are now being integrated into strategies of most POs, who are aligning their other programs to the thematic areas of PPR plans. The POs have also reported to replicate models of community-based procurements and payments introduced under the PPR (this partially includes online payments). The evaluation also noted that the POs did not have regular and punctual experience of working in health and education sectors—partly since integrated programs such as PPR are uncommon, with most programs and interventions being sector focused or theme focused. PPR has equipped them with organizational capital to build on for the future with other potential donors. The POs in negotiation with other similar projects have replicated PPR’s approaches they had learned during the project. Some of the PPR staff were also transferred to the new projects which will help replicating experiences beyond PPR and bring coherence within the organization.

#### **4.3.2 External synergies and influence**

*External synergies could be far more articulated in the program implementation,* particularly in case of LEP activities. Synergies with technical government departments in the districts could have created new opportunities for both PPR and the government to learn from each other—particularly with the BISP and then the Ehsaas initiatives. Evaluators have noted a few scattered events of linkages for training, procurement, or other services – however a missing link is to work together to conceive a more coherent LEP delivery to create impact in local economy and create a support system which is helpful for a longer-term sustainability and growth.

*Health is the only sector where linkages with health department have been made and these ties are institutional in nature* due to support extended to BHUs and RHCs. The functionaries interviewed have indicated advisory (40%), monitoring (33%) and sometimes active participatory (20%) roles in performing PPR interventions.

*Linkages with education departments were also made for identifying missing facilities and to implement PPR program. These linkages were however not regular and thus two things may happen as a result. One, the sustainability of the interventions (especially maintenance of physical assets) will dwindle, as already appearing from school assessment survey. And two, a very important chance to advocate for quality improvement in school and literacy has been missed.* This is largely an obligation of the public stakeholder. The young members of LSO in Khushab strongly expressed that in future if PPR steps in again, include a stronger focus on qualitative aspects of education than structural. The structural is less useful if the school does not function the way it should function. This will require an agenda-based collaboration with education players to find long term solutions to chronic problems.

At the level of LSOs, 83% respondents stated that management trainings helped them creating linkages with relevant line departments. They have been successful in establishing linkages with public duty bearers in health (41%), education (29%), livestock (13%), agriculture (13%), power (8%) and district administration (2%). An example of internal coherence emerged in Balochistan during field visits to Pishin. This pertains to an internal coherence with an EU financed program called BRACE. BRACE seem to have built on PPR experience of conducting VDPs and UCDPs. In this way, this complementarity is a success story. BRACE has taken this a step forward to presenting and vetting VDPs and UCDPs by district authorities. This is a cycling knowledge generation process that may enrich a better involvement of public sector institutions for a greater buy in and institutionalization. This applies especially on BRSP and NRSP within the given sample of POs since they pursue this approach under BRACE but not so much for PPR's geographical areas due to different project agreements.

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#### Box 10

##### Balochistan Rural Development & Community Empowerment (BRACE) Program

In all 9 districts of BRACE, joint district development committee (JDDC) meetings take place once a quarter. The JDDCs have been formed in BRACE districts including those with BRSP. The JDDC meetings are chaired by the deputy commissioners and attended by local line departments, NGOs, LSOs, BRSP, the BRACE TA, and other relevant stakeholders. LSOs are invited to the meetings, in turn, allowing them to interact with district officials and talk about the UC level development needs through presenting their UCDPs. LSOs are given time to present their UCDP in JDDCs and highlight their union councils' needs and issues. The recent monitoring mission to BRACE observes that the process may be improved with more time in favour of LSOs – yet the mechanism functions and is an excellent opportunity for LSOs to institutionalise their plans / acquire funds and support.

## 4.4. EFFICIENCY

### 4.4.1 Processes and outreach

The use of generic 3<sup>rd</sup> party approaches for identification of the poorest of the poor is best left to local communities – WBG and PPAF, in all good intent, used a 3<sup>rd</sup> party service provider to identify the PSC beneficiaries in the 0-18 and 0-23 ranges using the same 3<sup>rd</sup> party service provider who was hired for the developing districts' baselines and profiles and for UC rankings. Multiple factors during the actual undertaking of these PSC assessments lead to the POs being provided often inappropriate data—e.g., assignment of a 0-18 PSC category to a higher category individual. Identification of these anomalies by the POs lead to PPAF and POs adopting remedial measures such as (a) using BISP data, where available, (b) adopting the participatory wealth ranking (done as part of the developments of the UCDPs), and (c) conducting new PSCs, to supplement / rectify the data provided by the 3<sup>rd</sup> party. Depending on the timeliness or otherwise of these remedial measures, the results—in terms of appropriate targeting—were by and large moderately satisfactory. POs' role in this also varied from UC to UC and PO to PO.

Poverty score of the households (0-18 and 0-23) was a determining factor for their participation in PPR, especially for LEP activities. It was a unanimous view from the POs, LSOs, and beneficiaries that the PSC data and lists provided by PPAF not only created a lot of issues in household targeting the errors in the lists also caused a tremendous delay in the project delivery.

Just before the actual start of the project interventions, a third-party organization (ASSA) was engaged by PPAF to conduct an unbiased poverty profiling and targeting in the selected union councils. The intention was to prevent any biased selections by POs and LSOs—in spirit, the evaluators were

unanimous that this defeats the very purpose of creation of community based and grassroots institutions! Another reason, explained to the evaluation team, to conduct this fresh assessment was, that the earlier PSC data were available, was rather old (from 2010). During this evaluation, the POs and LSOs expressed frustration and reservations on the ASSA's PSC data. Several beneficiaries not traceable or were not included in the PSC despite their eligibility. In addition, the ASSA's database did not include National Identity Card (NIC) numbers and thus just names of the households' heads were extremely misleading. Reportedly, all the POs and the LSOs spent tremendous time on a tedious process to cross checking and correcting lists before any interventions could begin.

*A lesson learned, also reported by POs and LSOs, was that a better route would have been to leave the identification of the poorest to the POs and LSOs locally (through PSC survey or participatory wealth ranking) with spot checks by PPAF to verify that the selection was appropriate.*

#### **4.4.2 Institutional capacity at program level**

*WBG and PPAF's implementation support strategy struggled to keep pace with the implementation challenges* of a large (in terms of finances, geographic spread, and diversity of program supply as well as targeted population demand) program like PPR, which resulted in some inefficiencies leading to poor eventual sustainability of interventions. This evaluation has many dimensions, but key are finance and allocation and design related.

- To start with, *in an integrated program one looks for integrated or gap-filling interventions.* Spreading interventions in a UC without taking a more interconnected approach negates the very purpose of PPR. So, one would provide the social mobilization, health, education, livelihoods, and infrastructure in a connected manner around a locale or around a 'group of lives/people' and to ensure sustainable poverty reduction outcomes. There are examples of mutually connected interventions (e.g., irrigation schemes and LEP assets distribution in line with new agricultural needs emerging from improve access to water). However this approach could be boarder and more consistent.
- *One size does not fit all.* Evaluation shows that the interventions in the results-based framework comprises majority of the interventions in all 38 UCs with little significant variation across them. Adding to that designs for these interventions, take CPI as an example, hardly varied to reflect local character and requirement. Coupled to this was the requirement/unwritten-but-enforced rule that a similar scheme in differing locales should cost about the same. All this resulted in absence of adaptation and innovations in delivery.
- Availability of funds per beneficiary and per locale/UC was used as the guide to support/provide interventions rather than *utilization of multi-criteria decision support models that supported bespoke and more impactful interventions.*

Resultingly, little encouragement, or support, was provide to the POs and the LSOs/VOs/COs to reallocate across components and UCs based on real and informed demand assessment.

Other institutional aspects of efficiency are covered in the following paragraphs:

- *Partners selection was a mix of traditional partners of PPAF (rural support organizations), and relatively smaller organizations selected through a due diligence process.* Partners' selection took place at the juncture of the WBG-GoP financed PPAF-III's conclusion and thus several POs were already engaged with PPAF with a rather large funding. Experience from PPAF shows that several smaller organizations have demonstrated comparable or even better results than larger partners. Therefore, PPAF tried to also encourage smaller partners, although the process for their selection may be transparent and based on selection criteria equally applicable on all contenders. This is a good intent and made a lot of sense for a multi-sectoral and a well thought out program like PPR

implemented in locations as challenging as border areas with peculiar contexts and socioeconomic conditions.

- *Smaller organizations in fact needed more support by PPAF to validate the intension of PPAF to also bring smaller organizations at par with their counterpart organizations with relatively larger coverage.* What was important in addition, however, was to invest in capacities of the smaller organizations and extend a rigorous oversight and mentoring (to all the POs) that they follow the core spirit of the PPR and inject their comparative advantages into the process. The evaluators observed that this did not happen and the monitoring visits from PPAF were not only standard visits across all partners (no differentiated support for different capacities among POs), but these were also inadequate and at times limited to certain weather conditions (less or none during harsh weather). PPAF's own institutional capacity on supervising PPR was without doubts adequate with good systems and procedures all around. Two caveats, however, need to be mentioned here:
- *PPR comprises assistance to communities in the specialized fields such as education, health, livelihoods-and-enterprise, and community infrastructure development. The partners selected for implementing interventions under these thematic areas are not specialized in everything and neither was the PPR unit in PPAF.* The required specialization was also not embedded in PPAF's PPR team that could technically monitor or mentor POs to implement solid interventions with required excellence in the field. This gap was also felt by POs. The result certainly is that a larger emphasis in the field appears to be on numbers and distributions and little on systemic change, quality, and long-term sustainability of the interventions—while also impacting coherence and connectedness of the PPR program, as mentioned in the last section. This detail will be further discussed in the chapter on sustainability.
- *A mirror side of this discussion is the need rationale for all these specialized areas of support.* Does every selected union council need all the interventions, or a focused support is better depending on the key driver of poverty in an area; This is important to prevent thin spreading of all interventions in all the areas as opposed to ensuring a single core emphasis based on ground realities and service gaps.
- *The verdict remained out on whether selecting smaller and non-traditional POs was the best approach for an integrated program like PPR – PPAF's core mission from its onset is to help develop grass-roots organizations including both community lead as well as local and regional and national level partners—in fact PPAF envisions and has managed to graduate a lot of local community and village level organizations to full PO status.* An integrated program like PPR required mature, established, and versatile POs to, help implement, and to improve the chances of better and sustainable program outcomes. PPR was launched right around the tether end of WBG's own-financed large PPAF III intervention; resultingly many of the traditional PPAF POs were already implementing and completing relatively sizeable portfolios—this also meant that in some rounds, traditional mature and large POs did not apply for PPR. This and WBG's guidance to improve competition in the selection of POs resulted in many new POs being competitively on-boarded for PPR. Some of these smaller and non-traditional POs were innovative and operationally sound during implementation. Though, their inability to sustain any linkages or networks or local presence post PPR implementation appears to be hindering LSOs/VOs/COs ability to sustain. Particularly when compared with those nurtured under the traditional larger POs implementing PPR. Smaller POs also tended to spread the work thinly across the UC resulting in the envisioned integrated impact not being evident to the evaluators.
- *POs felt highly frustrated with contract management process by PPAF.* POs were required to submit their workplans with budgets to PPAF and acquire approval. This is normal. What was not

normal was the instruction to the POs to acquire approval for every single activity with a workplan and budget. Once this approval was granted by PPAF, the activity could not be adapted to a new situation arriving at the PO level. For any adjustment, it needed a new approval. This kind of procedure triggered rampant delays in implementation of activities and increased workload of POs, particularly for the field staff who were supposed to be more in the field than on their desks.

In addition, it took away the ownership and accountability of the program from POs to PPAF. This procedure seems to be interpreted as PPAF's lack of trust in the partner organizations, which is difficult to report by the evaluation team since PPAF has rightfully earned reputation for empowering local processes and partners by inducing a trust-based relationship over decades on development cooperation.

The project was implemented in three contractual phases. Contractual management related delays were experienced in all these phases. The first phase for social mobilization was from March to July 2015 but actual work started in April and closed in June. The second phase was from July 2015 to March 2016 but there was a delay of 4 months in both the release of funds and the initiation of activities. The last phase was from April to September 2016, which also started in June. These delays resulted in discontinuation of activities at the field level, affecting quality, continuation, and consistency in field activities.

According to PPAF, release of funds to POs was correlated with the release of tranche from the donor, as is reflected from **Table 8**.

<b>Table 8: PPR funds tranches details</b>					
<b>Tranche</b>	<b>Request Date</b>	<b>Received Date</b>	<b>Tranche Amount</b>	<b>Slack Period (No. of Days)</b>	<b>Months</b>
<b>1</b>		12-Sep-13	10,000,000		
<b>2</b>	19-May-16	01-Sep-16	10,000,000	-105	<b>-3.50</b>
<b>3</b>	03-Feb-17	01-May-17	10,000,000	-87	<b>-2.90</b>
<b>4</b>	31-Oct-17	03-Jul-18	10,000,000	-245	<b>-8.17</b>

**Box 10****Example: SRSP - Contractual Delays in PPR- Challenges faced by SRSP in Project Implementation**

FGDS with LSO members in Union Council Drosh and SRSP staff revealed serious planning and operational gaps in the implementation of PPR. Devising and signing series of agreements/ extensions and procedural constraints including delays in funds transfers to the PO, audit procedures, and verification of statement of expenditures by PPAF prolonged implementation of PPR interventions. One of the briefing notes of PPAF shared with the PPR end-evaluation team shows that the program was initially designed for three years with effectiveness date starting from September 2013 and closing date September 2016. SRSP briefing notes show that after the pilot phase, PPR implementation were to be completed in 14 months starting from September 2015 to June 2016. However it took 59 months (nearly 5 year) with last revised closing date on December 31, 2021.

Five months pilot phase with focus on social mobilization component was initiated in April 2015 and ended in August 2015. The pilot phase rightly concentrated its focus on fostering new community institutions in the selected UCs and revitalization of existing community institutions including COs, VOs and LSOs. The matured community institutions had reviewed and revised their VDPs and UCDPs and completed needs assessment exercises with finalizing their priority interventions for potential funding under PPR. The supplementary agreement was signed and ended in nine months in June 2016. There were nine agreements including five supplementary agreements /extensions of the program with SRSP in KP program area. The five no-cost agreements /extensions of PPR added extra pressure on the financial resources of SRSP in the implementation of the PPR key components including LEP, CPI, Health and Education.

SRSP had also faced tremendous pressures from the community institution asking for funds to ensure timely initiation and completion of planned interventions, especially CPI construction so that local communities harvest perennial benefits from the common assets and services. In some case the stakeholders threatened SRSP to sue the organization for not providing timely technical and financial support in the implementation of planned interventions. Due to delays in completion of the interventions the district administration and political figures were putting pressure on SRSP staff for early initiation and completion of planned activities in the respective Union Councils in KP.

In KP, due to security situation in the newly established district Bajaur, the targets and allocations were shifted to Drosh Chitral and Dir upper and Lower, which required extra efforts and time in planning and implementation of the PPR program. An additional dimension was added due to Covid-19 pandemic; eleven months dormant period from July 2019 to May 2020 impacted implementation of the PPR in the field. **Table 9** below reflects different phases and timeline of PPR, implemented by SRSP in the province of Khyber Pakhtunkhwa.

**Table 9 Example of SRSP – Phases and timelines of PPR implementation**

PPR implementation Phases	Timeline	Component/ deliverables	Reasons
Pilot phase	5 months: April 2015 to August 2015	Social mobilization (SM): formation and revitalization of community institutions	
Supplementary agreement with operational cost	10 months: September 2015 to June 2016	Completion of key of activities: SM, LEP, CPI, health and education	
First supplementary agreement without operational cost	3 months: July 2016 to September 2016	Achieve the remaining targets of LEP, CPI, health, and education	
Second supplementary agreement without additional operational cost due to delay in funding	11 months: October 2016 to September 2017	Achieve remaining targets of SM, LEP, CPI, health and education	Delays in funding
Third supplementary agreement without additional operational cost due to delays in funding	9months: October 2017 to June 2018	Achieve remaining targets of SM, LEP, CPI, health and education	Delays in funding

Fourth supplementary agreement without paying additional operational cost	2 months: July 2018 to September 5, 2018,	Achieve remaining targets of SM, LEP, CPI, health and education	Delays in funding
Fifth supplementary agreement without paying additional operational cost	September 6, 2018, to March 2019	Achieve remaining targets of SM, LEP, CPI, health and education	Delays in funding
PPR second phase financing agreement	9 months: October 2018 to June 2019	Achieve remaining targets of LEP, CPI, health and education	Funds were released only for olive plantation
Dormant period	July 2019, to May 2020	Covid-19	
PPR grant agreement: Output based additional support	8 months: June 2020 to March 20, 2021,	Achieve remaining targets of SM, LEP, CPI, health and education	

#### 4.4.3 Institutional capacity at individual partners' level

This section contains a brief introduction and an assessment of each sampled PO based on various indicators explained later in the sections. The evaluators strongly emphasize that this assessment is not meant to judge Partner Organizations – but to demonstrate an approach towards the process that must accompany selection of partners critically assessing program's areas. This assessment has been conducted through the **Partner Organizations (POs) Capacity Assessment Tool**.

*'Institutional capacity is defined as the quality of leadership, incentives, systems, resources, and personnel that produce results based on the missions, goals, and objectives of the institution. It refers to both the organization as reflected by the institution's public mandate, legitimacy, resources, and systems and the human capacity reflected by the motivation, status, technical and managerial skills of its leaders and staff.'*<sup>74</sup>

Globally, non-government organizations (NGOs) and community service organizations (CSOs) are assessed for their institutional level capacity to identify the scope and relevance of work of such organizations with their vision, goals, and intended objectives. This practice also involves an analysis of their governance structure, management policies, project portfolios and networking with other public/private sector organizations, foundations, donors, and firms. Together, this exercise helps in the identification of an NGO's/CSO's expertise, the level of effort practiced attaining its mandate, and helps in the discovery of institutional level gaps, strengths, and challenges to an organization.

PPR worked in collaboration with PPAF and with multiple third-party POs that assisted in the design and implementation of PPR's projects. The delivery and operation of these projects ultimately relies upon the capacity of POs (as they are also responsible for forming and strengthening the community institutions). It is imperative to ensure that POs can offer long-term and sustainable support whereby they have the necessary resources, management systems, core expertise, and leadership qualities to be specialized in their respective areas of operation with sufficient networks.

PO Capacity Assessment Tool is an institutional capacity assessment matrix that has been formulated for this evaluation project<sup>75</sup>. The matrix is developed using a group of capacity assessment macro indicators, each assigned with a pre-defined weights depending upon significance. The macro indicators are then broken down into micro indicators for a detailed assessment and scoring of POs. This scoring for micro indicators is done using varying numerical scales, where the largest range of

74 Adapted from USAID (2009) HICD Policy Paper and Fast Track Initiative (2008) Guidelines for Capacity Development in Education Sector.

75 An earlier draft outline of this approach was earlier developed for PPAF in 2016 by the team/Reenergia

scores is 1-5 and the smallest range is 1-2. Once all scores have been assigned, based upon review of the data collected of POs from findings of desk and primary research combined, all micro indicator scores are divided by the linked macro indicator weight to calculate the final weighted scores for each PO against the macro indicators.

**The macro indicators, with their associated micro indicators of the PO Capacity Assessment Tool are given below with their descriptions.**

**1. Founding Core Functions (Weight 5)** defined as one or more humanitarian, environmental, socioeconomic, or other potential causes that encompass the main areas of work for the PO since its inception. Ideally, the core functions of an organization should sustain themselves and rarely changed so that over the period, the organization can mature its methodology and approach in performing its core functions by amassing relevant experiences and learnings. For this, we have selected the core functions that are completely or partially covered by PPR. For the scoring scale each micro-indicator has been marked as either 0 or 1 and finally scores of each micro indicator are added to get a final score for founding core of each PO.

- a. Social Mobilization
- b. Livelihood enhancement and protection
- c. Construction and improvement of small-scale community infrastructure
- d. Supporting basic health and educational services
- e. Microfinancing
- f. Water and sanitation
- g. Disaster Risk Reduction, Management, and Environmental Protection
- h. Others (1)

**Indicator Criteria:** *Is the PO working in the core functions defined in its foundational stage or is it currently working in areas that lie beyond its immediate domain?*

**2. Leadership (Weight 10)** at the managerial level is a vital asset for POs as it ensures that the PO is being led strategically to pursue long term and sustained success in achieving the intended objectives. Strong leaders display capabilities to act proactively, anticipating opportunities, risks, and challenges and can be efficient in the optimum use of the PO's resources to meet targets. Having a strong leadership also provides motivation to members of the organization as well as brings a level of accountability within the organization. For the PO Capacity Assessment Tool, the **micro indicators** are given a score depending upon the significance of the leadership type.

- a. International or Nationally Renowned Figure (5)
- b. Renowned Development Sector Expert (4)
- c. Good and Effective Manager (3)
- d. Others (2)

**Indicator Criteria:** *Are the top managerial personnel (CEO, Operational Head) internally or nationally recognized social figure, development expert, or exhibits good managerial practices?*

**3. PO Portfolio (Weight 10)** refers to the magnitude and consistency of the portfolio, which can be measured through number of projects, budget, impact, or companies engaged. Networking for collaborations and partnerships is a key element for any PO in order to acquire necessary financial resources in a reliable and timely order, to sustain current operations and explore expansion opportunities. For this PO Capacity Assessment Tool, we have reviewed the donor linkages for POs, keeping aside PPR as it exists as a donor for all mentioned POs:

- A. Portfolio Size over the last three to five years** (choose the bracket which shows certain degree of consistency)
- a. 400 and above (5)
  - b. 300-400 (4)
  - c. 100-300 (3)
  - d. 50-100 (2)
  - e. 10-50 (1)
- B. Number of Active Donors**
- a. More than 10 Donors Organizations (5)
  - b. 7-10 Donors Organizations (4)
  - c. 4-7 Donor Organizations (3)
  - d. 1-3 Donor Organizations (2)
- C. Internal Financial resources**
- a. Yes (1)
  - b. No (0)

**Indicator Criteria:** *How many donors, excluding PPR, does the PO have? What is the portfolio size of the Po and what is the capacity of PO to survive without a donor fund?*

- 4. Sector Spread (Weight 10)** – Although it is encouraged for organizations to have portfolio diversification, it is also important to analyze the level of presence and specialization an organization has in a given sector of work. We have selected the sectors that PPR is working in, although some of the sectors are more relevant to PPR than the others. For the scoring scale of each **micro-indicator** has been assigned if the PO is working in the sector and has been assigned otherwise. Finally, the scores are added to get a final score for Sector Spread of each PO.
- a. Social Mobilization
  - b. Livelihood enhancement and protection
  - c. Construction and improvement of small-scale community infrastructure
  - d. Supporting basic health and educational services
  - e. Microfinancing
  - f. Water and sanitation
  - g. Disaster Risk Reduction, Management, and Environmental Protection
  - h. Others

**Indicator Criteria:** *Assessed by the number of projects present in these sectors by the PO.*

- 5. Governance (Weight 10)** – For sustainability in any organization’s long-term operation, it is important to analyze the governance structure and ways of practicing administrative procedures on a regular basis. The governance structure consists up of the set of policies, organs, distribution of roles and responsibilities, compliances, documentations, and monitoring and evaluations that a PO has in place to ensure smooth and accountable functioning of the organization. We have analyzed governance in terms of some key micro indicators, giving each indicator a varying scoring scale where the score is given to reflect the importance of each option.
- a. Registration (5: Certificate is under Section 42 of the Companies Ordinance, 4: Societies Act 1984, Voluntary Act/ Court Registration: 3: all others)
  - b. Board Meeting (4: Quarterly, 3: Half Yearly, 0: No meetings)
  - c. External Audit (4: QCR Rated Firm, 0: Non-QCR Rated Firm)

- d. Compliances/Policy Documents (1 for each policy if the PO has the following policies, Gender Policy, Human Resources Development, Policy, Procurement Policy, Social and Environment Policy, Publication of Annual Reports Policy, General Compliance Policy)
- e. Management Structure (Senior Management Staff, Sector Experts and Support Staff)

**Indicator Criteria:** *Assessed by the information provided on the presence or absence of each governance instrument.*

**6. Geographic Coverage (Weight 10)** – Generally, most organizations start in specialized areas of focus, however, gradually some of these organizations are able to scale up and expand their operations beyond their immediate area of operation. For this PO Assessment Tool, we have looked at four geographical levels and the scores of 0 and 1 is assigned depending upon the presence of PO at each level and finally adding scores to get a final score:

- a. National coverage
- b. Provincial coverage
- c. District Level coverage
- d. UC level Coverage

**Indicator Criteria:** *The presence of POs based upon their network of projects and offices.*

**7. Presence of PO (0/1):** The sustainability of the interventions is dependent upon the presence of PO in the area pre and post PPR and the level of follow ups that PO has maintained with CIs post implementing the program. Each **micro indicator** is marked as 0 or 1 and finally the score of each micro indicator is added to compute a final score for the Presence of PO.

1. POs presence in the program is pre-PPR
2. POs presence in the program is post-PPR
3. Post PPR follow up/ networking

**Indicator Criteria: Presence of PO in the program area.**

**8. Program Performance (Weight 10)** – Gauging program performance is essential to understand the progress achieved by the program implemented. This process allows us to identify strengths and weaknesses within the organization by looking at achievements and performance gaps. Data for analyzing the performance of each PO was obtained from analyzing the achievements made by the POs in the context of the targets set by PPR.

- a. Satisfactory achievement of targets (5)
- b. Moderately satisfactory achievement of targets (3)
- c. Unsatisfactory performance (1)

**Indicator Criteria:** *Performance rating relative to PPR achievements?*

### **Results of the POs Capacity Assessment Tool**

Based upon the evaluation of 7 POs by reviewing primary and secondary data for each of the micro indicators listed above, the overall weighted scores for each macro indicator were calculated. These give an analysis of the performance of each PO against the specific macro indicators. Finally, adding up all weighted scores against each macro indicator gives the combined total score to each PO, which is used to rank the POs according to their evaluated capacity assessment.

- NRSP obtained the highest overall rank (2.74) as well as the highest scores for many of the 8 macro indicators. This endorses NRSP’s claim that it is Pakistan’s largest rural support program with the most diverse project portfolio, geographical presence and influence and found to be closely aligned to PPR’s core principles.
- SRSP and BRSP ranked second and third with scores 2.49 of and 2.48 respectively. These are also well-established rural support program organizations within provinces which can manage themselves within the provincial contexts and that fit well to PPR’s general mandate.
- AKRSP is 2.32 which operates within its ethnocentric niche and is a lead RSP with its history and fits well with PPR objectives.
- The comparatively smaller POs including EPS (1.48) is a consistent geographically present organization of a limited size and with potential to sustain its thematic fit with PPR.
- BRAC (1.42) and CERD (1.05) are the lowest ranked POs primarily because of operating outside their geographical domain and maintaining minimal or no presence in program area post implementation of PPR activities.

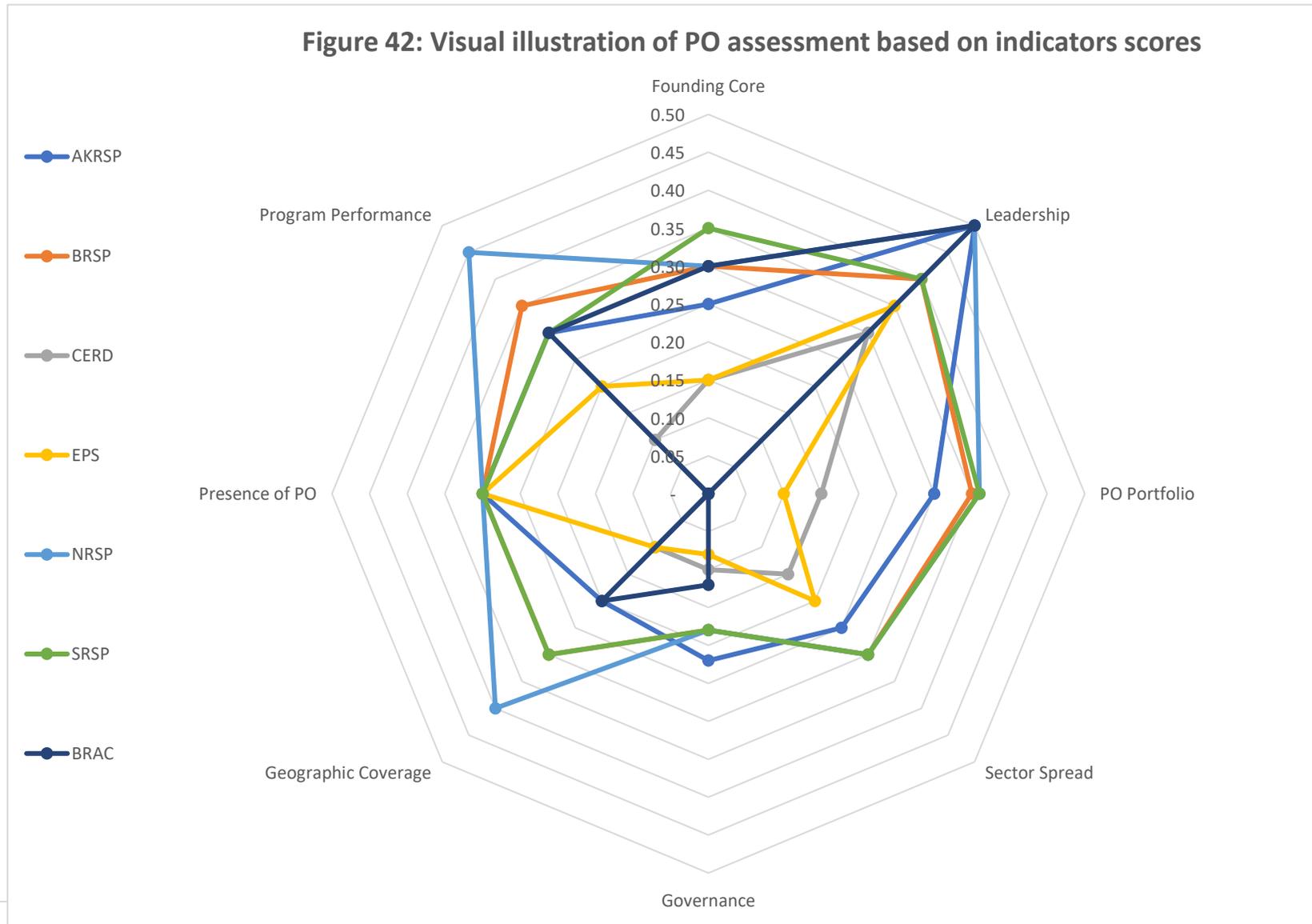
**Figure 42** shows the graphical representation of the POs assessment.

**Table 10** shows the score of each PO against each indicator.

**Table 10 Results of POs’ capacity assessment tool**

Name of PO & rank	Founding Core	Leadership	PO Portfolio	Sector Spread	Governance	Geographic Coverage	Presence of PO	Program Performance	Total Weighted Score
<b>AKRSP (4)</b>	0.25	0.50	0.30	0.25	0.22	0.20	0.30	0.30	2.32
<b>BRSP (3)</b>	0.30	0.40	0.35	0.30	0.18	0.30	0.30	0.35	2.48
<b>CERD (7)</b>	0.15	0.30	0.15	0.15	0.10	0.10	-	0.10	1.05
<b>EPS (5)</b>	0.15	0.35	0.10	0.20	0.08	0.10	0.30	0.20	1.48
<b>NRSP (1)</b>	0.30	0.50	0.36	0.30	0.18	0.40	0.30	0.45	2.79
<b>SRSP (2)</b>	0.35	0.40	0.36	0.30	0.18	0.30	0.30	0.30	2.49
<b>BRAC (6)</b>	0.30	0.50	-	-	0.12	0.20	-	0.30	1.42

**Figure 42: Visual illustration of PO assessment based on indicators scores**



*On similar lines, it is important to analyse LSOs since immense resources have gone in these organizations. The indicators need to be different to also assess their internal democracy, inclusion, participatory decision making and transparency of decision. After all, a lot of resources of projects and programs are spent through them or at least are decided through them. The evaluation team feels that the LSOs are fast slipping into indispensability and taking the projects attention away from the very core of grassroots development and beneficiaries from where they have ascended.*

Nearly two-third of the LSOs answered that their constituted households have contributed an amount for organizing meetings (VO/LSO), office management, as well as for contributing in PPR interventions. This is a good sign. They receive member's contribution in cash or kind. Around half the LSOs (50%) have been making their contribution in cash while 75% of them have been doing that both in cash and kind. More of such indicators are needed to assess that their connectivity with the households is active and the office bearers do not turn into development elites to decide where the resources will flow (a decades old concern from development actors which led to the genesis of community-based institutions to overcome power brokers).

#### **4.4.4 Risks and challenges and adaptive programming**

##### **a. Security issues**

PPR has operated in a broad spectrum of geography including border areas subject to cross-border tensions and violence from time to time. Most notably in case of BRSP, these issues were highly significant, especially in Killa Abdullah (2016-18). In case of Bajaur, SRSP could not acquire NOC in time and thus could not continue the project in the district. The project was then relocated to southern Chitral.

##### **b. The matter with Poverty Scorecard**

As explained earlier, the PSC survey performed by a third party created problems for the POs and communities involved. A lot of time was lost in overcoming the problem, also involving PPAF's backup strategy to use alternate means to identify target beneficiaries.

##### **c. Anti-Money Laundering and Countering Terror Financing Act 2010 (amended 2020)**

This policy regime under the global Financial Action Task Force (FATF) had indirect effects on local NGOs and community institutions (LSOs, VOs). Thousands of bank accounts of these institutions were frozen and fresh registrations were asked in compliance with the Act. As a consequence, financial transfers to community institutions for executing local projects became highly challenging. This not only slowed down the implementation process, it also affected the PPR's aim to empower community institutions by financial decentralisation.

##### **d. COVID-19s Impact on Social Mobilization**

An overwhelming majority (90%) of the LSOs and their respective communities experienced a setback of discontinued meetings due to lock down and restrained mobility. Around the same percentage thinks that people were economically stressed, and the daily wagers suffered from the disruption of their livelihood. The LSO representatives shared some assistance arriving as social safety net and LSO actively facilitated the distribution of relief package of the provincial government. During 2020 and 2021, certain COs/VOs and LSOs training were abandoned such as proposal writing, and resource mobilization and some exposure visits were also discarded.

#### **4.4.5 Finance and procurement [at PO, VO/CO, and LSO level]**

*PPR's community-based procurement approaches ensured community ownership and transparency, though defining products and services standards emerged as a challenge – For PPR, community-based procurement*

mechanism was an essential component of the program’s partnership with local people and beneficiaries in the target UCs. The process remained decentralized at the grass-roots level which empowered local level organizations and demonstrated cost-effectiveness.

An area requiring improvement that emerged during the evaluation relates to improving definition of the product standard (or service standard, as applicable) and modifying the applicable approaches accordingly. An example is the definition of a fixed ceiling of 50,000PKR/beneficiary with a diverse palate of transferable assets which forces inappropriate standards’ choices in certain cases—more on this later. We will elaborate this further after explaining the typical procurement processes.

The evaluation team found the following typical procurement process applicable in most cases, taking CPI as an example.

The cost estimates (usually in the form of a bills-of-quantities) of the project(s) were prepared by the respective PO’s field engineer and checked by the district or program or head-office engineers and sent to PPAF. The cost estimates typically consisted of a summary breakdown which include cost of labor and cost of materials, equipment. Once PPAF approved the CO/VO/LSO level project(s), the concerned PO staff conducted a dialogue with the CO/VO/LSO (as applicable, and, in the village/locale) and explained the specifications, costs, timeline and role and responsibilities of the community and the PO in the procurement and implementation of the project(s), including monitoring of the physical and financial progress.

The POs facilitated the community in the formation of implementation committee, and it usually consisted of four to five members from the CO/VO/LSO. This implementation committee members were mutually nominated by concerned CO/VO and consisted of knowledgeable<sup>76</sup> people from within the concerned community/locale. This committee was responsible for preparing work plans which include mobilizing labor including skilled and unskilled labor and procurement of construction materials.

In the case of health and education interventions, concerned LSO board members/staff and one of the staff members of PO along with officials of government health and education were members of the procurement

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#### Box 11

##### Procurement for CPI

Based on the guidelines of PPAF it is preconditions for COs and VOs to foster different committees for planning construction of small physical infrastructures which included the following:

- Implementation committee incl. procurement supervision
- Audit committee
- Operation and maintenance committee

The implementation committee nominates knowledge VO/CO members for a sub-committee for procurement tasks. The PO engineer explains details of materials and specifications to the procurement committee and provides copy of the cost estimates and relevant drawing and designs to the CO/VO. The procurement process included the following:

- Nomination of procurement committee (3-5 members) through resolution from VO/CO members
- Quotations (notices in local newspaper for large amount)
- Collecting quotation
- Comparative statements
- Bid evaluations
- Negotiations
- Offer letter to vendor(s) lowest quotation
- Work order
- Delivery of materials
- Payments to vendor/s on receiving materials.

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In the case of CPIs, the procurement committee are members of the COs and VOs but to ensure procurement of quality materials, PO engineer and other relevant staff provides facilitation on technical matters.

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<sup>76</sup> Knowledgeable – this implied many things, e.g., knowledge of the particular service or product being procured, or simply knowledgeable about market rates and availability of concerned services or products, and so on.

committee. For example, in Drosh UC, medical superintendent, a doctor, LSO Chairman, and concerned PO engineer were members of the procurement committee. Similarly, in the same UC, in the case of education interventions the concerned education officer, staff of the school, one staff member of the PO and LSO board, respectively, were nominated members of the procurement committee.

#### 4.4.6 Payments

Since the inception of PPR, after receiving payments from PPAF, POs typically made payments in three instalments to VOs/COs/LSOs for labor, construction materials, equipment, and other supplies through Bank cheques. This changed during the last years of PPR (2020-2021), when, the payments were made in two installments and POs typically paid vendors and even laborers through easy paisa, which was a great breakthrough in ensuring transparency. This attempt at improving transparency and at improving financial inclusion was however not without its 'growing pains.' Financial illiteracy, absence of self-registered mobiles' SIMS, faded fingerprints and more, contributed to these, but were steadily overcome by the PO through education and learning.

PPR payments to beneficiaries and projects at the CO/VO/LSO and beneficiary levels were also impacted by the progressive impositions of revised, and often blanket, regulations supposedly catering to FATF compliance. Especially in the Afghanistan bordering districts it became next to impossible to open bank accounts by VOs/COs/LSOs, and in some cases even existing bank accounts were closed. PPAF and POs worked towards resolving the resulting payments issues but delays in payments to VOs/COs/LSOs were substantial, and therefore projects and interventions' completions were delayed. This also resulted in certain non-preferred modalities for CDD operations such as PPR, including but not limited to opening VOs/COs/LSOs bank accounts in the name of two or few members—very risky and setting a poor precedent.

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#### Box 12

##### Payments to PO

In the case of SRSP, the first instalment cheque (30 percent) of the total cost of CPI were paid in the partnership dialogue (within RSP it is called third dialogue) in front of the beneficiaries' members of the CPI. The second instalment (40%) have been paid after completion of 30 percent physical work and after verification of the work done by the VO/CO members and the concerned engineer and the SO (social organizer). The final instalment was paid after the project was completed and the VO/CO/ LSO had presented the expenditure statement to the meeting of VO/CO /LSO and the community had formed an operation and maintenance committee to ensure sustainability of the completed project which is the obligation of the local community.

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#### 4.4.7 Fund releases

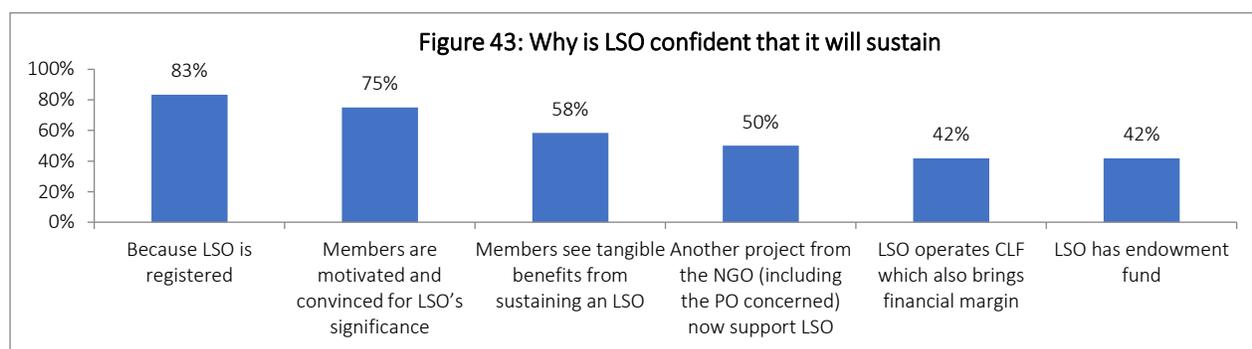
As reported by partner organizations' staff that PPR program cost was paid to all POs in a number of instalment and with long delay (approximately 3 to 4 months). Owing to this, it not only affected the efficiency of the ongoing schemes but also the quality of the scheme was compromised. In this regard, the matter was discussed with all LSOs who also stated that technical laborers and masons were often hired from town but with the abrupt break in middle of scheme, the construction work was halted due to budget constraints and late funds releasing by PPAF. This has rendered a lot of inefficiencies in infrastructure work.

## 4.5. SUSTAINABILITY

### 4.5.1 Community based institutions

**60% of the community institutions believes that the COs, VOs and WCI will sustain, once PPR disengages.** Over 58% community institutions were holding their monthly meetings and 35% CPIs were being maintained by their operation and maintenance committees. The drinking water supply and irrigation schemes maintenance was very dominant among other schemes. However, the sanitation schemes, flood protection works, and culverts were not maintained. Overall, 57% schemes are well maintained.

**A clear majority of 91% of the respondents believes that LSOs will sustain after PPRs support is over.** They draw this confidence from the fact that they are registered as a legal entity, their self-motivation and tangible benefits generated by LSO will maintain them, more projects will come to them, and they have funds to run a micro-credit program (Figure 43).



Overall, 87% of the respondents referred to the management training which will remain with them as an asset. 90% of the LSOs also express confidence that their linkages with the government line departments have improved. 67% LSOs however are concerned that their linkages with private sector have been a low priority during PPR. 83% LSOs believe that being registered provides them a sustained foundation to continue in the future.

Most of the community institution have prepared Village and UC Development Plans. Community conflicts are brought to the LSOs for resolution, many of those conflicts were resolved by the LSOs. Most of the LSOs collect cash contribution from the member organizations, and the contributions were used for LEP and CPI and non on health, education, nutrition, and any other self-help initiative.

*On an average, in the UCs, where the LSOs operate have 14 villages and 3000 households. This means that the LSOs cater for a sizeable population – around 15000 assuming an average of 5 members/household. The LSOs may influence choice of development projects implemented in their area since they also have some influence on local politics. This, because the LSO representatives are generally educated and relatively influential members of their area. Having said this, while there is a lot of emphasis on acquiring membership from PSC groups 0-18 and 0-23 (75% in case of PPR), they are not the ones who are reaching LSOs executive bodies. This only showcases that main cause for which the three-tier social mobilisation process was driven (prevent elite capture of development benefits) may be questioned if the LSOs do not act properly for their constituencies.*

**Women organizations** are federating members of the LSOs in all the 12 LSOs studied. Though few in numbers, women also hold positions in 50% of the sampled LSO structures. In southern Balochistan women and men COs hold joint meeting whereas in the northern Balochistan and KP, separate meetings are held except in Ayun UC in Chitral. Women in southern Balochistan seem to have relatively greater influence on the LSO

decision making when compared to the northern Baluchistan and KP. This could also be driven by the traditional matriarchal society in Kech region which dominates southern Balochistan. Inclusion of women in LSO leadership has been pushed by PPR and other development projects. In the absence of such support, and with the assumption that the LSO may take greater roles in development of their area which would necessitate greater contributing in public space may result in reducing women representation in LSO leadership especially in north Balochistan and KP except Chitral.

Most of the LSOs are still active after phasing out of PPR, indicating a degree of sustainability of the LSOs if they are judged on the basis of their continuation/existence as LSO. In areas where development agencies are implementing projects, the LSOs meet frequently, LSOs Ayun in Chitral, KP is a good example of organizing frequent meetings but in other areas they mostly meet on needs basis, e.g., the LSOs in Winder and Sakran in southern Balochistan.

#### **4.5.2 Livelihood Enhancement and Protection**

Most the beneficiaries of the productive assets were the poorest (PSC 0-18, 89%) and poor (0-23, 11%). 42% assets beneficiaries continue to earn 32% higher income for their families. This indicates that the productive assets provided have been useful so far.

Out of the total trained in enterprise development, 57% reported being self-employed and 16% reported as employed by others. Most of the self-employed are women who received shops as enterprises followed by livestock and agricultural inputs.

Observation in the field indicate that those employed with others will have a more sustainable source of income compared to the self-employed because those employed with other work for successful enterprises. Most self-employed are shop owner women.

Very few shops will sustain longer, some shops have already closed, COVID-19 had much to do with this. In a way the pandemic provided an immediate and at times simultaneous resilience and adaptation test of these enterprises. Some of the goods were consumed at home and some was taken on credit which is a normal practice in rural areas. Design of these enterprises at appraisal, in hindsight, could have included a provision for running capital, as there was not enough running capital left to re-stock shops and sustain such enterprises in the long run.

In some areas the shops were closed when people had to migrate due to drought (Balochistan).

Some beneficiaries however reported success and have increased stock in the shops. Compared to women-focused shops, the tuck shops were considered more sustainable. It is because children mostly shop at the tuck shops, and they pay cash compared to the women-focused shops where goods are also taken on credit. Rs. 50,000 is not enough to establish a shop business in conditions where the household consume from the shop, uses cash to buy necessities and obliged to sell goods on credit to some buyers. In addition, the amount became increasingly insufficient in few of increasing inflation on the rise since the inception of the project.

*Service oriented enterprises are most successful because these services have a market and in high demand and people pay cash to avail these services.* Most successful examples are transport (Rikshaws), followed by other machinery. Livestock beneficiaries provide mixed results. In areas with relatively enough fodder available for free grazing (e.g., Winder and Sakran in southern Balochistan) the livestock number have increased compared to the dry and drought prone Chaman in Balochistan where fodder is scarce. In Swat the beneficiaries pay PKR 10,000 for a season to the landlord for free grazing and purchase fodder for stall feeding during the off season. The income from livestock therefore will not be enough to sustain livestock as an enterprise. Household nutrition however has improved and will benefit the household as long as the beneficiaries can sustain the

livestock provided. Increasing livestock number to be a successful livestock entrepreneur is not an option for many landless beneficiaries with no prior experience in this business.

The LEP interventions appear to have been designed as one-size-fits-all. An example of this is the distribution of livestock and shops both for the dry and drought prone northern Balochistan and land scarce Swat with the assumption that farming livestock is an option for the poorest. While livestock rearing is a common source of livelihoods especially for the poor, intervention would have been more sustainable if be-spoke designs were considered in terms of availability of fodder, opportunities for free grazing livestock and market linkages. Although training on enterprise development was part of the package, other unfavourable conditions (e.g., lack of experience and skills to manage enterprises, pressing household needs to consume stock for food, lack of market linkages) will make the enterprises, mainly shops and livestock unsustainable. It is however worth to note that at the time of the interventions these apparently benefited the poor as most of them were in dire need of support. The beneficiaries were happy to receive support and would welcome another project to extend the same support.

### 4.5.3 Community Physical Infrastructure

**Managing innovation:** PPR supported Government Primary School in village Sewegalai UC Kuz Abakel in Swat district with a solar unit for lighting. Other support included provision of missing facilities such as floor mates, fixing grills around the veranda and improved windows. The school has 258 students including 93 girls. The solar unit was found nonfunctional and fully damaged due to windstorm. It was the responsibility of the school management to ensure smooth operation and maintenance of school assets. The school management however did not rehabilitate the solar unit as they could not find any details about the company/ vendor who installed it in the school, nor had the budget to do so. The lesson from the nonfunctional solar unit reveals that in future any similar innovative activity must follow an assessment of credible service providers within the reach of end users and linked with the beneficiaries, in addition to ensuring enhancement of operation and maintenance budget by the local-provincial government institutions.

**Lack of operation & maintenance:** The percentage of operational schemes suggests that operation and maintenance committees were not systematically established, and training was not included in scheme establishment detail.

### 4.5.4 Health and Education

**Non-functional Community Dispensary:** PPR supported a community dispensary in Koto in Lower Dir UC where no other health facility is available in the vicinity. During PPR, medicine was provided in the OPD, toilets and a waiting room for patients were built and boundary wall was repaired. Furniture and instruments for labour room (i.e., D&C sets, delivery table etc.) were provided. Two staff including one LHV and one Medical Technician (MT) were also provided. After PPR support ended, the labour room is non-functional because no trained staff is posted. The post of Medical Officer is vacant for a long time. MT is in-charge of the facility. An

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#### Box 13

##### LSO CVMP – Leading in UC Kuz Abakhel

The UC of Kuz Abakhel is a disaster-prone region, especially floods and landslides. In response to this, the locally based LSO, which named itself as Cooperative Vision Multi Purposes (CVMP), has been actively engaged in developing extensive linkages with different local donor organizations for efforts of disaster preparedness and disaster response. These donor linkages combined with collaborations with relevant government departments have enabled CVMP to install two solar water uplift projects with funds received from the local elected public office holders, including the MNA and MPA. CVMP also received 4.8 million PKR as a funding grant from the Australian Aid to build two tube wells for irrigation purposes.

incinerator for waste was built but it is now non-functional. The dispensary was made functional in January 2016 and became non-functional at the end of 2016 due to unavailability of funds.

**Community health centers not successful:** PPR contributed significantly for investing in government built and managed BHUs and rural health centers (RHCs) where it led to an improvement in the supporting infrastructure, such as clinics, and biomedical equipment. The government health department needs to be followed up for a continuous funding for repair and maintenances so that the facilities are sustainable and the objectives of PPR's investment are fully achieved. Overall, health sector interventions through community health centers were not sustainable because after the PPR's the facilities did not continue.

Community Dispensary Khushab District Pishin was established by PPR by constructing a new building which was later converted to BHU which provided services for about 8-10 months. During this period PPR provided resources for medicines and staff salaries. After PPR the BHU stopped functioning as no resources were available for medicine and salaries. The community allowed a poor family to live in BHU for free till the BHU is made functional.

Community Dispensary Koto in Lower Dir was strengthened by PPR by providing resources for medicine, instruments for labour room (i.e., D&C sets, delivery table etc.), furniture, and constructing toilets, waiting room and repair of boundary wall. Salaries for a LHV and a Medical Technician (MT) was also provided. After PPR support ended, there were no resources to run the facility. An incinerator for waste was built which is now non-functional. The facility was made functional in January 2016 and became non-functional at the end of 2016. The post of Medical Officer is vacant for a long time. MT is in-charge of the facility.

Most of activities in health and education implemented by PPR with focus on improving government facilities are functional (BHUs, schools). Activities that were left for LSOs to support after PPR generally did not survive (e.g., social enterprise schools, basic health facility centres). This indicates that the LSOs have not been able to link such initiatives with the resources that may sustain such services.

**Root cause of enrolment issues not understood:** An experience In Government Girls' High School Murda Karez, UC Purana Chaman District Killa Abdullah was quite eye opening. The washrooms constructed under PPR were not functional instead the school furniture and stationery were dumped over there. However, an even more important and revealing was the discussion with the new incumbent principal. She strongly argued that the enrolment issue is not just associated with toilets for girls in a society where open defecation is just normal. It is the overall governance of school that needs a strong reboot. One example of mismanagement she faced was six qualified teachers not coming to work and have appointed low qualified girls as their replacement. She cannot alone break this status quo. Computer provided in this schools are not being used and found under heavy dust as the school have no human resources to use and maintain these computers.

In Birir Kalash valley where the LSO (Ayun Valley Development Program) responded to the needs of the students in a coeducation school by establishing a computer lab. The school has 327 students including 161 girls and 17 teachers. The school was provided 16 computers and an overhead projector. Four computers are currently out of order. Since the school has no mechanism for repair and upgradation, the remaining computers may eventually degrade.

**PPR investments in health awareness sessions have an impact** on nutrition, breastfeeding, handwashing, women reproductive health, prevention of anemia, basic health and hygiene were seen as a positive breakthrough. Sustainability of these practices will depend on resource availability to continue awareness campaigns to bring consistent behavior changes. An example is a health facility established with the support from PPR in a private house in Qala Gai union council Koto, district Lower Dir. The village has around 200 households. The facility was closed after PPR ended and no support was available to run the facility including salary for a doctor. Instead of letting them rot, the equipment was given to a nearby private clinic.

#### **4.5.5 Knowledge management, capitalisation, and learning**

Our inquiry on knowledge management and capitalization suggests that there have been limited opportunities among POs to learn from each other. There have been events where PPAF has gathered partners in the workshops and deliberate on different topics. Under the untied component, PPR **multimedia products have been developed** with several deliverables such as PPR Brochure in different languages, one video documentary, six short videos for specific interventions, six photo stories and six podcasts (audio stories) for wider dissemination.

The evaluation mission also takes notes of a highly important intervention **for developing sustainability strategy and liaison** support for PPR by an Italian expert Dr. Marco Marchetti. This included **harmonization, rationalization and streamlining** of PPR activities, connections, and visibility initiatives with provision of technical guidance in the international procurement process and other interventions under untied funds.

In addition, it may be worthwhile conducting a thorough **analysis of program approaches** for different program components, project implementation and institutional sustainability in a workshop environment among all stakeholders. We recommend a capitalization of experiences where all voices are heard, approaches discussed a future way out for similar programs is sorted out. This is to benefit from rich experiences PPR has generated.

#### **4.5.6 Overall program sustainability of results and upscaling potential**

1. Overall, the program is considered **sustainable as community institutions and community infrastructure will sustain** in most cases. Upscaling of LEP activities for a larger economic development however may need a major re-designing of the LEP approach.
2. From the intervention it is not clear what the overall approach was. Was it poverty reduction through promotion of enterprises and growth (local economic development) or one time help for the poorest a safety net approach)? While the poorest have benefited from the PPR interventions, **most will not be able to develop sustainable enterprises**.
3. Poverty Score Card has been used to identify poor. This assessment may be left to the local actors (LSO, PO) for a better authenticity. **People move in and out of poverty because poverty is a dynamic process**. One critical event may change things for the poor. Therefore, poverty reduction needs to be distinguished from addressing drivers of poverty and addressing symptom.
4. **Fund management process** needs to be rethought out to improve efficiency
5. In multi-sectoral programs like PPR, it is important to **engage specialised partners for thematic excellence for long lasting impact** and propel institutionalised changes.
6. **No formal institutional partnerships** were propelled in PPR. It is important to build an understanding with government and private sector
7. **Internal coherence among components** and within PO is necessary. At times two programs run by the same PO do not articulate with each other.

## 5 Conclusion

1. **All targets have been achieved** as reflected in the evaluated indicators, despite external challenges including COVID-19 pandemic, inflation and natural shocks. All the PPR components have clearly surpassed all target numbers and created a welcome impact in the selected union councils.
2. Poverty targeting has **remained successful** despite all the challenges. Interim poverty reduction, however, needs to be distinguished from addressing drivers of poverty and addressing symptoms.
3. LSO, VO, and COs considered that the **poorest benefited from distribution of productive assets**. LSO, VO, and COs were satisfied with the final targeting (identification of poorest).
4. The **trickle down of benefits to the women has been noticeable**, direct, and evident, even though there has been less success in achieving leadership numbers for women in community institutions.
5. Health, and to some extent education, **agreed mutual support with government owned facilities**, other components have hardly engaged relevant linkages for enhancing impact of investment.
6. Public health facilities are sustaining and providing services. **Beneficiaries are satisfied with services rendered** to them. However, community-based health facilities established by the program were not able to sustain services after the PPR recurrent-budget support was over.
7. Tremendous **delay in fund transfer to POs** in all cases has affected efficiency and workload balance of everyone involved.
8. **Reliance on centralized approvals** both at the level of PPAF, and at times WBG, **constrained smooth project implementation by POs**. This was not efficient given that WBG and PPAF were working through proven and tested guidelines and procedures, and PPR specifically focused on local capacity building and empowerment including development VDPs / UCDPs.
9. Some of the interventions seem to be implemented in isolation. Most **POs implemented the project to fulfil the targets** and tried to make a unilateral supply line from PO to the last HH beneficiary for distribution.
10. It was evident that not all POs carried depth in all the aspects of PPR, for example, some carried deeper experience on physical infrastructure and others more on environment etc. This resulted in varying quality of impact of interventions despite the program targets were achieved. **None of the POs teamed up with any specialised institution to acquire missing expertise**.
11. **Flexibility** was not forthcoming from either PPAF or WBG **towards reallocation of funds across various categories of interventions** as and where required, which limited chances of enhancing impact of certain activities.
12. Upward interaction with concerned authorities (e.g., health and education) was mandated by PPR for implementation of interventions, however, **proactive thinking from the authorities on downwards**

**impact of new policies by the government was missing**, which affected certain components in the field (e.g., KP's new rules on establishment of rural health facilities). Involvement and participation of concerned authorities during program planning exercise is crucial to enhancing chances of **sustainability**.

13. Active **community resource persons trained under PPR were instrumental in enhancing and institutionalising various behavioural change practices** among communities (e.g., Nutritional awareness for women and children).
14. Women representation as office bearers existed in some LSOs. Their **participation was generally symbolic**. Their actual participation in the meetings, planning of activities and implementation was missing, which indicates weak institutional building of WCIs.

## 6 Recommendations

### 6.1 AT OPERATIONAL LEVEL

1. To take the LSOs' model forward,
  - a. There is a need to improve their **proposal writing and resource mobilization capacities** for optimising full potential of their organization using VDPs/UCDPs.
  - b. A bespoke solution of **aggregation of governance at UC** level should be explored to ensure that where LSOs are a force-fit, other solutions such as a loose agglomeration of VOs/COs should be explored.
  - c. It is important to strengthen **LSOs' accountability towards COs and VOs** to prevent LSOs turning into new elite with no transparency.
  - d. A stronger capacity development of LSOs is necessary for **effective operation & maintenance of CPI schemes**.
2. **Capacity development of smaller local POs and local government** actors must be embedded in program priorities in view of enhancing chances for sustainability of the outcomes.
3. There is a need to **rethink asset distribution approach** for more effective contribution to alleviating poverty as opposed to creating local economic opportunities (e.g., olive and other agriculture and livestock-based value chains). In addition, a gendered analysis of assets distribution by type may be interesting to draw lessons on sustainability and impact on a household economy.
4. It is worthwhile to **pursue value chain approach** in a market system development frame where landless and poorest families may be engaged. The engagements models need to be clear and focused on moving up from the "fair trade" mantra to a 21<sup>st</sup> century cooperative model with communities sharing in the final profits.
5. Women's role in community institutions and forums (LSOs) need to be enhanced and should be based on principles of equity. WCI as a fundamental institution for **women leadership development need to be strengthened**.

6. Keeping in view the importance of women's participation in livelihood enhancement and productivity it is crucial to **provide women with skills training based on in-depth needs assessments** for relevant and effective capacity building.
7. **Financial ceilings for individual interventions need to be flexible** (and aligned with annual inflation in case of long duration projects) in the future. This may be supplemented with stronger internal control systems to monitor that the resources are going to the right places.
8. It may be necessary to **define minimum quality standards for different types of schemes** with an enhanced role of the engineering staff on the ground. In case there are difficulties in meeting the quality standards within defined budget ceiling, flexibility needs to be assured.
9. Avoid *one size fit all* concept in a program that is implemented in different geographical regions with **highly diverse contexts and challenges**.
10. A flexible and adaptable approach to allow, where necessary, for **big infrastructure projects for multiple villages / households instead of several smaller and less impactful projects**. In addition, engage government for large projects to include their perspective and ownership for damage repair in the event of disaster.
11. Funds / **contract management procedures need to be reviewed** to prevent delays in release of funds at project level.
12. Vaccination coverage in remote districts is usually poor. Therefore, **vaccination needs to be added to the overall medical assistance**. This includes awareness raising campaigns.

## 6.2 AT INSTITUTIONAL LEVEL

1. There is a need for a **thorough deliberation on approaches in a workshop environment** among all the stakeholders. We recommend a capitalization of experiences where all voices are heard, approaches discussed, and a future way out for similar programs is sorted out. This is to benefit from rich experiences PPR has generated.
2. **Institutional set up for a multi-sectoral program like PPR needs a serious reconsideration**. The aspects to be considered include partners' selection, integrating specialization in the program, and make implementation smooth without any administrative hiccups.
3. POs in future may be encouraged to **team up with specialised institutions** with clear division of responsibilities to enhance quality and impact in case of integrated programs (such as PPR) requiring diverse expertise.
4. The PO institutional assessment model created especially for this evaluation which builds on the **"maturity index" approaches**, may be considered, refined and adapted for Pakistan specific POs, for the next PPR intervention.
5. Poverty targeting needs to be **left to local actors** with a vigilant monitoring from the top. In addition, it is recommended to conduct a post project poverty graduation survey to assess impact at goal level.

6. It is crucial to ensure sustainable and **long-term linkages with 'permanent' players** right from the beginning. Engaging local government, technical players, and specialized private / semi-private sector actors is essential and in line with SGD 17. The spirit behind this is that one actor alone cannot achieve everything.
7. Involvement and participation of relevant public actors during planning exercise is necessary to enhancing chances of **sustainability and increased ownership**.
8. At the project design level, there is an urgent need to **link up the current urban start-up and innovations and entrepreneurship environment in Pakistan linked to ICT and AI with integrated rural economic regeneration interventions such as PPR**. Poverty alleviation strategies need to move into the 21<sup>st</sup> century and move beyond the poverty slogan.

# Annexes

## **ANNEX 1: TERMS OF REFERENCE**

### **End-of-Program Evaluation of Poverty Reduction through Rural Development Activities in Balochistan, Khyber-Pakhtunkhwa and Federally Administered Tribal Areas and Neighboring Areas/ Program for Poverty Reduction (PPR)**

#### **Introduction**

The Pakistan Poverty Alleviation Fund (PPAF, <http://www.pfaf.org.pk>) is the lead apex institution for community-driven development in Pakistan. Set up by the Government of Pakistan as a fully autonomous not-for-profit private sector organization, PPAF implements projects for, and receives support from the Italian Agency for Development Cooperation (AICS), Kreditanstalt für Wiederaufbau (German state-owned development bank), World Bank, International Fund for Agricultural Development (IFAD), Government of Pakistan, and other statutory and corporate donors. PPAF aims to be the catalyst for improving the quality of life, broadening the range of opportunities and socio-economic mainstreaming of the poor and disadvantaged, especially women. The core operating units of the PPAF deliver a range of development interventions at the grassroots/community level through a network of more than 100 Partner Organizations (POs) across the country. These include social mobilization, livelihood support, access to credit, infrastructure and energy, health, education, and disaster management. Externally commissioned independent studies have demonstrated positive outcomes and impact of PPAF interventions on the lives of benefiting communities related to their economic output, household incomes, assets, agricultural productivity skills and other quality of life indices.

#### **Background and Rationale of the Program**

The Program for Poverty Reduction (PPR) is financed by the Government of Italy (GoI) through the Directorate General for Development Cooperation (DGCS) of the Ministry of Foreign Affairs and International Cooperation (DGCS/MAECI) and the Italian Agency for Development Cooperation (AICS). The original program duration was from September 2013 to September 2016. However, the program could not start on time because of strategic shifts in the program, delays in seeking no objection certificates (NOC) by some of the POs, volatile security situation in some of the target areas etc. After few extensions, the Program's is to close in December 2021.

Using a community-driven development approach, the PPR focuses on poverty reduction in selected districts of Balochistan province, Khyber Pakhtunkhwa (KP) province, and the Federally Administered Tribal Areas (FATA) which merged with KP following the 31st Amendment of May 28th, 2018, of the Parliament. These districts are amongst the most vulnerable and underserved areas of the country and suffer from extreme poverty, as well as facing serious security issues.

The total Italian financial contribution to PPR has amounted to Euro (€) 40 million, through a soft-loan framework agreement. The PPR's activities under the Italian funded and promoted program are terminating on 31st March 2021, whereas the Audit Report should be received by the Italian party by the end of June 2021. The World Bank has resumed its advisory services in 2021, after the 2019 mission.

In the final year of implementation, AICS and PPAF have attentively worked on PPR sustainability. On such basis, PPAF shall design – for donors and through internal funds - a PPR II based on PPR's lessons learned in

terms of achieved or progressive sustainability, considering the tied component's reports, the program's Covid-19 response and the Evaluation's findings in this respect.

### **Program Goal, Purpose and Expected Outputs**

Goal: Population poverty reduction through the creation of sustainable conditions of social and economic development, including income and production capacity increase.

#### ***Following is the indicator of the objective:***

At least 25% of the targeted poor households including female headed household (40% FHHs) in Program area graduated out of poverty.

**Purpose:** Establishment of a social and productive infrastructure system and the establishment of an effective and sustainable social safety net.

#### **Selected Indicators (detailed results framework is attached as Annex A):**

- At least 60% of the targeted poor (poverty score card (PSC) 0-23) and 50% of the poorest households (PSC 0-18) move to a higher score on PSC (including 40% of female headed households).
- At least 40% of the target group have their income increased by 20% (including 40% of female headed households).
- At least 60% of community institutions in target areas are viable and sustainable<sup>3</sup>.
- At least 80% of the beneficiaries (including 50% women) in target areas report satisfaction with the program supported interventions.
- Minimum EIRR of 20% and FIRR of 25% of investment of the program interventions

PPR's interventions are grouped into four categories/components, as follows:

#### **Component 1: Social mobilization**

This component aims at the fortification of local communities' social structures and at community empowerment resulting in communities undertaking an active role in their own development. Community empowerment has to be considered as the capacity of communities to cope with their own needs, developing their own strategies for growth and creating responsible and inclusive institutions for social and economic development.

#### **Expected Output:**

Social structure and community organizations strengthened, with increased empowerment of local communities and increased capacity of relating with central institutions, other organizations and markets.

#### **Indicators:**

- At least 60% of households in targeted Union Councils (UCs) are members of community institutions with at least 50% female membership.
- At least 60% of the targeted poor households (PSC 0-23) and 60% poorest households (0-18) are members of community organizations.
- At least 4,500 community institutions formed/strengthened and 60% of these meets regularly.
- At least 60% of 1<sup>st</sup> tier organizations (including 50% of female-only community institutions (WCIs)) clustered into village level organizations and at least 40% of these (including 50% WCIs) are federated at a higher / union council level.

- At least 50% of community institutions across all the three tiers including 50% WCIs show evidence of democratic decision-making in relation to internal organizational management and external decision-making<sup>5</sup>.
- 25% of the office bearers of the 3<sup>rd</sup> tiers community institutions are women.
- 70% of the priorities identified by WCIs are included in village development plans (VDPs) and UC development plans (UCDPs), and 40% of WCIs are involved in implementing project interventions.
- 70% of conflicts brought to community institutions are mediated through participatory process in accordance with constitutional and legal provisions.

#### **Major Activities:**

- Situation analyses and participatory wealth ranking processes (i.e., poverty targeting or any objective measure of poverty assessment).
- Organization of households into Community Organizations and Village Organizations (VOs) through field based social mobilization teams and adequate supervisory structures.
- Training of field based social mobilization teams.
- Clustering of VOs at the union council area level as third tier representative organizations, depending on maturity of the first and second tiers.
- Training and capacity building inputs at three tiers of community institutions. The training will focus on group management techniques aimed at promoting productive dialogue, team management, group-based leadership, collaborative management of conflicts and related psycho-social skills. PPAF's social mobilization process will include emphasis on state-citizen relationship, disaster preparedness, spatial planning and caring of vulnerable as collective responsibility of community institutions.

#### **Component 2: Livelihood enhancement and protection**

##### **Expected output:**

Effective social safety net established in favour of the populations' poorest groups especially women, children, old people and disabled especially.

##### **Indicators:**

- At least 40% of targeted poorest households (PSC 0-18), in particular women (50% FHH), elderly and disabled (40% of identified persons with disabilities (PWDs) within population) benefitted from productive assets leading towards increase in their household incomes and/or asset base.
- Communities that have received Community Livelihood Fund (50% women beneficiaries) revolve savings for internal lending and maintain at least 95% repayment rates.
- 50% beneficiaries (40% women) became self-employed or employed to other sources as a result of skills trainings.

##### **Major activities:**

- Establishment of community groups around productive or entrepreneurial activities where community members identify livelihood needs and opportunities.
- Finance interventions with target/ identified households, in the form of Livelihood Grants to support:
- Transfer of productive assets targeted at the ultra-poor.
- Asset building to increase productivity, including improved natural resource management, agriculture, and fisheries.
- Building linkages, where relevant or appropriate, with other livelihoods and safety nets programs of the Government and other actors.

- Vocational skills and technical training to increase employability as well as enhance productivity.
- Micro enterprise development training to eligible beneficiaries and technical assistance to identify and support innovative micro-enterprises and value chain development that will result in improved livelihoods.
- These will be aimed at enabling a gradual transition towards sustainable conditions for micro credit access potentially available in the areas of intervention. The training will focus on work orientation and identification of potential productive resources and will also provide technical assistance and support in starting small income-generating activities.

**Component 3: Construction and improvement of small-scale community Infrastructures Expected output:**

**Small Infrastructures Development:** Local productive infrastructures (water infrastructures, civil and energetic works, access to markets, wells, roads, pipelines, power grids etc.) built and functioning.

**Indicators:**

- 100% of the infrastructure schemes are disaster resilient, gender sensitive and PWD friendly.
- At least 30% improvement in communities' access [80% poor (PSC 0-23)] to drinking water and proper sanitation due to the infrastructure built.
- At least 30% improvement in communities' access to irrigation water due to the infrastructure built.
- 75% of all infrastructure schemes are benefitting poor HH (PSC 0-23).
- At least 80% of infrastructure schemes are in use and well maintained, catering to the target communities, especially poorest households and at least 50% of these schemes are directly benefitting women.

**Major activities:**

- Civil works related to protective and productive infrastructure as part of integrated rural development;
- Works related to various types of infrastructure projects including Integrated Water Efficient Irrigation (IWEI), innovative and emerging technologies, Drought Mitigation and Preparedness Plan (DMPP) and other related interventions.
- Works related to the provision of basic infrastructure projects, including drinking water, supply of water for other purposes, roads and bridges, sanitation, rural development, and other related interventions such as sanitation etc.
- Technical assistance to support capacity building and training.
- Identification of sub-projects is to be demand-driven and their selection transparent and based on economic and environmental sustainability as determined by the willingness of the communities to make arrangements for operations and maintenance (O&M). Examples of sub-projects include technological innovations such as drip irrigation, solar lights and pumps, biogas, and others.

**Component 4: Establishment of basic health, nutrition, and educational services Expected output**

Access of local population to the basic social and health services, including education obtained.

**Education - Indicators:**

- 20% of all out of school children (5 to 16 years of age) are enrolled and are tracked by name to ensure they attend school throughout the life of the project and beyond.
- At least 80% of those enrolled continue schooling throughout the term.
- At least 50% of children enrolled under PPR project are girls.
- 80% of teachers trained in improved teaching methodologies utilized these in the classrooms.
- 80% of parents report satisfaction due to project-supported educational services.

### Major activities:

- Establishment of community schools and rehabilitation of Govt. school buildings.
- Selection and training of teachers (selected, when possible, among locals who already have a good cultural education and a pedagogical potential).
- Provision of appropriate educational materials approved by the Government.

### Health and Nutrition:

#### Indicators:

- 20% increase in primary healthcare services utilization by communities at targeted health facilities.
- 50% of pregnant women received ANC & PNC services in target areas.
- 30% of targeted households reported increase in hygiene<sup>6</sup> and nutrition-related knowledge and practices.
- 80% of women report satisfaction with health services of the project.

### Major activities:

- Strengthening of government health centres and Establishment of community health centres.
- Rehabilitation of Health Units with basic pharmaceutical dispensary, basic tools for laboratory tests, and most important vaccinations and medical instruments for intervention in cases of emergency.
- Training of health staff on how to provide medical basic care, how to make a submission to the relevant structures in case of need and how to recognize early signs of childhood diseases and at-risk pregnancies.
- Behaviour changes sessions on nutrition sensitivity, including handwashing, breastfeeding, prevention of anaemia, screening of malnourished children under five, awareness building for pregnant and lactating mothers.
- Creation of a referral mechanism for the provision of nutrition supplements for relevant demographics
- Provision of kitchen gardening tools and seeds
- Health session of local population. especially women, on the following topics:

### Women reproductive health.

- Basic hygiene and disease prevention methodologies.
- Promotion of health through the adoption of healthy lifestyles.
- Other medical issues particularly relevant at the local level.

### Overall Objective and Key Tasks of the Evaluation:

- The overall objective of the evaluation is to **assess and evaluate program outcomes and performance during the life of the program and identify gaps, best practices and lessons learnt related to program objectives/outputs, key interventions, and implementation approach.**
- The end-of-program evaluation will provide a detailed assessment and systematic analysis of outcomes and performance of the program with sufficient information as per the following tasks and questions:

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<sup>6</sup> The hygiene includes awareness on handwashing, use of latrine and safe drinking water

**Results:** Assess and evaluate **results achieved** as measured by progress in program **indicators** based on primary and secondary data from progress reports and documents.

**Relevance:** Assess the degree to which the interventions / activities were **in line with the needs of the target beneficiaries** and **donor guidelines**, and **relevant to PPAF's overall mandate**. More specifically, relevance will be assessed in terms of numbers and percentages of targeted poor households (with PSC 0-23) in program areas that **graduated out of poverty**. The assessment shall also include relevance in the context of **country policies**. This assessment will consider the impact of **COVID-19** on the results achieved. Efforts will also be made to assess the **relevance of training** to program objectives. A matrix showing the linkages of activities to results will also be developed. The process of development of Village Development Plans (**VDPs**) and Union Council Development Plans (**UCDPs**) and their contents will be assessed in terms of their **contributions to lifting targeted poor households** (including FHH) in program areas out of poverty.

**Efficiency:** Assess and document the extent to which the implementation strategy and approach were efficient. Have the interventions been carried out in a **timely manner**? Were there any delays in release of PPR instalments to PPAF and from PPAF to POs? How have these delays impacted program implementation? How efficiently were the **allocated resources utilized** to achieve the stated objectives? Is there any alternative cost-efficient approach to achieve the desired objectives? Are there any lessons learned to conduct these activities in **post-COVID19 environment**? Calculation of unit costs will be part of the efficiency assessment.

**Effectiveness:** Assess and document the effectiveness of the implementation arrangements of PPAF, WB and AICS to achieve the desired objectives of the project. Assess how effectively the allocated resources have been utilized to transform inputs into outcomes. Assess and report how effective each intervention has been in the **attainment of the project outcomes**. Were the interventions undertaken in a cost-effective manner? Have the available resources been optimally utilized?

**Connectedness:** Assess the extent to which the **interventions and processes carried out were linked to each other** in a coherent manner. Were interventions linked and complementary to interventions carried out **by other agencies**, especially Government institutions? **Synergy**

**Impact:** Assess and document program outcomes and map interventions to program outcomes. Assess the extent to which the interventions/outputs achieved are **potentially contributing to the attainment of SDGs** and to **resilience to shocks** like COVID-19. Also track key interventions by CIs generated as a result of and linked to PPR interventions as a means of measuring **multiplier effect** of PPR.

**Process Review:** Document **key processes undertaken** for the implementation of each intervention/result and **identify gaps** and **good practices** in the process undertaken for the implementation of each intervention/result. In this context the degree of implementation of Village Development Plans (**VDPs**) and Union Council Development Plans (**UCDPs**) will also be assessed. For future **sustainability** of interventions, **adjustments** made in processes in line with COVID-19 guidance will also be studied.

**Lessons learnt:** Identify key lesson learnt and good practices and propose **practical recommendations** for follow-up actions for PPAF and its POs to introduce improvements in the program approach and implementation modalities for a possible 2<sup>nd</sup> phase of PPR<sup>7</sup>, giving particular attention of the innovations brought about globally in response to the economic shock of COVID-19.

**ESMF:** Assess **compliance with ESMF** and its implementation, and any capacity, procedural and reporting constraints, including improvements required for a possible 2nd phase of PPR.

**Risks and Challenges:** Assess the impact of relevant risks and challenges such as volatile security situation, external shocks like COVID-19, administrative bottlenecks such as delays in seeking NOC from Government authorities, government of Pakistan's anti-terrorist financing and anti-money laundering acts, NBFC guidelines. Suggest effective coping strategies to deal with such challenges in a possible 2nd phase of PPR.

**Sustainability:** Assess the institutional, social, and economic sustainability of the interventions and benefits achieved. **Assess linkages** developed by communities with other development partners including government, development projects, I/NGOs, etc. for the implementation of VDPs/UCDPs or for any other purpose.

**Cross-Cutting Themes:** Assess the level of **participation of primary stakeholders** (women, men, girls, boys, elderly persons, and people with special needs) in the different stages of the program cycle. Assess the impact of program interventions on **gender and youth**, especially participation of women as well as their access to and control over resources. The end-of-program evaluation should also assess the level of women's social and economic empowerment in terms of **increased control over household resources**, participation in **domestic and community level decision making**, **increased mobility**, **elimination of discrimination**, etc. as result of program interventions. It would be important to analyse the **social barriers** faced by the program team (including PO staff) in different cultural settings, and how program field staff dealt with those barriers, in order to ensure women's involvement in a possible 2<sup>nd</sup> phase of the program. Assess the level of **inclusion of marginalized groups** like children, people with special needs, elderly persons, and other socially marginalized groups. Assess the overall outcomes of the interventions on **social and natural environment**.

In addition, the evaluation team shall also assess and document the following key aspects:

**Most significant** aspects of the program environment (either positive or negative) that **affected the achievement** of project objectives.

**By-products/secondary/unintended** positive impacts/spill overs attributable to the program.

- Unintended negative medium- or long-term outcomes caused by the program.
- Lessons learned for resilience to shocks like COVID-19.
- Suggestions/recommendations around coping mechanisms to mitigate any negative effects caused by the program.

#### **Scope of Work:**

The end-of-program evaluation will help DGCS/AICS, PPAF and the World Bank to **assess program outcomes and results, program approach and management, financial management, procurement**, identify **gaps**, and suggest an **improved implementation strategy** for a possible 2<sup>nd</sup> phase of the program. This will entail:

Detailed **desk review** and analysis of the program's key documentation including program agreement, work plans, log-frame, financial documentation, quarterly progress reports, aide memoirs/mission reports, COVID-19 updates, progress, and processes etc.

Collect **primary data** and information through deep-dive consultations with POs, interviews with other stakeholders, focus group discussions and field visits, applying the agreed assessment tools. The firm shall also undertake **EIRR and FIRR of CPI schemes** on a sample basis.

Evaluate and **report progress against each indicator** as outlined in the result-based framework.

**Note:** The consulting firm will primarily focus on collecting **facts**, as opposed to collecting data through the perceptions of the target populations.

Sources of Information:

PPAF is committed to ensure complete and timely availability of all relevant documentation including program descriptions, strategies, work plans, progress reports, monitoring reports, aide memoirs/mission reports of the World Bank, **policies/procedures, case studies**, etc. The consultant(s) selected for this assignment will also be provided with **MIS generated reports** as per requirement of the assignment. The POs in the field will also provide relevant documentation and information requested by the consultant(s) to the extent required for the proper execution of their work as specified in this ToR. PPAF will also ensure the availability of key staff of PPAF and its POs for interviews and further clarification about the assignment as and when needed.

#### **Indicative Methodology for the Evaluation:**

The proposed methodology and design of the end-of-program evaluation will include the following:

- Based on this ToR, the consultant firm(s) will submit a detailed methodology of the assignment along with the timeline chart in their inception report. PPAF, World Bank and AICS will review and approve the **inception report**.
- The methodology should encompass **household interviews** and **focus group discussions** with the **target beneficiaries** and communities, interviews with the **PPAF** team, **POs** staff and **World Bank**, as well as review of project records available with PPAF, POs and community institutions.
- Through review of relevant documentation including but not limited to quarterly progress reports, aide memoirs/mission reports, technical reports, **research reports** and relevant communications, and relevant documentation.
- The firm(s) will acquire NOCs for data collection in field areas from relevant government entities. PPAF will provide the letter to the firm to apply for the NOC.
- Following desk review of the documentation provided, the consultant firm(s) will develop the evaluation instruments/tools (in line with the broader evaluation areas listed above) and will share with PPAF, World Bank and AICS for approval.
- The consultant firm(s) will develop and share the data collection and analysis plan for PPAF, World Bank and AICS review and approval.
- The consulting firm(s) will share their field visit plan with PPAF, World Bank and AICS for review and approval by World Bank.
- Profiles of all the field supervisors and enumerators for data collection will be shared with PPAF, World Bank and AICS for prior review and approval.
- PPAF MER Unit will be part of **enumerators training** on the field instruments and mock exercises will be conducted before the start of the actual field data collection.

Activity/ interview sample will allow for replacement in order to allow for situations in which the original sampled entity is not available. In all such cases, the enumerators/ field researchers will inform PPAF, World Bank and AICS.

- Interviewees will include but not necessarily be limited to POs, beneficiaries, communities, and other stakeholders including the donor, World Bank and **EAD**.

- PPAF will spot check field data collection during household interviews and focus discussion groups.
- Data collected in the field and elsewhere by the firm(s) will be checked for consistency with observed facts and figures, as well as inconsistencies. The data will be used for statistical analysis which will help in the formulation of conclusions and recommendations. The firms(s) will provide a **clean and documented data set** to PPAF, World Bank and AICS following completion of the fieldwork.
- The consultant(s) will provide the complete **demographic details of the respondents including their CNIC** number for future tracking.
- Reporting templates and a draft report will be shared with PPAF, World Bank and AICS for review and comments. The final report by the firm(s) will reflect the **comments and feedback received from PPAF, World Bank and AICS** and shall be approved by the World Bank
- **Photographic** evidence of the field work conducted must be submitted.

#### **Proposed Sampling Methodology and Framework:**

The program is being implemented in **38 UCs of 14 districts in Balochistan**, Khyber Pakhtunkhwa and erstwhile FATA. As a part of the sample selection process, the geographical area will be determined through multi-stage sampling technique. At first stage **7 districts** will be selected keeping in view ethnic and geographical diversity (3 from KP, 3 from Balochistan and 1 from FATA). Districts and their location will be finalized in close cooperation with PPAF, World Bank and AICS. A stratified multistage probability proportionate to the size (PPS) sample of approximately **1,500 households** will be applied. The sampling framework will be based on 95% confidence level, 5% margin of error. The consultant(s) will develop the sampling framework and share with PPAF, World Bank and AICS for final review and approval by the World Bank.

#### **Reporting:**

The consultant firm(s) will be required to submit all reports in proper English in a format agreed with World Bank at the inception report stage. Initially, a draft report will be submitted by the consulting firm(s). The report should essentially cover all the evaluation areas mentioned in this ToR and provide a synthesis of preliminary findings and conclusions. The firm(s) shall also provide a summary matrix to highlight what was intended to be accomplished, what could not be accomplished, what were the contributory factors to non-accomplishment. Acceptance of these factors is at the discretion of PPAF, World Bank and AICS. The final report will reflect all comments on the draft report received from PPAF, World Bank and AICS and is to be presented within two weeks of receipt of the comments.

#### **Schedule and Timeline:**

The total allocated duration for the end-of-program evaluation is **four (4) months** after signing of the contract between the consulting firm(s) and PPAF. In exceptional cases this period can be extended considering factors such as security, NOC, or extreme weather conditions.

<b>Activity</b>	<b>Duration: (in weeks after signing of contract)</b>
Submission and approval of inception report, getting NOC and formation of field	2 weeks
Training and field testing of survey instruments	2 weeks
Desk review of secondary literature/data	2 weeks
Field work	4 weeks
Data tabulation and analysis	2 weeks
Preparation of draft report	2 weeks
Finalization of report	2 weeks
<b>TOTAL</b>	<b>16 weeks</b>

## ANNEX 2. DETAILED WORK PLAN

Work Plan: The World Bank - PPR (Program for Poverty Reduction) Final Evaluation																			
N.	Activities	Engaged	August				September				October				November			Dec	
			W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17
<b>a</b>	<b>Phase I: Inception Phase</b>																		
1	Initial and Planning Meetings with Client	SEBCON, World Bank																	
2	Internal team organization																		
3	Receive background documents / secondary data	World Bank, PPAF																	
4	Review documents, secondary data and prepare reviews for respective themes	Experts																	
5	Development of data collection tools	Experts																	
6	Translation of the HH survey questionnaires	Translator																	
7	Transferring Questionnaire on the survey tool	Data analyst																	
8	Pre-Testing of Tools	Random																	
9	Draft inception report	TL / CoTL																	
10	Internal quality assurance, peer review	SEBCON																	
11	Submission of the IR to World Bank	SEBCON																	
12	Review by the client, feedback, approval	World Bank, PPAF																	
<b>b</b>	<b>Phase II: Data collection/evaluation</b>																		
13	Recruitment of field data collection team	SEBCON																	
14	Training field data collection team	SEBCON, PPAF MER																	
15	Beneficiary Survey Data Collection	Enumerators																	
16	Engagement meetings with POs	TL / CoTL																	
17	Detailed interviews PO staff	Relevant experts/staff																	
18	Meetings with LSO / VOs	Experts																	

19	Meetings with linkages in the districts	Experts																	
20	Data Management and analysis	Data analyst																	
21	Quality check / address inconsistencies	TL / CoTL																	
22	Data reviews / qualitative and quantitative inferences	Experts																	
<b>c</b>	<b>Phase III - Report writing</b>																		
23	Prepare the report with parallel chapters	Experts																	
24	Prepare aide memoire / ppt for debriefing	TL / CoTL																	
25	Internal quality check within the team	Experts																	
26	Finalize the draft	TL / CoTL																	
27	Submission of the draft report	SEBCON																	
28	Review, feedback on the report	World Bank, PPAF																	
<b>d</b>	<b>Debriefing / management response</b>																		
29	Review the draft, aide memoire and ppt	TL / CoTL																	
30	First debriefing	TL / CoTL																	
31	Formal feedback on the report (WBG, PPAF)	WBG, PPAF																	
32	Meeting with AICS, formal feedback	AICS																	
33	Finalize the draft report	TL / CoTL																	
34	Submit the final draft	SEBCON																	
35	Report launching / final debriefing	WBG																	
36	Sign off	SEBCON																	

### ANNEX 3: PEOPLE MET DURING DATA COLLECTION

S.N	Name	Designation
<b>Italian Agency for Development Cooperation</b>		
1	Emanuela Benini	Director A.I.C.S. Office in Islamabad
2	Imran Ashraf	Senior Advisor Agriculture and Natural Resources AICS
<b>World Bank Group</b>		
3	Maha Ahmed	Senior Rural Development Specialist
<b>Pakistan Poverty Alleviation Fund</b>		
4	Syed Shams Badruddin	Group Head, Infrastructure Development
5	Zahid Hussain	General Manager MER
6	Muhammad Waseem	Senior Manager Program Coordination
7	Muhammad Ashraf	Senior Manager Livelihood Enhancement and Protection
8	Ambreen Zaman	Senior Manager thematic strategies/ knowledge mgt.
9	Niaz Hussain	Manager MER
10	Ahsanullah Baig	Assistant Manager Education
11	Faraz Ahmed	Assistant Manager CPI
<b>Aga Khan Rural Support Program (AKRSP)</b>		
12	Zahoor Aman Shah	Regional Program Manager
13	Muhammad Yunus	Manager M&E
14	Manzoor Elahi	M&E Officer
15	Shahid Khaliq	Livelihood Officer
16	Muhammad Yunus Khan	Manage M&E AKRSP
17	Shahid Khaliq	Livelihood Officer AKRSP
18	Manzoor Elahi	M&E officer AKRSP
<b>Environmental Protection Society (EPS)</b>		
19	M Abrar	Program Manager
20	Tahir	Social Organizer
21	Israr Ul haq	M&E Officer
22	Zabi	Social Organizers
23	Masroor	Program Manager
<b>Sarhad Rural Support Program (SRSP)</b>		
24	Masood ul Mulk	CEO SRSP
25	Tariq Ahmad	Regional Program Manager Chitral
26	Nisar Ahmad Khan	Program Coordinator for PPR
27	Kamal Abdul Jamil	Social Organizer
28	Nazeer	Project Engineer / Program Officer
<b>Balochistan Rural Support Program (BRSP)</b>		
29	Nadir Gul Barech	CEO BRSP
30	Naimatullah Jan Miryani	Senior Manager Programs
31	Muhammad Ibrahim Alvi	Sr Manager PMER
32	Zahoor Ahmed	Project Coordinator Livelihood
33	Mir Hafeez	Manager Health Projects
34	Naseema Salam	Manager Gender
<b>National Rural Support Program (NRSP)</b>		
35	Gul Afrooz	DPO
36	Nabeel Ahmed	RPO
37	Nasir Usman	SPO HRD
38	Asmar Hayat	F.E
39	Sameena Abbas	SO

40	Moza Haji Mureed	SO
41	Naseema	SO
42	Shahnaz	SO
43	Naseer Ahmed	SO
44	Ikhlaq Ahmed	SO
45	Fida Ahmed	DE
46	Saeed Ahmed	SPO-MER
47	Zahoor Ahmed	MER- Assistant
48	Atta Ur Rehman	SO
49	Gulab Ali	SO
50	Manzoor Ahmed	DC.G FATM
<b>Centre for Education and Rural development (CERD)</b>		
51	Saeed Ur Rehman	Manager MNER
52	Muhammad Ilyas	Finance Manager
<b>Ayun and Valleys Development Program (AVDP)</b>		
53	Charsham	Member Jafakash
54	Chimikow	Member Jafakash
55	Farzana	Teacher GMS Birir
56	Fatima	Member LSO
57	Fazal Amin	Accountant AVDP
58	Fiana	Teacher GMS Birir
59	Gul Akhtar	Member Jafakash
60	Haroon Anjum	Member VO Grambit gol
61	Izhar Ahmad	SO AVDP
62	Javid	Manager AVDP
63	Javid Ahmad	Manager AVDP
64	Mahat Gul	Member Jafakash Tanzeem
65	Muhkam Uddin	Member LSO
66	Najma Sahar	SO AVDP
67	Niaz Ahmad	Member BOD AVDP
68	Rangull	Member Jafakash
69	Rehmat Elahi	Chairman AVDP
70	Saib Nisa	President Jafakash
71	Sawad	Member Jafakash
72	Shrakuth	President VO Pongandah Birir
73	Turab Khan	President VO Gurul
74	Zartaj Begum	Member BOD AVDP
<b>Local Support Organization Hazara, Swat</b>		
75	Sardar Ali	Chairman LSO
76	Asgar Khan	Finance Sec
77	M. Rashid	Member CO Alkhidmat
78	Gul Rehman	Member CO Alkhidmat
79	Nazir Ahmad	Member CO Sanam Welfare Org
80	Muhammad	Member CO Sanam Welfare Org
81	Fazal Munir	Member CO
82	Balti Roshan	Member CO
83	Farooq Shah	Member CO Behbood Tanzeem
84	Khursheed Iqbal	Member CO Behbood Tanzeem
85	Maseen Zada	Member CO Behbood Tanzeem
86	Akbar Muna	Member CO KDS
87	Zain Mulook	Member LSO
88	Afzal Ullah	Member LSO

89	Anwar Ali	Member Sanam Welfare Org
<b>VO Maloch UC Hazara, Swat</b>		
90	Afaneen Khan	Member Sabawoon tanzeem
91	Jalal	Manager VO
92	Jamsheed Khan	Co-President Tabeer Falahi tanzeem
93	Sabir Khan	Secretary VO
94	M. Akbar	Co-President Sabawoon Tanzeem
95	M. Rasan	Vo Secretary
96	M. Zaman	Member Sabawoon Tanzeem
97	Fazal Wahab	Member Sabawoon Tanzeem
98	Zubair	Member Sabawoon Tanzeem
99	Imran	Member Gulistan Tanzeem
100	Abaas	Member Gulistan Tanzeem
101	Irfan	Member Sabawoon Tanzeem
102	Mujeeb	Member Sabawoon Tanzee
103	Afzal Khan	LSO President
104	M Alim shah	Member Tabeer Falahi Tanzeem
105	Saleem	Member Sabawoon Tanzeem
106	Sardar Ali	LSO Chairman Hazara
107	Muhammad Hussain	Member Gulistan tanzeem
<b>FGDs in Shahi Koto and QalaGai</b>		
108	Munawar Syed	Ex Nazim (Community health facility in his house)
109	Muhammad Nisar Khan	Teacher GPS Qalagai
110	Muhammad Zaib	Teacher GPS Qalagai
111	Naseer Ullah	Asset beneficiary (Cow)
<b>LSO PASDO Drosh</b>		
112	Tariq Ahmad	DPM AKRSP
113	Sher Ahmad	Humkhayal Tanzeem
114	Shereen Khan	President Alfalah Tanzeem Drosh Gol
115	Amir Fayaz	Chairman LSO
116	Fazl Ur Rehman	Member LSO
117	M Aminullah	Member LSO
118	Noor Ajab	President Insaf CO
119	Siraj Ul Arifeen	President CO Azudam
120	Mujahid Din	President Vo Shishi
121	Muhammad Zahir Shah	President Shaheen Society Kaldaam
122	Sikandar Hayat	Chairman PASDO
123	Waqar Ahmad	Manager PASDO
124	Nasir Uddin	President VO
125	Salah Uddin	Member LSO
126	Nazir Ahmad	Project Engineer SRSP
127	Wajid ALi	SRSP
<b>LSO Hamara Lasbela, UC Winder, district Lasbela</b>		
128	Ghulam Qadir	President
129	Abdul Hafeez	General secretary
130	Zahida	Vice President
131	Sher Dil	Finance Secretary
132	Ali Bakash	Deputy General Secretary
133	Pervaz Ali	Press Secretary
134	Abdul Majeed	Information Secretary
135	Shakila Perveen	Office Secretary
136	Sher Muhammad	Executive Member

137	Naseer Ahmed	Executive Member
138	Muhammad Hanif	Executive Member
139	Ghulab	Member
140	Abdul Hakim	Member
141	Muhammad Aslam	Member
142	Muhammad Ali	Member
143	Muhammad Sajan	Member
144	Allah Bakash	Member
145	Muhammad Jamil	Member
146	Saleh Muhammad	Member
147	Sabeel	Member
148	Shaheen Bibi	Member
149	Karim Bakash	Member
150	Shareefa	Member
151	Ghazi	Member
152	Muhammad Ramazan	Member
153	Sahira Bibi	Member
154	Rasheeda Bibi	Member
155	Mumtaz Bibi	Member
<b>LSO Hasan Pir, UC Sakran, District Lasbela</b>		
156	Kaleem	General secretary
157	Haji Wahid Bakash	President
158	Ghulam Qadir	Member
159	Haji Muhammad Bakash	Member
160	Latif	Member
161	Ghulam Mustafa	Member
162	Habib Ullah	Member
163	Ameer Bakash	Member
164	Bahoral	Member
165	Farooq	Member
166	Ali Nawaz	Member
167	Mohabat	Member
168	Abdul Sattar	Member
169	Altaf Husain	Member
170	Qadir Bakash	Member
171	Haji Ramazan	Member
<b>LSO Toshan, UC Ginna - Kech</b>		
172	Ishaq saleh	President
173	Hatim Ali	Co Ordinator
174	Amal sakim Baloch	President
175	Amber Abdullah	Member
176	Mureed	Press secretary
180	Shanaz	Member
181	Musharaf	General Body Member
182	Sharatun	Member
183	Shema	General Body Member
184	Durdana	Member
185	Ataia	Member
186	Shanaz	Member
187	Rukhsana	General Body Member
188	Shabana	General Body Member
189	Shamshal	Office secretary

190	Muhammad Nadeem	Vice president
191	Allah Bakash	Deputy secretary
192	Abdul Hameed	General Body Member
193	Muhammad Iqbal	Financial secretary
194	Maki	Member
<b>LSO Surab, UC Gokdan, District Kech</b>		
195	Muhammad Jan	General Secretary
196	Ubaid Ullah	Chairman
197	Zubair Akbar	General Body Member
198	Imam Bakash	Member
199	Hazeer Ahmed	Member
200	Darwash	Member
201	Hayat	Office secretary
202	Javaid Hussain	General Body Member
203	Dosheen	Senior vice president
204	Hammad Bakash	Deputy General secretary
205	Muhammad saleem	Information secretary
206	Muhammad Yasin	Finance secretary
207	Muhammad Akbar	Member
208	Mudeer Ahmed	Member
209	Mehbooba	Member
210	Abida	Member
211	Tothal	Member
212	Farzana	General Body Member
213	Rukhsana	General Body Member
214	Gohar	Member
215	Jamila	Joint secretary
216	Dur Bibi	Member
217	Meharjan	General Body Member
218	Samiya	General Body Member
219	Shareen	Deputy Information secretary
220	Shakira	Junior Chairman
221	Lucky	Member
222	Mehtab	Information secretary woman
<b>LSO Khushab, UC Khushab, District Pishin</b>		
223	Zahoor Ahmed	Project Coordinator Livelihood
224	Agha Muhammad	LSO President
225	Afnan	LSO Member
226	Kaleem Jan	LSO Member
227	Muhammad Ayub	LSO Member
228	Mujeeb ur Rehman	LSO Member
229	Atta Mohammad	LSO Member
230	Aziz ur Rehman	LSO Member
231	Muhammad Aslam	LSO Member
232	Habib Ullah	LSO Member
233	Nida Muhammad	LSO Member
234	Zia ur Rehman	LSO Member
235	Hadiyat Ullah	LSO Member
236	Mehboob ur Rehman	LSO Member
<b>LSO Purana Chaman, UC Purana Chaman, District Killa Abdullah</b>		
237	Saifullah	LSO Member
238	Gul Zaman	LSO Member

239	Asmatullah	LSO Member
240	Raziq	LSO Member
241	Hayat khan	LSO Member
242	Abdul Rahim	LSO Member
243	Nawab Khan	LSO Member
244	Abdul Malik	LSO Member
245	Shah Jan	LSO Member
246	Muhammad Naeem	LSO Member
247	Abdul Baseer	LSO Member
248	Ahmed Shah	LSO Member
249	Abdul Manan	General secretary
250	Haji Fida Mohd	LSO Member
251	Saifullah	LSO Member
	<b>Medical stakeholders</b>	
252	Dr Rahim Baloch	District Health Officer, District Turbat
253	Dr Mulook Jan	District Coordinator LHW Program, District Turbat
254	Dr Lal jan	EPI Coordinator, District Turbat
255	Altaf Hussain	Nutrition officer, District Turbat
256	Dr Aziz Ahmed	Incharge BHU Gokdan, District Turbat
257	Muhammad Aslam	Incharge CD Ginnah, District Turbat
258	Ikramullah Khan	Incharge CD Koto
259	Dr Hammed	District Health Officer, District Uthal-Lasbella
260	Dr Yaqub	Deputy District Health Officer and EPI Coordinator, District Uthal-Lasbela
261	Dr Imran	District Coordinator LHW Program, District Uthal-Lasbela
262	Abdul Hafiz	LSO UC Winder, Lasbela
263	Jalil	Medical Technician, BHU Sakran
264	Yunis Kazi	KRSP Program Coordinator Ayun, Chitral
265	Mirza Wali Khan	Senior Medical Technician BHU Bumburet, Chitral
266	Zubaida BiBi (LHV)	Incharge CHC Pahlawanande, Chitral
267	Nisar Ali Khan	Program Coordinator PRSP Darosh 2, Chitral
268	Dr Zia ul Mulk	Medical Superintendent, THQ Hospital, Bumburet, Chitral
269	Dr Zia ullah Khan	Deputy District Health Officer/ LHW Coordinator, Chitral
270	Dr Saleem ullah Khan	Incharge BHU Kessue Darosh 1, Chitral
271	Sajid Mahmood	Program Officer, CERD, Lower Dir
272	Dr Saleem Khan	District Health Officer, Swat
273	Masror	Program Manager, EPS, Swat
274	Israr ul Haq	M&E Manager, EPS, Swat
275	Dr Wali Ullah	Medical Officer/ Incharge BHU Kotlai
276	Irfan Ullah	Primary Health Care Officer, BHU Kotlai, Swat
277	Agha Mohammad	LSO UC Khushab, Pishin
278	Akhtar Khan Tareen	Project Manager BRSP, Pishin
279	Dr. Rashid	District Health Officer, Pishin
280	Dr. Qadir Khosa	District Health Officer, Killa Abdullah
281	Dr Zia Ul Mulk	Medical Superintendent THQ Drosh
282	Qari Jamal Abdul Nasir	Social Worker / Political Leader Drosh
283	Sajid Khan	Representative for CERD in UC KOTO

## ANNEX 4: EVALUATION MATRIX

Criteria		Evaluation Questions from ToRs	Key Sub-Questions Proposed	Methodology and Data Sources
1.	Results	Assess and evaluate results achieved as measured by progress in program indicators based on primary and secondary data from progress reports and documents.	The Evaluators will review the PO Project's results against the Project's results frame agreed with PPAF. This will provide a clear picture to determine if the Project was on track towards its intended results such as outputs, outcome, and impact, and whether there may be any unintended results. If not, why not? What were the reasons? The evaluation will also consider the extent to which the recommendations of the WB / PPAF missions were adopted.	<b>Secondary:</b> <ul style="list-style-type: none"> <li>• Log Frame</li> <li>• M&amp;E Plan</li> <li>• Work Plans</li> <li>• Progress Reports</li> <li>• Key Informant Interviews with Project Staff</li> <li>• Final Contract – Technical Part</li> <li>• Lesson Learning Plan/Studies</li> <li>• Financial Manual</li> <li>• Operations Manual</li> <li>• Procurement Manual</li> <li>• Approved Activity-wise Budget</li> <li>• Financial Reports</li> <li>• Approved Activity-wise Budget</li> <li>• Activity-wise Expenditure Report</li> <li>• Financial Reports</li> <li>• CP Financial Guidelines</li> <li>• Partners' Finance Manual</li> <li>• Financial Reports</li> <li>• CP Procurement Guidelines</li> <li>• Partners' Procurement Manual</li> <li>• Survey with Beneficiaries</li> <li>• Focus Group Discussions with Communities</li> </ul>
2.	Relevance	Assess the degree to which the interventions / activities were in line with the needs of the target beneficiaries and donor guidelines, and relevant to PPAF's overall mandate.	<ul style="list-style-type: none"> <li>○ Whether there is a coherence between the strategy outlined in the donor, national, provincial, PPAF Strategic Plan &amp; mandate, outcomes and the project under evaluation.</li> <li>○ Whether or not the needs identified for the target areas were carefully calibrated and taken into prioritization of plans.</li> <li>○ Whether the projects meet local development priorities? Extent of inclusiveness. If not, why not? Any gaps if they were addressed?</li> </ul>	
Assess the numbers and percentages of targeted poor households (with PSC 0-23) in program areas graduating out of poverty.		<ul style="list-style-type: none"> <li>○ # or % of pre-intervention beneficiaries with PSC 0-18 and 0-23 are now PSC &gt;18 or &gt;23</li> <li>○ # or % of beneficiaries who successfully absorbed shocks (e.g. COVID 19 or any other natural hazards) which could have pushed them back way below PSC &lt;23.</li> </ul>		
The assessment shall also include relevance in the context of country policies.		<ul style="list-style-type: none"> <li>○ How far the projects align with Pakistan's national development objectives and priorities and contribute.</li> </ul>		
This assessment will consider the impact of COVID-19 on the results achieved.		<ul style="list-style-type: none"> <li>○ To what extent the COVID-19 hindered implementation and achievement of results.</li> <li>○ What steps PPR took to minimize COVID-19 impact on the project.</li> <li>○ Learned from COVID-19 pandemic to meet similar sudden hazard in future?</li> <li>○ How instrumental has been the access of cell-phone on female autonomy in terms of their mobility, initiative taken for establishing income generating activities, in having direct access to educational and health organizations?</li> </ul>		
Relevance of the products achieved		<ul style="list-style-type: none"> <li>○ Efforts will also be made to assess the relevance of training (LEP, Health and Nutrition, etc.) to program objectives.</li> <li>○ A matrix showing the linkages of activities to results will also be developed. The evaluators will use log-frames, IP reports and data collected from this evaluation survey for validation.</li> <li>○ The process of development of Village Development Plans (VDPs) and Union Council Development Plans (UCDPs) and their contents will be assessed in terms of their contributions to lifting targeted poor households (including FHH) in program areas out of poverty.</li> </ul>		
3.	Efficiency	Assess and document the extent to which the implementation strategy and approach were efficient.	<ul style="list-style-type: none"> <li>○ Component-wise analysis of approaches, strategies, and methodologies</li> <li>○ Are they in line with lessons learnt in other similar national and international projects?</li> <li>○ Assess and document the effectiveness of the implementation arrangements of PPAF, WB and AICS to achieve the desired objectives of the project.</li> </ul>	
Have the interventions been carried out in a timely manner?		<ul style="list-style-type: none"> <li>○ Deliverable dates vs. agreed dates in work plan (the evaluation interest is to only flag major deviations and not prepare a time history analysis)</li> <li>○ Causal analysis of a major deviation if any and their implications</li> <li>○ Any mitigation measures/adjustments / adaptations to reduce any negative impacts.</li> </ul>		
Were there any delays in the release of PPR instalments to PPAF and from PPAF to POs?		<ul style="list-style-type: none"> <li>○ If yes, what kind of delays? (The evaluation interest is to only flag major deviations and not prepare a time history analysis)</li> </ul>		

			<ul style="list-style-type: none"> <li>○ Is there any built-in efficient mechanism to handle these delays or to minimize the impact resulting from these delays in payments?</li> </ul>	<p>Key Data/ Information Sources</p> <ul style="list-style-type: none"> <li>• WB</li> <li>• PPAF</li> <li>• AICS</li> <li>• POs</li> <li>• Beneficiaries (Individual Beneficiaries, CO, VOs, LSOs, CRPs, etc.)</li> <li>• Linkages</li> </ul> <p><i>The initial findings will be discussed with the PPAF and the WBG for their feedback and to document their perspective.</i></p>
		How have these delays impacted program implementation?	<ul style="list-style-type: none"> <li>○ In achieving targets/results</li> <li>○ In the implementation of project activities</li> <li>○ What financial risk management techniques have been adopted by the projects.</li> <li>○ Are there any lessons learned to conduct these activities in a post-COVID19 environment?</li> </ul>	
		How efficiently were the allocated resources utilized to achieve the stated objectives?	<ul style="list-style-type: none"> <li>○ Optimally utilization of financial &amp; human resources, skills, time, coordination mechanism, etc.</li> <li>○ Were the project's funds managed properly in line with national and international best practices?</li> <li>○ Were there any activities that were left /skipped due to lack of funds?</li> <li>○ Were there any activities that were not of any use and the funds against those activities were saved or utilized elsewhere?</li> </ul>	
		Is there any alternative cost-efficient approach to achieve the desired objectives?	<ul style="list-style-type: none"> <li>○ What other alternatives were considered? What criteria was used in evaluating alternatives?</li> <li>○ Identifying the segregated project components and evaluating the components for their cost vs. achievements.</li> </ul>	
		Calculation of unit costs will be part of the efficiency assessment.	Through a few practical examples: What was the cost of component and timeframe (anticipated and actual), and was there any cost overrun? (Cost-benefit analysis will be done for selected components) including quantifiable and non-quantifiable benefits	
4.	Effectiveness (doing the right)	Assess and report how effective each intervention has been in the attainment of the project outcomes.	<ul style="list-style-type: none"> <li>○ To measure the 'effectiveness', component-wise project indicators will be used as a departure point for the evaluation. The data collection tools (quantitative) will cater to assessing attribution of results to the project.</li> <li>○ How were lessons were learned under different components and deployed in the program?</li> <li>○ How was adaptability assured (resulting from contextual challenges or any other factor which the evaluation identifies in the field)</li> </ul> <p>Tip: The evaluation questions under effectiveness are all the indicators under the components.</p>	
		Assess the extent to which the interventions and processes carried out were linked to each other in a coherent manner.	<ul style="list-style-type: none"> <li>○ Identification of synergies amongst the project components, identifying the gaps where synergies could have been achieved, and identifying any duplication of efforts.</li> <li>○ Coverage of other development activities under separate projects to gauge net project effect.</li> <li>○ Observe if there is a likely impact of mega projects (attributed here as external resources) such as economic development of the village – district.</li> </ul>	
	Were interventions linked and complementary to interventions carried out by other agencies, especially the Government?	<ul style="list-style-type: none"> <li>○ In which areas PPR collaborated with other donor agencies or government interventions?</li> <li>○ To what extent these collaborations were successful.</li> <li>○ Lessons learned for the future.</li> </ul>		
5.	Impact	<ul style="list-style-type: none"> <li>• Assess and document program outcomes and map interventions to program outcomes.</li> <li>• Assess the extent to which the interventions/outputs achieved are potentially contributing to the attainment of SDGs and to resilience to shocks like COVID-19.</li> <li>• Also, track key interventions by CIs generated as a result of and linked to PPR</li> </ul>	<p>The project impact and sustainability will be assessed on humanitarian principles of impartiality, inclusiveness, neutral and confidential manner:</p> <ul style="list-style-type: none"> <li>• What was the overall perception of the beneficiaries vis-à-vis design, implementation arrangements, incorporation of stakeholders, particularly women's concerns, impact on quality of life, income, livelihoods and sustainability of interventions, and handling of operation and maintenance cost etc.?</li> <li>• What were the pre-project problems in the beneficiary areas? Were these problems addressed by the PPR?</li> <li>• What negative impact or changes were brought even inadvertently? How are these affecting the lives of the communities? Were project managers and implementing agents familiar with the "Do No Harm" (DNH) approach?</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

		interventions as a means of measuring multiplier effects of PPR.	<ul style="list-style-type: none"> <li>• Did the project ensure the inclusion of all groups including women/minorities?</li> <li>• How were priorities identified and decisions made?</li> <li>• Inclusion of all segments of society: Who were part of the community organizations (gender, PWDs, minorities)? (level/extent of involvement)? And who are these projects benefitting the most (poor, destitute benefitted)?</li> <li>• The impact of PPR on beneficiaries; to what extent PPR contributed to the beneficiaries' socio-economic uplift</li> </ul>	
6.	Performance & Process	The performance and process evaluation function will focus on the technical side of the Project including Project results, data collection processes, progress reporting, risk mitigation, and lesson learning. Under performance and process evaluation, the evaluators will choose from the comprehensive list below, depending upon the PPR regime category (detailed above) where the PPR was placed prior to the visits.	<p>Analyse some of the following issues:</p> <ul style="list-style-type: none"> <li>• M&amp;E/ Systems</li> <li>• Data Quality, storing, management</li> <li>• Processes (activities – how are these implemented)</li> <li>• Compliance</li> <li>• Lessons Learned and their inclusion throughout the project implementation</li> </ul>	•
7.	ESMF	Assess compliance with Environmental and Social Management Framework (ESMF) and its implementation, and any capacity, procedural and reporting constraints, including improvements required for a possible 2nd phase of PPR.	PPAF has prepared an Environmental and Social Management Framework (ESMF) to meet the World Bank's safeguards requirements and set out the environmental and social assessment procedures required by PPAF and its POs to assess the environmental and social consequences of PPAF interventions. SEBCON will review this framework and assess its quality through a checklist of standards ESF 2017. The evaluation will validate the effectiveness of the framework by assessing compliance with ESMF in the field. The evaluation will assess the extent to which potentially negative environmental and/or social impacts are addressed by PPR.	
8.	Risks/Challenges	Assess the impact of relevant risks and challenges during implementation. Suggest effective coping strategies to deal with such challenges in a possible 2nd phase of PPR.	<ul style="list-style-type: none"> <li>○ The Evaluators will review how the Project tracks risk to assess the relevancy of risks identified (in the risk register) and appropriateness of remedial steps proposed to mitigate risks.</li> <li>○ The Evaluators will also see what other risks that can affect the Project might be included in the risk register.</li> </ul>	
9.	Sustainability	Assess the institutional, social, and economic sustainability of the interventions and benefits achieved.	<p><b>Institutional</b></p> <ul style="list-style-type: none"> <li>○ How were community institutions strengthened to own project interventions and lead continuation?</li> <li>○ How far are the district / sub-district players capable of continuing the services and facilities provided by PPR including repair and maintenance?</li> <li>○ What documents are produced and how lessons learned are incorporated in strategies and programs?</li> <li>○ What mechanisms are in place for knowledge management, document lessons learned and dissemination?</li> <li>○ To what extent do PPR interventions have a well-designed and well-planned exit strategy?</li> <li>○ What is the impact of PPR on public policy? Has the government incorporated project approaches in public policy/strategies/plans?</li> <li>○ What types of linkages were facilitated between beneficiary community institutions and the line departments providing services? Any example?</li> </ul> <p><b>Social</b></p> <ul style="list-style-type: none"> <li>○ Has the community developed its own local system of managing/sustaining services provided by the project?</li> <li>○ How inclusive were the community organization in the first place to include all groups of the communities including women and vulnerable/marginalized?</li> </ul>	

			<ul style="list-style-type: none"> <li>○ What mechanisms have been ensured for the community institutions to ensure continuity of interventions targeted to benefit women and vulnerable segments of the community?</li> <li>○ Was the community trained and empowered in linking with other institutions for acquiring services?</li> </ul> <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>○ Has government incorporated any of needs/intervention identified by the project in regular program /ADPs?</li> <li>○ Any financial mechanism developed by beneficiaries to continue and maintain interventions after the project is over?</li> <li>○ Have the community institutions received any trainings on financial management?</li> </ul> <p><b>Economic</b></p> <ul style="list-style-type: none"> <li>○ What is the communities' readiness to co-finance UC development plans look for other finances?</li> <li>○ How far is the respective local department and/or municipality willing to make desired investment in near or far future to sustain?</li> <li>○ Do the project stakeholders recognize that the drivers of overall poverty have reduced, and this direction may be further pursued in future</li> <li>○ <u>What linkages have been established to sustain and upscale LEP activities</u></li> </ul>	
10.	Cross-Cutting Themes	Assess the level of participation of primary stakeholders (women, men, girls, boys, elderly persons, and people with special needs) in the different stages of the program cycle.	<ul style="list-style-type: none"> <li>○ To what extent have poor, indigenous and physically challenged, women and other disadvantaged and marginalized groups included and benefited from the work of PPR?</li> <li>○ To what extent have gender equality and the empowerment of women been addressed in the design, implementation and monitoring of the project?</li> <li>○ Is the gender marker data assigned to this project representative of reality?</li> <li>○ To what extent has the project promoted positive changes in gender equality and the empowerment of women? Were there any unintended effects?</li> <li>○ Assess the impact of program interventions on gender and youth, especially the participation of women as well as their access to and control over resources.</li> <li>○ It would be important to analyze the social barriers faced by the program team (including PO staff) in different cultural settings, and how the program field staff dealt with those barriers, in order to ensure women's involvement in a possible 2nd phase of the program.</li> <li>○ Assess the level of inclusion of marginalized groups like children, people with special needs, elderly persons, and other socially marginalized groups.</li> <li>○ Assess the overall outcomes of the interventions on the social and natural environment.</li> </ul>	•
11.	Financial Mgt. system	Financial Management System	<ul style="list-style-type: none"> <li>○ Were the PPAF and the WBG FMS related guidelines adequately fulfilling the purpose of setting financial management system?</li> <li>○ Was the FMS related system useful? Were there any shortcomings?</li> <li>○ How these shortcomings could be improved and made more efficient?</li> </ul> <p><i>All the issues identified by the POs will be discussed with PPAF and their perspective will also be documented.</i></p>	
12.	Procurement	Assessment of the Procurement	<ul style="list-style-type: none"> <li>○ On what history or criteria was partners' selection founded? Was the process clear and transparent?</li> <li>○ Were the PPAF &amp; World Bank's procurement policies implemented?</li> <li>○ Was the procurement related system useful?</li> <li>○ Were there any shortcomings?</li> <li>○ How these shortcomings could be improved and made more efficient?</li> </ul> <p><i>All the issues identified by the POs will be discussed with PPAF and their perspective will also be documented.</i></p>	

## ANNEX 5: KEY FINDINGS, RECOMMENDATIONS, LESSONS LEARNED FROM PPR MISSION

Recommendations from different cases of internal reports, evaluations and knowledge products have been accumulated in this section. This piece of work will be further augmented with additional documents provided during the evaluation.

No.	Title of report	Recommendations/ Key findings
1.	Midterm Evaluation of Program for Poverty Reduction (PPR) – 2018	<ul style="list-style-type: none"> <li>• The achievements of the program are being appreciated by the communities so the activities should be continued, and they can even be replicated in other parts of the country</li> <li>• Actions need to initiate with stakeholders including, the Government, local communities, and other partners to ensure the sustainability of program activities in the education and health sector.</li> <li>• The monitoring teams should closely monitor the slow-moving activities.</li> <li>• Activities requiring high-tech knowledge and skills should not be included in the Program in future.</li> <li>• In order to enable women to participate in the development cycle, investment in social mobilization must be increased.</li> </ul>
2.	Supporting Economic Resilience & Livelihoods Recovery: A Response to the COVID-19 Emergency under Program for Poverty Reduction (PPR) - 2020	<ul style="list-style-type: none"> <li>• PPAF proposed to utilize the un-utilized funds with POs (SRSP and NRSP) for communities in 8 UCs of 4 districts in KP and 9 UCs of 4 districts in Balochistan to mitigate the economic fallout of the pandemic.</li> <li>• Communities contribute to 15% of the total cost of a small infrastructure scheme in form of material or labour. Given the Pandemic PPAF will bear 100% of all the remaining infrastructure projects in 17 UCs. To provide immediate employment PPAF will pay 15 % of the cost to local labour as Cash for Work.</li> <li>• Due to the relocation of 96 project funds towards COVID-19 response, the total program targets of CPI component will be reduced from 1,689 to 1,593 and the funds will be utilized under LEP component to provide immediate support to households affected by the Pandemic.</li> </ul>
3.	PPR 29th Quarterly Report (April-June 2021)	<ul style="list-style-type: none"> <li>• To achieve the objective of the sustainable condition of Socio-economic development, 4,232 COs, 648 VOs and 42 LSOs have been formed</li> <li>• The livelihoods of 9,377 individuals have been supported by providing productive assets in small businesses, agriculture, kitchen-gardening, and fishing.</li> <li>• Under the PPR program, 1,615 CPI schemes have been successfully completed</li> </ul>

		<ul style="list-style-type: none"> <li>• A total of 205 community schools and 619 government schools have been supported. A total of 114,260 students are enrolled in these schools.</li> <li>• In the health sector, 80 government, and 55 community level health centers have been supported bringing the total to 135 health facilities since the start of the PPR program.</li> </ul>
4.	Local mission reports – PPR. 2017	<ul style="list-style-type: none"> <li>• Development of female teachers initially at primary school level to create the basis for increased girl enrollment (in particular) and to remove the prevailing concerns from parents, who are not in favor of male teachers for the girls.</li> <li>• Attention should be paid to the causes behind the slow progress of an organization set up. There is a need to accelerate the pace of completing LSOs. The slow pace in establishing women’s COs by adopting new approaches that may increase the earnings of females along with their empowerment.</li> <li>• Procedural adjustment in CPIs to reflect a broader picture of the scheme, transparency, accountability</li> <li>• There is a need to enhance the program of skill development.</li> <li>• Establishment of a research cell within the PO office to understand the root causes of poverty, ignorance towards issues of health and hygiene, and resource-use efficiency.</li> </ul>

## **ANNEX 6: FINAL DATA COLLECTION TOOLS**

The list of tools includes the following:

- 1.** Household data collection tool
- 2.** Data collection tool for FGDs with LSO/VO/CO
- 3.** Data collection tool for the POs
  - a.** Institutional
  - b.** Social mobilization
  - c.** Livelihood enhancement and protection
  - d.** Community physical infrastructure
  - e.** Education
  - f.** Health
- 4.** Client satisfaction survey – health facilities
- 5.** Assessment of health facilities
- 6.** FGD / semi structure questionnaire for health providers
- 7.** School assessment form
- 8.** Environmental and social safeguard framework

## Final Evaluation of Program for Poverty Reduction (PPR)

### Questionnaire for Household Survey

**Introduction:** Greetings! I am conducting this HH survey on behalf of PPAF to conduct a final evaluation of the PPR project, implemented in your area. Accordingly, we have prepared a set of questions, containing plain questions pertaining interventions including social mobilization, livelihood, training, drinking water supply, drainage/sanitation irrigation, link roads, bridges, lighting, and flood protection system, education, health and nutrition etc).

**Consent:** Participation in this survey is voluntary, and will be appreciated. You can choose not to answer any individual questions. However, we hope that you will participate in this HH survey since your views are important for us. All the information obtained through this HH survey will be kept confidential. It will be recorded in a secure database, and presented in a general report without identifying individual opinions. It will only take 25~30 minutes to complete. Having said that, can you please confirm, if you agree to be part of this survey.

تعارف: اسلام و علیکم! میں یہ گھریلو سروے PPAF کی جانب سے آپ کے علاقے میں پی پی آر پروجیکٹ کے حتمی نتائج اخذ کرنے کے لیے کیا جا رہا ہے۔ اس سروے میں پروجیکٹ سے متعلق سادہ سوالات شامل ہیں جن میں سماجی شمولیت، کمائی کے ذرائع، تربیت، پینے کے پانی کی فراہمی، نکاسی آب/صفائی آبپاشی، سڑکیں، پل، روشنی، اور سیلاب سے بچاؤ کا نظام، تعلیم، صحت اور غذائیت وغیرہ شامل ہیں۔

رضامندی: اس سروے میں شرکت رضاکارانہ ہے، اور اگر آپ اس میں شامل ہوں گے تو ہم آپ کے شکر گزار ہوں گے۔ آپ کسی بھی سوال کا جواب نہ دینا چاہیں تو آپ انکار کر سکتے ہیں۔ تاہم، ہم امید کرتے ہیں کہ آپ اس گھریلو سروے میں حصہ لیں گے کیونکہ آپ کے خیالات ہمارے لیے اہم ہیں۔ اس گھریلو سروے کے ذریعے حاصل کردہ تمام معلومات کو خفیہ رکھا جائے گا۔ اسے ایک محفوظ ڈیٹا بیس میں ریکارڈ کیا جائے گا، اور انفرادی آراء کی شناخت کیے بغیر عام رپورٹ میں پیش کیا جائے گا۔ اسے مکمل ہونے میں صرف 25 سے 30 منٹ لگیں گے۔ اگر آپ اس سروے کا حصہ بننا چاہتے ہیں تو براہ مہربانی ہمیں اجازت دیں کہ ہم یہ لکھ سکیں کہ آپ نے اپنی مرضی سے اس سروے میں حصہ لیا ہے۔

Question numbers to be assigned later.

Respondent Agrees to be Interviewed	1. Yes 2. No (Please <u>End</u> filling out this HH form, in a respectful manner, and proceed further).
جواب دہندہ انٹرویو دینے پر راضی ہے۔	اگر وہ راضی نہ بھی ہو تو بہت عزت سے اس کا شکریہ ادا کریں اور اگلے سہیل گھرانے کے پاس چلے جائیں

A	HH Profile	
A1	Date (Day/Month/Year)	
A2	Name of Enumerator (Code)	
A3	Gender of the Enumerator (circle)	1. Male 2. Female
A4	Mobile No. of Enumerator – If available/agrees	
A5	Province	
A6	District	
A7	Tehsil	
A8	Union Council (UC)	
A9	Village	

A10	Name of the Respondent?																												
A11	Gender of the respondent	1. Male 2. Female 3. Transgender																											
A12	Age of respondent in completed years but should be greater than 18 year	___Years																											
A13	CNIC Number of the head of the household <i>(if not available or don't know write 999999999999)</i>	_____ - _____																											
A14	Mobile number of the head of the household <i>(if not available or don't know write 9999999999)</i>	_____ - _____																											
A15	Any disability with the respondent? جواب دہندہ کسی معزوری کا شکار تو نہیں	1. Yes 2. No																											
A16	If yes then which kind of disability exists? اگر ہاں تو معزوری کی قسم بیان کریں	1. Physical 2. Visual Impairment																											
A17	Relationship with the Head of HH? جواب دہندہ کا گھر کے سربراہ سے کیا رشتہ ہے۔	<table border="1"> <tr> <td>1. Self</td> <td>2. Spouse</td> </tr> <tr> <td>3. Father/Mother</td> <td>4. Son/Daughter</td> </tr> <tr> <td>5. Brother/Sister</td> <td>6. Nephew/Niece</td> </tr> <tr> <td>7. F-/M-in-Law</td> <td>8. S-/D-in-Law</td> </tr> <tr> <td>9. B-/S-in-Law</td> <td>10. Grandchild</td> </tr> <tr> <td>11. Not Related</td> <td>12. Others _____</td> </tr> </table>	1. Self	2. Spouse	3. Father/Mother	4. Son/Daughter	5. Brother/Sister	6. Nephew/Niece	7. F-/M-in-Law	8. S-/D-in-Law	9. B-/S-in-Law	10. Grandchild	11. Not Related	12. Others _____															
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9. B-/S-in-Law	10. Grandchild																												
11. Not Related	12. Others _____																												
A18	Total number of HH members گھرانے کے کل افراد کی تعداد کتنی ہے	1. Males _____ 2. Females _____ 3. Total _____																											
A19	How many members of the HH are Educated and at what level? گھرانے کے کتنے افراد پڑھے لکھے ہیں اور ان کی تعلیم کتنی ہے۔	<table border="1"> <thead> <tr> <th></th> <th># of Male</th> <th># of Female</th> </tr> </thead> <tbody> <tr> <td>1. None</td> <td></td> <td></td> </tr> <tr> <td>2. Primary</td> <td></td> <td></td> </tr> <tr> <td>3. Middle</td> <td></td> <td></td> </tr> <tr> <td>4. Matric</td> <td></td> <td></td> </tr> <tr> <td>5. Intermediate</td> <td></td> <td></td> </tr> <tr> <td>6. Graduate</td> <td></td> <td></td> </tr> <tr> <td>7. Masters (16 or above)</td> <td></td> <td></td> </tr> <tr> <td>8. Other _____</td> <td></td> <td></td> </tr> </tbody> </table>		# of Male	# of Female	1. None			2. Primary			3. Middle			4. Matric			5. Intermediate			6. Graduate			7. Masters (16 or above)			8. Other _____		
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5. Intermediate																													
6. Graduate																													
7. Masters (16 or above)																													
8. Other _____																													
A20	Occupation of the Head of the HH (Multiple responses are possible)	<table border="1"> <tr> <td>1. HH Work</td> <td>2. Private Job</td> </tr> <tr> <td>3. Own Farming</td> <td>4. Business/Shop</td> </tr> <tr> <td>5. Farm Labour</td> <td>6. Unemployed</td> </tr> </table>	1. HH Work	2. Private Job	3. Own Farming	4. Business/Shop	5. Farm Labour	6. Unemployed																					
1. HH Work	2. Private Job																												
3. Own Farming	4. Business/Shop																												
5. Farm Labour	6. Unemployed																												

	گھر کے سربراہ کا ذریعہ معاش کیا ہے؟ ایک سے زائد ذرائع کی صورت میں بنیادی ذریعے کے آگے P لکھیں	7. Skilled Labour	8. Old & not working (above 60 years)		
		9. Un-Skilled Wage Labour	10. Student		
		11. Govt. Service	12. Disabled		
		13. Pension	14. Poultry/Fishing		
		15. Secures Rent	16. Other (Specify) _____		
<b>B</b>	<b>SOCIAL MOBILIZATION &amp; COMMUNITY DEVELOPMENT [Indicator 1.1, 1.2]</b>				
<b>B2</b>	<b>Village Organization (VO) [Indicator 1.4]</b>				
	Is any member of your household (including you) member of the VO? کیا آپ کے گھرانے کا کوئی فرد (بشمول آپ کے) VO کا رکن ہے		Male	Female	Both
		1. Yes			
		2. No, (go to Section.B3)			
B2.1	Has your HH been involved in VDP? کیا آپ کا گھرانہ دیہی ترقیاتی پروگرام میں شامل تھا؟	1. Yes 2. No 3. Don't know			
B2.2	What role has VO been playing in Development Schemes? وی او ترقیاتی سکیم کے حوالے سے کیا کام کرتی تھی؟ (ایک سے زائد جوابات ممکن ہیں)	1. Identification & Prioritization 2. Designing/Developing 3. Implementing 4. Repair & Maintenance 5. No Role 6. Don't know 7. Other (Specify) _____			
B2.3	How frequently your HH representative/member participates in VO meetings? گھر کے تنظیمی نمائندے وی او کی میٹنگ میں کتنی دفعہ جاتے تھے۔	1. Monthly 2. Need basis 3. Never 4. Don't know			
B2.4	How much monthly contribution is paid by your HH for VO meetings/office management? آپ کا گھرانہ وی او کی میٹنگز اور دفتری کاموں کے لئے کتنے پیسے دیتا ہے؟	1. PKR _____ 2. None 3. Don't know 4. Contribution in Kind (Specify) .....			
B2.5	Will VO sustain once PPR withdraws? کیا پروجیکٹ ختم ہونے کے بعد وی او کام کرتی رہے گی؟	1. Yes 2. No 3. Don't know			
B2.6	If No, describe reasons? اگر نہیں تو وجہ بیان کریں۔ 1. Monthly/Regular Meeting would not happen-گی۔ 2. HH financial contribution will stop coming لوگ اپنا حصہ نہیں ڈالیں گے۔ 3. No one will take responsibility کوئی ذمہ داری نہیں اٹھائے گا۔ 4. Other _____ دیگر وضاحت کریں۔				
<b>B3</b>	<b>CO [Indicator 1.2, 1.3]</b>				
B3.1	Is any member of your household (including you) member of the CO? کیا آپ کے گھرانے کا کوئی فرد (بشمول آپ کے) CO کا رکن ہے		Male	Female	Both
		1. Yes			
		2. No, ( Section.B4)			
B3.2	Gender of HH member who is/are part of CO? سی او کے ممبر کی صنف؟	1. Male 2. Female 3. Both			
B3.3	Ability of HH member who is/are part	1. Able			

	سی او کے ممبر فرد کی اہلیت of CO?	2. Disabled
B3.4	Does the CO have any of the following members? (Multiple responses question) کیا ان میں سے کوئی سی او کا ممبر ہے۔ (ایک سے زائد جوابات ممکن ہیں)	1. Disabled 2. Transgender 3. Representatives of the poor HHs in your community 4. Representation from religious minorities 5. Representation from social/ethnic minority/marginalized 6. Youth (14-29-year-old) 7. Don't Know 8. Other (please specify) _____
B3.5	Do CO members including female, youth, minorities, disabled etc. participate fully and regularly in CO meetings/deliberation? کیا سی او (ممبران عورتیں، نوجوان، اقلیتی ارکان، معزور افراد) باقاعدگی سے میٹنگز میں جاتے ہیں؟	1. Monthly 2. Fortnightly 3. Need based 4. Never 5. Don't know (Skip to 3.10)
B3.6	Do CO members, including female, youth, minorities, disabled etc. participate fully and regularly/monthly in deliberation? کیا سی او ممبران (عورتیں، نوجوان، اقلیتی ارکان، معزور افراد) باقاعدگی سے میٹنگز مینا اور دوسرے کاموں میں شامل ہوتے ہیں؟	1. Monthly 2. Need based 3. Never 4. Don't know
B3.7	Do CO members, including female, youth, minorities, disabled etc. participate in PPR Project implementation? کیا سی او کے ممبران (عورتیں، نوجوان، اقلیتی ارکان، معزور افراد)، باقاعدگی سے پی پی ار پروجیکٹ کے عملی کاموں میں حصہ لیتے ہیں؟	1. Fully 2. Partially 3. Not at all
B3.8	Do CO members, including female, youth, minorities, disabled etc. participate fully and regularly/monthly in decision/project design? کیا سی او کے ممبران (عورتیں، نوجوان، اقلیتی ارکان، معزور افراد)، باقاعدگی سے میٹنگز میں جاتے ہیں اور پراجیکٹ کے کاموں اور فیصلوں میں حصہ لیتے ہیں؟	1. Fully 2. Partially 3. Not at all
B3.9	Was your HH involved in identifying the need to form a CO? کیا آپ کے گھرانے کے افراد اس فیصلے میں شامل تھے کہ سی او بننی جائے؟	1. Yes 2. No 3. Don't Know
B3.10	Was your HH involved in floating the idea that a CO should be formed? کیا آپ کے گھرانے نے سی او بنانے کا خیال پیش کیا تھا؟	1. Yes 2. No 3. Don't Know
B3.11	Was your HH actively involved in convincing others to form a CO? کیا آپ کے گھرانے کے افراد نے دوسرے لوگوں کو قائل کیا تھا کہ سی او بنانی جائے؟	1. Yes 2. No 3. Don't Know
B3.12	Are the CO meetings held periodically/monthly as planned? کیا سی او کی میٹنگز طے شدہ وقت کے	1. Yes 2. No 3. Don't Know

	مطابق ہوتی ہیں؟	
B3.13	How frequently your HH member/representative participate in CO meetings? آپ کے گھرانے کے افراد سی او کی میٹنگز میں کس تواتر سے شرکت کرتے ہیں؟	1. Monthly 2. Fortnightly 3. Need based 4. Never 5. Don't know
B3.14	Is your HH involved in promoting project activities? کیا آپ کے گھرانے کے افراد پراجیکٹ کے کاموں کو آگے بڑھانے کے کاموں میں حصہ لیتے ہیں؟	1. Yes 2. No (Skip to B3.16)
B3.15	At what stage/s has your HH been involved wrt development schemes (Multiple) ترقیاتی سکیم کے بنانے میں آپ کے گھرانے کے افراد کن مراحل میں شامل رہے؟	1. Identification & Prioritization 2. Developing 3. Implementing 4. Repair & Maintenance 5. Don't Know
B3.16	Has there been any increase in your HH influence/standing in the community after becoming a member of the CO? CO کا ممبر بننے کے بعد کیا آپ کے گھرانے کا کمیونٹی پر اثر و رسوخ میں اضافہ ہوا ہے؟	1. Yes 2. No
B3.17	Has the CO member's influence in decision-making at the HH level increased? کیا سی او کے ممبر کا گھرانے کے فیصلوں میں اختیار بڑھا ہے؟	1. Yes 2. No
B3.18	Is there a requirement to contribute periodically to the CO savings for the HH? کیا آپ کے گھرانے کیلئے یہ ضروری ہے کہ وہ باقاعدگی سے سی او کی بچت میں اپنا حصہ ڈالیں؟	1. Yes 2. No 3. Don't know
B3.19	If yes, is the HH contributing in CO savings? اگر ہاں تو کیا آپ کا گھرانہ سی او کی بچت میں حصہ ڈالتا ہے؟	1. Yes 2. No (Skip to 3.21)
B3.20	If yes how much per month? اگر ہاں تو کتنے روپے ماہانہ؟	PKR
B3.21	Will the CO sustain once PPR withdraws? کیا پی پی ار کے ختم ہونے کے بعد سی او چلتی رہے گی؟	1. Yes 2. No 3. Don't know
B3.22	If No, describe reasons? اگر نہیں تو وجہ بتائیں؟ 1. Monthly/Regular Meeting would not happen - ماہانہ میٹنگ نہ ہو سکے گی۔ 2. HH financial contribution will stop coming - گھروں سے آنے والی مالی امداد ختم ہو جائے گی۔ 3. No one will take responsibility - کوئی ذمہ داری نہیں اٹھائے گا۔ 4. other specify _____	
<b>B4</b>	<b>Women Community Institutions (WCI) [Indicator 1.5, 1.6, 1.7]</b>	
B4.0	Is any member of your household (including you) member of the WCI? کیا آپ کے گھرانے کا کوئی فرد (بشمول آپ کے) WCI کا رکن ہے؟	1. Yes 2. No, (go to Section.B5)
B4.1	Does the WCI make its decisions independently for internal management? کیا ڈبلیو سی ائی اپنے اندرونی انتظامی فیصلے آزادانہ طور پر	1. Yes 2. No 3. Don't know

	کرتی ہے؟													
B4.2	Does the WCI make its decisions independently for external management? کیا ڈبلیو سی ائی اپنے بیرونی انتظامی فیصلے آزادانہ طور پر خود کرتی ہے؟	1. Yes 2. No 3. Don't know												
B4.3	Were the WCIs involved in VDP process? کیا ڈبلیو سی ائی گاوں کے ترقیاتی منصوبہ بنانے کے عمل میں شامل ہونی تھی؟	1. Yes 2. No 3. Don't know												
B4.4	Were the priorities identified by WCIs included in VDP? کیا گاوں کے ترقیاتی منصوبہ میں ترجیحات مرتب کرنے میں ڈبلیو سی ائی شامل تھی؟	1. Yes 2. No 3. Don't know												
B4.5	Was there any reluctance from male CIs to give WCIs prioritized action high priority in VDPs? کیا مردوں کی تنظیم کو ڈبلیو سی ائی کی ترجیحات پر کوئی اعتراض تھا؟	1. Yes 2. No 3. Don't know												
B4.6	Shall WCI sustain once PPR withdraws? اگر پی پی ار ختم ہو گیا تو کیا ڈبلیو سی ائی کام کرتی رہے گی؟	1. Yes 2. No												
B4.7	If No, describe reasons? اگر نہیں تو وجہ بیان کریں۔ 1. Monthly/Regular Meeting would not happen مہانہ میٹنگز نہ ہوں گی۔ 2. HH financial contribution will stop coming گھروں سے آنے والی مالی امداد بند ہو جائے گی۔ 3. No one will take responsibility کوئی ذمہ داری نہیں اٹھائے گا۔ 4. Any other (specify) _____													
<b>B5</b>	<b>Local Support Organization (LSO) [Indicator 1.4]</b>													
B5.1	Is any member of your household (including you) member of the LSO? کیا آپ کے گھرانے کا کوئی فرد (بشمول آپ کے) LSO کا رکن ہے	<table border="1"> <thead> <tr> <th></th> <th>Male</th> <th>Female</th> <th>Both</th> </tr> </thead> <tbody> <tr> <td>1. Yes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. No, (go to Section.B6)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Male	Female	Both	1. Yes				2. No, (go to Section.B6)			
	Male	Female	Both											
1. Yes														
2. No, (go to Section.B6)														
B5.2	Are LSOs meetings held periodically/monthly کیا ایل ایس او کی میٹنگز مہانہ ہوتے ہیں	1. Yes 2. No												
B5.3	Shall LSO sustain once PPR withdraws? کیا ایل ایس او پی پی ار کے ختم ہونے کے بعد بھی کام کرتی رہے گی؟	1. Yes 2. No												
B5.4	If No, describe reasons? اگر نہیں تو وجوہات بیان کریں۔ 1. Monthly/Regular Meeting would not happen مہانہ میٹنگ نہ ہو سکے گی 2. HH financial contribution will stop coming گھروں سے آنے والی مالی امداد بند ہو جائے گی۔ 3. No one will take responsibility کوئی ذمہ داری نہیں اٹھائے گا۔ 4. Any other (specify) _____													
<b>B6</b>	<b>Conflict Resolution [ Indicator 1.8]</b>													
B6.1	Are community level conflicts brought to? کمیونٹی میں ہونے والے اختلافات کس کے پاس لائے جاتے ہیں۔ (Multiple answers are possible)	1. VOs 2. COs 3. WCIs 4. LSOs 5. Jirga 6. Other Specify _____												
B6.2	How are these decisions made? اختلافات پر فیصلے کس طرح؟	1. By the president of VO, CO, WCI, LSO 2. By participation and mutual consent												

	کیے جاتے ہیں؟ (ایک سے زائد جوابات ممکن ہیں)	3. Under the traditional or tribal law 4. Under the law of the land (Pakistan)
B6.3	Are these decisions acceptable by the conflicting parties? کیا متعلقہ لوگ ان فیصلوں کو تسلیم کرتے ہیں؟	1. Completely acceptable 2. Partially acceptable
B6.4	Has VO/COs/WCIs/LSOs reduced the frequency of conflicts in the village/community ان کی تنظیموں کی وجہ سے اختلافات میں کمی آئی ہے؟	1. To a great extent 2. To some extent 3. Not at all
<b>B7</b>	<b>Community Training &amp; Development [Indicator 1.8]</b>	
<p><b>Note:</b> The purpose of community trainings is to develop the COs and help them in maturing so that they can function independently without external help of the social mobilizers. نوٹ: کمیونٹی ٹریننگ کا مقصد یہ ہے کہ سی او بنائی جائے اور انہیں مطبوع بنایا جائے تاکہ وہ سوشل موبلائزر کی مدد کے بغیر کام کر سکیں۔</p>		
<b>Direct Benefits</b> براہ راست فوائد		
B7.1	Has any member of your HH received community training as part of the PPR project? کیا پی پی آر پروجیکٹ میں آپ کے گھرانے کے کسی ممبر نے ٹریننگ حاصل کی ہے؟	1. Yes, male members only 2. Yes, Female members only 3. Yes, both 4. None (Section C)
B7.2	If yes, which training/s have your HH members received گھر کے ممبر نے کونسی ٹریننگ حاصل کی؟	1. Leadership Management Skill Training (LMST) 2. Community Management Skill Training (CMST) 3. Networking/Liaison 4. Any other (specify)
B7.3	Has the HH benefited from these trainings and development? کیا آپ کے گھرانے نے بونے والی ٹریننگ اور رنرزی سے فائدہ اٹھایا؟	1. Yes 2. No
B7.4	How has this training benefited the HH? اس ٹریننگ نے آپ کے گھرانے کو کیسے فائدہ پہنچایا؟ اس کے (Multiple response question) کئی جواب ہو سکتے ہیں۔	1. Increase in awareness about rights حقوق کے بارے میں آگہی میں اضافہ 2. Increase cooperation between HHs/community خاندان اور کمیونٹی کے درمیان تعاون میں اضافہ 3. Awareness of each other's problems ایک دوسرے کے مسائل سے آگہی 4. Combined effort towards resolving common issues مشترکہ مسائل کے حل کے لئے مشترکہ کوشش 5. Awareness about Importance of Education تعلیم کی اہمیت کے بارے میں آگہی 6. Awareness about Health-related problems صحت کے مسائل کے بارے میں آگہی 7. Others (please specify) کچھ اور وضاحت کریں۔
<b>B8</b>	<b>Indirect Benefits</b> بلا واسطہ فوائد	
B8.1	Has the HH participation in CO activities improved after completion of this training? (Multiple Response Options) کیا گھرانے کے ٹریننگ میں حصہ لینے کے بعد سی او کے کاموں میں شرکت میں اضافہ ہوا۔	1. Better participation in CO meetings 2. Better participation in CO deliberations 3. Better participation in CO decisions 4. Better participation in CO project's implementation 5. Better maintenance & repair of the PPR Schemes. 6. None of above
B8.2	Have these trainings helped the HH in creating linkages with Line Departments? کیا ان ٹریننگز کی وجہ سے مختلف محکموں میں آپ کے تعلقات بڑھے؟	1. Yes 2. No
B8.3	If Yes; Which Line Department? اگر ہاں تو کس محکمے میں	1. Health 2. Education

	(Multiple responses are possible) ایک سے زیادہ جواب بھی ہو سکتے ہیں	3. Agriculture 4. Livestock 5. DDMA 6. Other, Please mention -----
B8.4	Will the learnings of the training sustain once PPR is over? جب پی پی ار پروجیکٹ ختم ہو جائے گا تو کیا سیکھی جانے والی چیزیں اب کو یاد رہیں گی؟	1. Yes 2. No
B8.5	If No, describe reasons? اگر نہیں تو وجہ بیان کریں? 1. Community institutions (CO/VO/WCI) may go dysfunctional- کمیونٹی میں بننے والے ادارے اپنا کام بند کر دیں گے۔ 2. Community led initiatives may not continue کمیونٹی کے کئے گئے کام جاری نہ رہیں گے۔ 3. Trained people may go away for employment or education ٹریننگ حاصل کرنے والے لوگ اپنی ملازمت یا تعلیم کے سلسلے میں کہیں اور چلے جائیں گے۔ 4. Training participants may forget what they learned ٹریننگ حاصل کرنے والے لوگ سیکھی گئی باتوں کو بھول جائیں۔ 5. Other Specify _____	
<b>C</b>	<b>HEALTH &amp; NUTRITION</b>	
<b>C1</b>	<b>Community Health Centers [Indicator: 4.6]</b>	
C1.1	Do you have Community Health Centers established in your area? کیا آپ کے علاقے میں کمیونٹی ہیلتھ سنٹر بنائے گئے؟	1. Yes 2. No
C1.2	Which of the following are you aware of? ان میں سے کس کے بارے میں آپ کو پتہ ہے؟ ایک سے زیادہ جوابات ممکن ہیں	1. Up gradation of BHU/Health facility / RHC/ CHC 2. New Community Health Center / Facility 3. Availability of the staff at BHU/Health Facility 4. Availability of basic medicine at BHU/Health Facility 5. Health attendant visiting home 6.. Do not know 7. Any other, -----
C1.3	Where did you get health services before the PPR project? PPR پراجیکٹ سے پہلے آپ صحت کی سہولیات کہاں سے لیتے تھے؟	1. BHU/Govt. Facility / RHC/ CHC 2. Private 3. LHW 4. Other specify _____
C1.4	Where do you get health services now? آپ صحت کی سہولیات اب کہاں سے لیتے ہیں؟	1. BHU/Govt. Facility / RHC/ CHC 2. Private 3. LHW 4. Other specify _____
C1.5	What services are being provided through these centers? ان سنٹروں کے ذریعے آپ کو کیا خدمات مہیا کی جاتی ہیں؟	1. Health Sessions (Awareness) 2. Antenatal & Postnatal Services 3. Child Birth Facility 4. Nutritional Services 5. Vaccination 6. Others (please specify) _____
<b>C2</b>	<b>Nutrition Program [Indicator: 4.7]</b>	
C2.1	Is there mother and child health and nutrition program for women in the community? کیا کمیونٹی میں ماں اور بچوں کی صحت اور غذائیت کا پروگرام چل رہا ہے۔	1. Yes 2. No
C2.2	If Yes, how was it implemented? اگر ہاں تو اوپر عمل درآمد کیسے کیا جاتا ہے؟	1. Home Visits by LHW/Project Health Worker/BHU Staff 2. Women's visit to BHU 3. Women's visit to Community Health Center 4. Others: Please specify _____

C2.3	For women, are you or your household member provided with nutrition supplements? کیا آپ کے گھرانے کی عورتوں کے لئے اضافی غذائی سپولت / وٹامن مہیا کیا جاتا ہے؟	1. Yes 2. No
C2.4	If yes, how do you access these? اگر ہاں تو وہ آپ تک کیسے پہنچتی ہیں۔	1. Home Visits by LHW/Project Health Worker/BHU Staff 2. Women's visit to BHU 3. Women's visit to Community Health Center 4. Others: Please specify_____
C2.5	If yes, how frequently? اگر ہاں تو مہینے میں کتنی دفعہ	1. Weekly 2. Fortnightly 3. Monthly 4. On visit to BHU/Health Center 5. Others: Please specify_____
C2.6	If Yes, how was it implemented? اگر ہاں تو اس پر عملدرآمد کیسے کیا جاتا ہے	1. Home Visits by LHW/Project Health Worker/BHU Staff 2. Child's visit to BHU 3. Child's visit to Community Health Center 4. Others: Please specify_____
C2.7	Are the children of your household provided with nutrition supplements? کیا آپ کے گھرانے کے بچوں کو غذائیت والی ادویات دی جاتی ہیں؟	1. Yes 2. No
C2.9	If yes, how do you access? اگر ہاں تو آپ تک کیسے پہنچتی ہیں۔	1. Home Visits by LHW/Project Health worker/BHU Staff 2. Mother & Child's visit to BHU 3. Mother & Child's visit to Community Health Center 4. Others: Please specify_____
C2.10	If yes, how frequent? اگر ہاں تو کتنی دفعہ؟	1. Weekly 2. Fortnightly 3. Monthly 4. On visit to BHU/Health Center 5. Others: Please specify_____
C2.11	Do you have a Nutritional Referral Mechanism (referring a malnourished pregnant women or child from community to health facility by the project community health worker/ LHW/ or community itself) کیا آپ کے گائوں میں کمزور بچوں اور عورتوں کو ریفر کرنے کا سسٹم موجود ہے؟	1. Yes 2. No
C2.12	If Yes, where is the client referred to اگر ہاں تو مریض کو کہاں ریفر کیا جاتا ہے؟	1. PPAF Community Health Center 2. Basic Health Unit 3. Tehsil Headquarter Hospital 4. District Headquarter Hospital 5. Private Health Facility 6. Any other (Specify)
<b>C3</b>	<b>Kitchen Gardening [Indicator: 4.8]</b>	
C3.1	Do you have a kitchen gardening program in your community? کیا آپ کی کمیونٹی میں کوئی کچن گارڈن کا پروگرام ہے؟	1. Yes 2. No
C3.2	If Yes, please explain how is it implemented in terms of provision of Kitchen Gardening Tools اگر ہاں تو بتائیں کہ اسے کچن گارڈن کے اوزار مہیا کرنے کے لئے کیسے استعمال کیا جاتا ہے؟ عورتوں کو کچن گاڈن بنانے کی ٹریننگ دی جاتی ہے؟ 1. Kitchen gardening training to women?	

	<p>2. Vegetables seeds/plants provided to women: عورتوں کو بیج یا پودے مہیا کئے جاتے ہیں</p> <p>3. Kitchen gardening tool provided to women: کچن گارڈن کے اوزار مہیا کئے جاتے ہیں</p> <p>4. Any, other (specify) کچھ اور، وضاحت کریں</p>			
C3.3	If Yes, who provides Seeds/plants? اگر ہاں تو بیج یا پودے کون مہیا کرتا ہے۔	<p>1. PPAF: VO/CO/WCI/LSO</p> <p>2. Purchase from Market</p> <p>3. Agriculture Department</p> <p>4. Any other, (please specify) -----</p>		
C3.4	How frequent? کتنے عرصے بعد	<p>1. Monthly</p> <p>2. Seasonally</p> <p>3. Annually</p> <p>4. Others: Please specify _____</p>		
C3.5	Do you use kitchen gardening vegetables/fruits in your food? کیا آپ اپنے کھانے میں کچن گارڈن کے پھل یا سبزیاں استعمال کرتے ہیں۔	<p>1. Yes</p> <p>2. No</p>		
C3.6	Do you sell the kitchen gardening vegetables/fruits in the market? کیا آپ کچن گارڈن کے پھل یا سبزیاں بازار میں فروخت کرتے ہیں؟	<p>1. Yes</p> <p>2. No</p>		
<b>C4 Health Behaviour Change [Indicator: 4.8]</b>				
C4.1	Do you have health behavior change session on the following?	Type of Session	By whom	How frequently
		1. Nutrition Sensitivity	1. LHW	1. Weekly
		2. Hand washing	2. BHU Staff	2. Monthly
		3. Breastfeeding	3. Health worker	3. Quarterly
		4. Prevention of Anemia	4. Community Resource Person	4. Randomly
		5. Importance of Screening of Malnourished Children Under Five	5. Self-Initiative due to awareness sessions	
		6. Awareness Building for Pregnant and Lactating Mothers	6. Any other (Please specify)	
		7. Women's Reproductive Health		
		8. Basic Hygiene and Disease Prevention Methods		
		9. Promotion of Health Through the Adoption of Healthy Lifestyles		
		10. Promotion of Other Medical Issues Particularly Relevant at the Local Level		
		11. No sessions organized		
<b>Overall satisfaction on health services [Indicator: 4.8]</b>				
C4.2	Are you satisfied with the overall Community Health Centers and health services for the community in your area? کیا آپ اپنے علاقے میں موجود کمیونٹی ہیلتھ سنٹروں اور ان کی سہولیات سے مطمئن ہیں؟	<p>1. Yes</p> <p>2. No</p>		
<b>D</b>	<b>COMMUNITY PHYSICAL INFRASTRUCTURE (CPI)</b>			

D1	Drinking Water Supply (indicator 3.2)	
D1.1	What was the source of drinking water for your HH before start of PPAF/PPR? پی پی آر کے شروع ہونے سے پہلے آپ پینے کا پانی کہاں سے لیتے تھے؟	<ol style="list-style-type: none"> <li>1. River/ Stream /Canal</li> <li>2. Natural Spring</li> <li>3. Pond</li> <li>4. Well</li> <li>5. Communal hand pump</li> <li>6. Community tap in the village</li> <li>7. Hand pumps in the house (Skip to D1.4)</li> <li>8. Piped water in the house (Skip to D1.4)</li> <li>9. Others (Specify ) _____</li> </ol>
D1.2	What was the distance of previous drinking water source in KMs? جہاں سے آپ پینے کا پانی لاتے تھے وہ جگہ آپ کے گھر سے کتنے فاصلے پر تھی، کلو میٹرز میں بتائیں۔	<ol style="list-style-type: none"> <li>1. Less than half KM</li> <li>2. Between half and 1 KM</li> <li>3. Between 1-2KM</li> <li>4. Between 2-5KM</li> <li>5. Between 5-10KM</li> </ol>
D1.3	Who fetched drinking water from the source? پینے کا پانی کون لاتا تھا؟	<ol style="list-style-type: none"> <li>1. Women</li> <li>2. Men</li> <li>3. Children</li> </ol>
D1.4	Was water enough for daily use? کیا پانی روزانہ کے استعمال کے لئے کافی ہوتا تھا؟	<ol style="list-style-type: none"> <li>1. Yes (for drinking and other use)</li> <li>2. Yes (Only for drinking)</li> <li>3. No</li> </ol>
D1.5	Was your HH involved during the need assessment process? کیا جب ضروریات کی نشان دہی کا عمل ہو رہا تھا تو آپ کا گھرانہ اس میں شامل تھا؟	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't know</li> </ol>
D1.6	To what extent did the intervention fulfill the identified/desired community need for drinking water? اس پروجیکٹ نے کمیونٹی کی پینے کی ضروریات کو کس حد تک کے پانی کی پورا کیا؟	<ol style="list-style-type: none"> <li>1. Completely</li> <li>2. Partially</li> <li>3. Not at all</li> </ol>
D1.7	How do you access water from the water supply scheme? آپ واٹر سپلائی سکیم کے پانی تک کیسے پہنچتے ہیں؟	<ol style="list-style-type: none"> <li>1. Tap at a central collection point</li> <li>2. Tap outside the house</li> <li>3. Tap inside the house</li> <li>4. Other Specify _____</li> </ol>
D1.8	Is the scheme's water enough for daily use? کیا سپلائی سکیم کا پانی روزانہ استعمال کے لئے کافی ہوتا ہے۔	<ol style="list-style-type: none"> <li>1. Yes (for drinking and other use)</li> <li>2. Yes (Only for drinking)</li> <li>3. No</li> </ol>
D1.9	Who collects water from outside the home after intervention? پراجیکٹ کے بعد گھر کے باہر سے پانی کون لاتا ہے؟	<ol style="list-style-type: none"> <li>1. Men,</li> <li>2. Women</li> <li>3. Children</li> </ol>
D1.10	What is the benefit of water supply scheme for your household? آپ کے گھرانے کو واٹر سپلائی سکیم سے کیا فائدہ ہوا ہے؟ (ایک سے زائد جوابات ممکن ہیں)	<ol style="list-style-type: none"> <li>1. Time saving – hours?</li> <li>2. Water is clean</li> <li>3. Water is adequate/ sufficient</li> <li>4. Less prevalence of disease</li> <li>5. No more riskier for women to fetch water</li> <li>6. Other (Specify) _____</li> </ol>

D1.11	How do you assess water quality اپ پانی کی کوالٹی کا اندازہ کیسے لگاتے ہیں؟ (ایک سے زائد جوابات ممکن ہیں)	1. Clear and odourless 2. Better than before 3. No stomach pain complains 4. Poor/bad 5. Other (Specify)_____																								
D1.12	If there is time saving, how is the saved time utilized by women? اگر عورتوں کا وقت بچ رہا ہے تو وہ اس وقت کو کیسے استعمال کرتی ہیں؟	1. Productive activities (describe) _____ 2. Social Activities (describe) _____ 3. Not applicable																								
D1.13	If there is time saving, how is the saved time utilized by children? اگر بچوں کا وقت بچتا ہے تو وہ اسے کیسے استعمال کرتے ہیں؟	1. Productive activities (describe) _____ 2. Social Activities (describe) _____ 3. Not applicable																								
D1.14	Is the scheme equally accessible/beneficial to all members of the targeted community?  کیا سکیم کے پانی پر کمیونٹی کے تمام لوگوں کی رسائی/ فائدہ یکساں ہے	1. Yes 2. No																								
D1.15	If no, for whom is not accessible? اگر نہیں تو کس کے لیے رسائی/ فائدہ مند نہیں؟	<table border="1"> <tr> <td>1. Women</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>2. Men</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>3. Children</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>4. Physically disable</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>5. Extremely poor / FHH</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>6. Social status, etc?</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>7. Religious minorities if any</td> <td>1. Yes</td> <td>2. No</td> </tr> <tr> <td>8. Other</td> <td>1. Yes</td> <td>2. No</td> </tr> </table>	1. Women	1. Yes	2. No	2. Men	1. Yes	2. No	3. Children	1. Yes	2. No	4. Physically disable	1. Yes	2. No	5. Extremely poor / FHH	1. Yes	2. No	6. Social status, etc?	1. Yes	2. No	7. Religious minorities if any	1. Yes	2. No	8. Other	1. Yes	2. No
1. Women	1. Yes	2. No																								
2. Men	1. Yes	2. No																								
3. Children	1. Yes	2. No																								
4. Physically disable	1. Yes	2. No																								
5. Extremely poor / FHH	1. Yes	2. No																								
6. Social status, etc?	1. Yes	2. No																								
7. Religious minorities if any	1. Yes	2. No																								
8. Other	1. Yes	2. No																								
D1.16	Did the HH contribute in building the scheme in cash and/or kind)? کیا آپ کے گھرانے نے سکیم بنانے میں مالی طور پر یا کسی اور طرح مدد کی؟	1. Yes in cash 2. Yes in cash and kind 3. Yes in kind 4. No (skip to D1.19)																								
D1.17	If in cash, what amount was Contributed? اگر حصہ مالی طور پر ڈالا تو کتنا؟	PKR _ _ _ _ _  .....																								
D1.18	If in kind, how did you contribute اگر کسی اور طرح حصہ ڈالا تو کیا کیا؟	In kind (Specify) 1. Labor 2. Material 3. Food 4. Other specify _____																								



D2.10	If Garbage Disposal: How was garbage disposal done previously? اس پراجیکٹ سے پہلے کوڑا ٹھکانے لگانے کا کیا انتظام تھا؟	1. Dumped outside the house 2. Dumped at a corner in the village 3. Was carried by some municipality service 4. Not applicable (Skip to D2.12)
D2.11	How is the Garbage being disposed off now? اب کوڑے کو ٹھکانے لگانے کا کیا انتظام ہے؟	1. CO/VO/WCI Managed a system 2. Disposed of at a designated place 3. Municipality service became more efficient, now 4. Other Specify _____
D2.12	Effects of new drainage/sanitation facilities on health of HH members and hygiene گھر کے افراد پر کوڑے اور نکاسی کے انتظام کی وجہ سے کیا اثر پڑا؟	1. Less malaria reported 2. Less skin disease reported 3. Less contagious (other than Covid) reported. 4. Other specify _____
D2.13	Has the new scheme helped the disabled members of the HH in any specific way? کیا نئی سکیم سے گھر کے معذور افراد (اگر کوئی) کی کسی طریقے سے مدد ہوئی ہے؟	1. Yes 2. No. 3. Not applicable
D2.14	Has the new scheme helped women and girls of the HH in any specific way? کیا سکیم سے گھر کی عورتوں اور لڑکیوں کی زندگی پر کوئی خاص فرق پڑا ہے؟	1. Yes 2. No.
D2.15	Do you think, will the intervention be sustainable after the completion of PPAF/PPR project? کیا آپ کے خیال میں یہ سکیم پراجیکٹ ختم ہونے کے بعد بھی کام کرتی رہے گی؟	1. Yes 2. No 3. Don't know
D2.16	If No, describe reasons? اگر نہیں تو وجہ بیان کریں? 1. Community institutions (CO/VO/WCI) may go dysfunctional 2. Community led initiatives may not continue 3. HH may stop contribution 4. No one will take responsibility 5. Other specify _____	کمیونٹی میں بنائے جانے والے ادارے اپنا کام بند کر دیں گے کمیونٹی نے جو کام خود کئے وہ بھی ختم ہو سکتے ہیں۔ مختلف گھرانے بیسے دینے بند کر سکتے ہیں۔ کوئی بھی ذمہ داری نہیں اٹھائے گا
<b>D3</b>	<b>Irrigation Water Supply (indicator 3.3)</b>	
D3.1	Is an irrigation scheme executed in your area? کیا آپ کے علاقے میں کوئی اپاشی کی سکیم چلائی گئی؟	1. Yes 2. No (go to Section D4)
D3.2	Was your HH involved during the need assessment process? کیا ضرورت کی نشاندہی کے عمل میں آپ کا گھرانہ شامل تھا؟	1. Yes 2. No 3. Don't know
D3.3	How much land were you cultivating prior to this irrigation scheme اس سکیم سے پہلے آپ کتنی زمین کاشت کرتے تھے؟	_____ Kanal
D3.4	How much new land you brought under cultivation through project irrigation facility? اس سکیم کے بعد آپ نے کتنی نئی زمین پر کاشت کاری شروع کی؟	_____ Kanal
D3.5	If yes, did your HH contribute in building the scheme in cash and/or kind)? اگر ہاں تو کیا آپ کے گھرانے نے سکیم بنانے میں کوئی مالی یا دوسرے	1. Yes in cash 2. Yes in kind 3. Yes in cash and kind



D4	Other Infrastructures (Link Roads, Bridges, Solar Lighting, Flood Protection, etc.) (indicator 3.4)	
D4.1	Other than drinking and irrigation water, what other infrastructure schemes were build in your village? پینے کے پانی اور آبپاشی کی سکیم کے علاوہ آپ کے علاقے میں کیا کام کئے گئے؟ ایک سے زائد جوابات ممکن ہیں	<ol style="list-style-type: none"> <li>1. Link road</li> <li>2. Bridges</li> <li>3. Solar lights</li> <li>4. Flood protection</li> <li>5. Other</li> <li>6. If No, skip to Section D5</li> </ol>
D4.2	Is the scheme executed in your community relevant to actual need? کیا آپ کے علاقے میں کئے جانے والے کام آپ کے علاقے کی ضرورت تھے؟	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
D4.3	Was your HH involved during the need assessment process? کیا ضرورت کی نشاندہی کے عمل میں آپ کا گھرانہ شامل تھا؟	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't know</li> </ol>
D4.4	Did the HH contribute in building the scheme in cash and/or kind? کیا آپ کے گھرانے نے پیسے سے یا کسی اور طرح سے سکیم بنانے میں حصہ ڈالا؟	<ol style="list-style-type: none"> <li>1. Yes in cash</li> <li>2. Yes in cash and kind</li> <li>3. Yes in kind</li> <li>4. No (go to Q D4.6)</li> </ol>
D4.5	If yes in Cash was contributed in? اگر ہاں تو کتنے پیسے ڈالے؟ <b>Multiple answers</b>	<ol style="list-style-type: none"> <li>1. Link road: PKR _ _ _ _ _ _ _ </li> <li>2. Bridges: PKR _ _ _ _ _ _ _ </li> <li>3. Solar lights: PKR _ _ _ _ _ _ _ </li> <li>4. Flood protection: PKR _ _ _ _ _ _ _ </li> <li>5. Other: PKR _ _ _ _ _ _ _ </li> </ol>
D4.6	Is the HH contributing in O&M of the scheme? کیا آپ کا گھرانہ سکیم کے انتظام و انصرام میں حصہ ڈالتا ہے؟	<ol style="list-style-type: none"> <li>1. Yes in Cash</li> <li>2. Yes in Cash and Kind</li> <li>3. Yes in kind</li> <li>4. No (go to Q D4.8)</li> </ol>
D4.7	In case of Cash contribution in O&M of the Schemes. اگر پیسوں سے حصہ ڈالا تو کتنے پیسے ڈالے؟	<ol style="list-style-type: none"> <li>1. Link road: PKR _ _ _ _ _ _ _ </li> <li>2. Bridges: PKR _ _ _ _ _ _ _ </li> <li>3. Solar lights: PKR _ _ _ _ _ _ _ </li> <li>4. Flood protection: PKR _ _ _ _ _ _ _ </li> <li>5. Other: PKR _ _ _ _ _ _ _ </li> </ol>
D4.8	What benefits do you see for your household? ان سکیموں سے آپ کے گھرانے کو کیا فائدہ پہنچنے کی امید ہے؟ <b>Multiple answers</b>	<ol style="list-style-type: none"> <li>1. Link road</li> <li>2. Bridges</li> <li>3. Solar lights</li> <li>4. Flood protection</li> <li>5. Other (please specify)</li> </ol>
D4.9	Any monetary benefits (monthly?) کیا کوئی مابانہ فائدہ ہوتا ہے؟	<ol style="list-style-type: none"> <li>1. Link road: PKR _ _ _ _ _ _ _ </li> <li>2. Bridges: PKR _ _ _ _ _ _ _ </li> <li>3. Solar lights: PKR _ _ _ _ _ _ _ </li> <li>4. Flood protection: PKR _ _ _ _ _ _ _ </li> <li>5. Other: PKR _ _ _ _ _ _ _ </li> <li>6. No monetary Benefits</li> </ol>
D4.10	Before the flood protection, what was your last event when flood caused damaged to your HH and your village? سیلاب سے بچانے کی سکیم بننے سے پہلے آپ کے علاقے میں کب سیلاب آیا تھا جس سے آپ کے علاقے یا گھر کو نقصان ہوا ہو۔ Take note: <ol style="list-style-type: none"> <li>1. 6 months to one year before- 6 ماہ یا ایک سال پہلے</li> <li>2. 2 to 3 years back دو یا تین سال پہلے</li> <li>3. 3 to 5 years ago 3 سے پانچ سال پہلے</li> </ol>	

	<p>4. Over 5 years ago</p> <p>5. No food</p> <p>6. Not applicable</p>	
D4.11	<p>After the flood protection, do you recall the last flood which did not cause damage to your HH and your village because of protection? سیلاب سے بچاؤ کی سکیم کے بعد آپ کو کوئی ایسا سیلاب یاد ہے جس نے کوئی نقصان نہ پہنچایا ہو۔</p> <p>1. Not applicable</p> <p>2. 6 months to one year before سال سے ایک سال</p> <p>3. 2 to 3 years back 2 سے تین سال پہلے</p> <p>4. 3 to 5 years ago 3 سے پانچ سال پہلے</p> <p>5. No food</p>	
D4.12	<p>Has the new scheme helped the women of the HH in any specific way? کیا نئی سکیم نے کسی بھی طریقے سے گھریلو عورتوں کی مدد کی ہے؟</p>	<p>1. Yes</p> <p>2. No.</p>
D4.13	<p>If Yes, please select اگر ہاں تو بیان کریں</p> <p>1. Not applicable</p> <p>2. Increased sense of security محفوظ ہونے کا احساس بڑھ گیا</p> <p>3. Improved socialization لوگوں سے میل ملاپ میں اضافہ</p> <p>4. Saves time and money وقت اور پیسے کی بچت</p> <p>5. Any other (specify)</p>	اور کچھ وضاحت کریں
D4.14	<p>Has the new scheme helped the disabled members of the HH in any specific way? کیا نئی سکیم نے گھر کے معذور افراد کی کسی بھی طریقے سے مدد کی ہے؟</p>	<p>1. Yes</p> <p>2. No.</p> <p>3. Not applicable</p>
<b>D5</b>	<b>Operation and Maintenance (indicator 3.5)</b>	
<b>D5.1</b>	<b>Drinking Water</b>	
D5.1.1	<p>Is the HH contributing in O&amp;M cost of the scheme? کیا آپ کا گھرانہ سکیم کے انتظام و انصرام میں حصہ ڈالتا ہے؟</p>	<p>1. Yes</p> <p>2. No</p> <p>3. Not applicable (if no scheme provided) skip to D5.2</p>
D5.1.2	<p>If yes, what amount is being contributed monthly? اگر ہاں تو مہینے میں کتنے پیسے؟</p>	<p>PKR _ _ _ _ _ _ _ </p> <p>If Kind</p> <p>1. Labor</p> <p>2. Food</p> <p>3. Material</p> <p>Other (Specify) _____</p>
D5.1.3	<p>Who fixes a problem if a technical fault arrives? اگر کوئی تکنیکی مسئلہ ہو جائے تو کون ٹھیک کرتا ہے؟</p>	<p>1. A person in the village was trained</p> <p>2. A person is hired to fix it</p> <p>3. Local water supply department</p> <p>4. Other specify _____</p>
D5.1.4	<p>Do you think the scheme is well maintained and operates without interruption? کیا آپ کے خیال میں سکیم اچھے سے چل رہی ہے اور کوئی مداخلت نہیں ہوتی؟</p>	<p>1. Yes</p> <p>2. No</p>
<b>D5.2</b>	<b>Drainage / Sanitation</b>	
D5.2.1	<p>Is the HH contributing in O&amp;M cost of the scheme in cash? کیا آپ کا گھرانہ سکیم کے انتظام و انصرام میں حصہ ڈالتا ہے؟</p>	<p>1. Yes</p> <p>2. No</p> <p>3. Not applicable (if no scheme provided) skip to D5.3</p>
D5.2.2	<p>If yes what amount is being contributed monthly? اگر ہاں تو مہینے میں کتنے پیسے؟</p>	<p>PKR _ _ _ _ _ _ _ </p>

		Kind 1 Labor 2. Food 3. Material
D5.2.3	What is the Degree of satisfaction with respect garbage collection in your village? آپ کا گھرانہ صفائی ستھرائی سے کتنے مطمئن ہیں؟	1. Very Good 2. Good 3. Satisfactory 4. Poor/bad
D5.2.4	Do you contribute monthly for garbage collection? کیا آپ کوڑا جمع کرنے کے نظام کے لیے ماہانہ کوئی رقم ادا کرتے ہیں؟	1. Yes 2. No
D5.2.5	If you pay, what do you pay monthly for garbage collection? اگر آپ کوڑا جمع کرنے والوں کو پیسے دیتے ہیں تو مہینے کے کتنے پیسے دیتے ہیں؟	PKR _ _ _ _ _ _ _
D5.2.6	If you do not pay, who pays for it? اگر آپ پیسے ادا نہیں کرتے تو کون کرتا ہے۔ 1. VO/CO/WCI/LSO 2. Other HHs 3. Managed by Municipality service 4. Any other (specify) _____ 5. No one contribute _____	
<b>D5.3</b>	<b>Irrigation</b>	
D5.3.1	Is the HH contributing in O&M cost of the scheme in cash? کیا آپ کا گھرانہ سکیم کے انتظام و دیکھ بھال میں کوئی حصہ ڈالتا ہے؟	1. Yes 2. No (Skip to 5.3.4) 3. Not applicable (Skip to D5.4)
D5.3.2	If yes, what is the amount contributed monthly or annually? اگر ہاں تو کتنے پیسے ماہانہ یا سالانہ؟	1. Annually: PKR _ _ _ _ _ _ _  2. Monthly: PKR _ _ _ _ _ _ _   In kind 1 Labor 2. Food 3. Material
D5.3.3	How much water use charges are paid for the facility? اس سہولت کے لئے کتنے پیسے دیتے ہیں؟	1. Rs./season _ _ _ _ _ _ _  2. Rs./field  _ _ _ _ _ _ _  3. Rs./crop  _ _ _ _ _ _ _  4. Rs./hour _ _ _ _ _ _ _  5. No charges
D5.3.4	What is the responsibility of HH in the maintenance/operation of the irrigation facility? انتظام و انصرام میں گھرانوں کی کیا ذمہ داریاں ہیں؟	1. None 2. Annual Cleaning of channels 3. Operation of facility 4. Other _____
<b>D5.4</b>	<b>Link Road, Bridges, Solar Lights, Flood Protection</b>	
D5.4.1	Do you think, the intervention will be sustainable after the completion of PPR project? کیا آپ کے خیال میں یہ سکیم پی پی پی کے اختتام کے بعد کام کرتی رہے گی؟	1. Yes (Skip to section E) 2. No 3. Don't know (Skip to section E) 4. Not applicable (Skip to section E)
D5.4.2	If No, why? Please what could be the reasons? اگر نہیں تو کیوں، کیا وجہ ہو سکتی ہے؟ 1. VO/COs/WCIs are not likely to stay as active as they are now - ہیں۔ جتنا اب کرتی ہیں۔ 2. HH will stop making contribution in O&M of the Scheme گھرانے سکیم کے انتظام و انصرام میں حصہ نہیں ڈالیں گے 3. Trained persons for O&M may quit the village for employment or some other reasons انتظام و انصرام میں تربیت یافتہ افراد اپنی ملازمت یا کسی اور وجہ سے گائوں چھوڑ کر چلے جائیں 4. Respective government line departments may not take the responsibility متعلقہ حکومتی محکمہ ذمہ داری نہیں اٹھاتا	

	5. Any other reason (specify) س کے علاوہ کچھ وضاحت کریں		
<b>E</b>	<b>LIVELIHOOD ENHANCEMENT AND PROTECTION (LEP)</b>		
<b>E1</b>	<b>Asset Transfer (Livestock) – (Indicator 2.1)</b>		
E1.1	Did you receive livestock asset from the PPR? کیا آپ نے پی پی ار سے کچھ اثاثے لئے	1. Yes 2. No (skip to section E2)	
	<b>Skip the remaining questions if NO</b> اگر جواب نہ ہو تو اگلے سوال چھوڑ دیں		
E1.2	Type and number of livestock given under PPR intervention. پی پی ار کے پراجیکٹ کے تحت کس قسم کے اور کتنی تعداد میں مویشی دئے گئے؟	Type of Livestock	Number
		1. Poultry	
		2. Goat,	
		3. Sheep	
		4. Cow,	
		5. Buffalo	
		6. Camel	
		7. Others	
E1.3	Has the HH ever owned livestock before receiving asset under PPR project? کیا آپ کے گھرانے کے پاس اس سے پہلے مویشی تھے؟	1. Yes 2. No	
E1.4	If yes, type and # of livestock you had already owned before PPR assistance اگر ہاں تو PPR کی اسسٹنس سے پہلے کتنے اور کون کون سے مویشی تھے؟		Numbers
		1. Poultry	
		2. Goat	
		3. Sheep	
		4. Cow	
		5. Buffalo	
		6. Camel	
		7. Others	
E1.5	How were you selected for this asset اس اثاثے کے لئے آپ کا انتخاب کیسے کیا گیا؟	1. Through CO/VO/LSO/WCI 2. Self-Contact 3. Other Means (please specify)	
E1.6	When was the livestock transferred under PPR project? پی پی ار پروجیکٹ میں مویشی کب تقسیم کئے گئے؟	DD/MM/YYYY (___/___/___)	
E1.7	Was the HH involved in the asset procurement process? جب مویشی خریدے جا رہے تھے تو کیا آپ اس خریداری کا حصہ تھے؟	1. Yes 2. No (Skip to E1.9)	
E1.8	If yes, did the HH pick the actual asset which was eventually transferred to the HH? اگر ہاں تو کیا آپ نے جس اثاثے کا انتخاب کیا گیا آپ	1. Yes 2. No	

	کو وہی دی گیا؟	
E1.9	Are you satisfied with the quality of asset given under PPR project? کیا آپ پی پی ار میں دئے گئے اثاثوں کے معیار سے مطمئن ہیں؟	1. Yes 2. No
E1.10	If Yes, what are the possible reasons (multiple choice question) 1. Multiplied and proved productive/profitable یہ اٹاٹہ بڑھتا گیا او فائدہ ہوا 2. Improved HH consumption/nutrition گھر میں کھانے کے لئے زیادہ ایا اور غذائیت میں اضافہ ہوا 3. Any other reason (specify) اس کے علاوہ کوئی اور وجہ	
E1.11	If No what are the possible reasons (multiple choice question) 1. Asset expired مر گیا 2. Was not productive and could not multiply فائدہ مند نہیں تھا کیونکہ اضافہ نہیں ہوا 3. Was too limited in amount/number/capacity مقدار بہت کم تھی 4. Got stolen چوری ہو گیا 5. Lost گم گیا 6. Died مر گیا If died reason? ..... 7. Sold بیچ دیا If sold, reason? ..... 8. Any other reason (specify)	
E1.12	Number of livestock HH still owns from those given under PPAF/PPR project? مویشیوں کی تعداد جو پی پی ار پروجیکٹ میں دئے گئے اور ابھی تک پاس ہیں	No. _____ (if none, go to E1.19)
E1.13	Productivity of livestock مویشیوں کی پیداواری صلاحیت (Multiple response question)	1. Breeding 2. Milk 3. Wool 4. Meat / feedlot 5. Other
E1.14	The quantity of milk or eggs produced? دودھ یا انڈوں کی پیداوار	1. Eggs in Number per week _____ 2. Milk in Liter per day _____ 3. Not applicable
E1.15	The value of Asset(s) when transferred by PPR? جب پی پی ار نے اٹاٹے دئے اس وقت ان کی قیمت	PKR
E1.16	Current Worth (approx. market price) موجودہ قیمت	PKR
E1.17	Current health of livestock موجودہ صحت	1. Good 2. Fair 3. Bad
E1.18	Was any Asset Management training provided to care for/manage livestock کیا مویشیوں کو سنبھالنے کی کوئی تربیت دی گئی	1. Yes 2. No (Skip to E1.20)
E1.19	If yes which training was provided? اگر ہاں تو کونسی؟	1. Health / weight management care 2. Vaccination 3. Drenching/ Deworming 4. Fodder/feed types 5. Reproduction 6. Housing and management 7. Other _____
E1.20	Who do you contact in case of problem related to livestock? اگر مویشیوں کے ساتھ کوئی مسئلہ ہو تو کس	1. Government Vet 2. Village specialist / shop / CRP 3. Manage ourselves through traditional methods/medicine

	سے رابطہ کرتے ہیں؟	4. Never needed 5. Other specify _____
E1.21	Where do you graze your livestock? اپ اپنے مویشیوں کو کہاں چراتے ہیں؟ ایک سے زائد جوابات ممکن ہیں	1. Open pastures 2. Stall feed from collected fodder 3. Agricultural waste 4. Purchase fodder 5. Other
E1.22	Was any product marketing activity done? کیا پیداوار بیچنے کی کوئی تربیت دی گئی؟	1. Yes 2. No
E1.23	What income did you earn in the last one year? پچھلے سال آپ نے کتنی آمدنی حاصل کی؟	PKR  _ _ _ _ _ _ _
<b>E2</b>	<b>Asset Transfer (Agri Inputs, Tools, and Machinery) (Indicator 2.1)</b>	
E2.1	Did you receive any asset in this category? کیا آپ نے اس میں کوئی اثا نہ حاصل کیا؟	1. Yes 2. No (Skip to E3)
E2.2	If yes, list of Assets transferred? اگر ہاں تو نام بتائیں۔	1. Dung Pung Machine for Kitchen Gardening 2. Agri tool kit (e.g. olive, 3. Kitchen Gardening Tools 4. Spray machine 5. Diesel Engine 6. Other (please specify)
E2.3	Did the HH have an agricultural background before PPR Project? کیا آپ کا گھرانہ پی پی ار پراجیکٹ سے پہلے بھی زمیندار تھا؟	1. Yes 2. No
E2.4	How were you selected for this asset? اس اثا نے کے لئے آپ کا انتخاب کیسے کیا گیا۔	1. Through CO 2. Self-Contact 3. Other Means
E2.5	When were the assets transferred? اثا نے کب دئے گئے؟	DD/MM/YYYY
E2.6	How did the asset benefit you? اثا نے آپ کو کیا فائدہ حاصل ہوا؟	1. New crop 2. More efficiency in terms of time 3. More productivity 4. Other
E2.7	If new you began to grow new crop, name? اگر اب آپ کوئی نئی فصل اگا رہے ہیں تو اس کا نام بتائیں	
E2.8	Was the HH involved in the asset procurement process? کیا آپ کا گھرانہ اثا نے کی خرید کے عمل میں شامل تھا؟	1. Yes 2. No
E2.9	What was the value of asset given under PPR Project? پی پی ار پراجیکٹ کے تحت دئے گئے اثا نے کی قیمت کیا تھی؟	PKR _ _ _ _ _ _ _
E2.10	Are you satisfied with the quality of assets given under PPR project? کیا آپ اثا توں کے معیار سے مطمئن ہیں؟	1. Yes (Skip to E2.12) 2. No
E2.11	If no what is the reason? اگر نہیں تو کیا وجہ ہے؟	

	<p>1. The asset is of low quality اٹا ٹہ کا معیار خراب ہے</p> <p>2. The asset ran down soon اٹا ٹہ جلد ہی ختم ہو گیا</p> <p>3. Less than my desired number/amount میری ضرورت سے کم تھا</p> <p>4. Any other reason, specify س کے علاوہ کچھ وضاحت کریں</p>	
E2.12	Is the provided assets no more in use? کیا دی گئی چیز اب استعمال میں نہیں ہے؟	<p>1. Yes (Skip to E2.15)</p> <p>1. 2. No</p>
E2.13	If No, the major reason for that? اگر نہیں تو بڑی وجہ ' <p>1. Got stolen</p> <p>2. Got ran down/broken</p> <p>2. Lost</p> <p>4. Sold</p> <p>5. Others specify _____</p>	
E2.14	When did the asset sold/stolen/lost/become non-functional? دے گئے اٹا ٹہ جات کب بیکار ہوئے، یا ٹوٹے، یا چوری ہوئے؟	DD/MM/YYYY
E2.15	Did you receive any training/skills on use of implements کیا آپ کو الات استعمال کرنے کی ٹریننگ دی گئی؟	<p>1. Yes</p> <p>2. No (Skip to E2.17)</p>
E2.16	If yes, what kind of training? اگر ہاں تو وہ کیا ٹریننگ تھی؟	<p>1. Maintenance of implements</p> <p>2. Basic agronomy</p> <p>3. Other</p>
E2.17	In case of problem, where do you go for technical support, repair etc. اگر کوئی مسئلہ ہو جائے تو آپ تکنیکی مدد کے لئے کہاں جاتے ہو؟	<p>1. Nearest implements shop / mechanic</p> <p>2. Village specialist / CRP</p> <p>3. PPAF Trained person</p> <p>4. Other</p>
E2.18	Do you utilize your services/ skills for income? کیا آپ اپنی خدمات/ ہنر کمائی کے لئے استعمال کرتے ہو؟	<p>1. Yes</p> <p>2. No</p>
E2.19	Your income from agricultural production during the last six months? Lump sum پچھلے چھ ماہ میں آپ نے زراعت سے کتنی آمدن حاصل کی؟	PKR _ _ _ _ _ _ _
<b>E3</b>	<b>Asset Transfer (Olive Plantation) (Indicator 2.1)</b>	
E3.1	Did you get any asset relevant for olive grafting / plantation? کیا آپ کو زیتون اگانے سے متعلق کوئی اٹا ٹہ دیا گیا؟	<p>1. Yes</p> <p>2. No (Skip to section E4)</p>
E3.2	Please describe your asset اپنے اٹا ٹہ کی تعریف کریں	<p>1. Plants</p> <p>2. Graffi</p> <p>3. Other specify _____</p>
E3.3	Does the HH have an agricultural background before PPR Project? کیا آپ کا گھرانہ پی پی پی سے پہلے بھی زمینداری کرتا تھا؟	<p>1. Yes</p> <p>2. No</p>
E3.4	How were you selected for this intervention? آپ کا انتخاب کیسے کیا گیا؟	<p>1. Through CO</p> <p>2. Self-Contact</p> <p>3. Other Means _____</p>



		4. Carpentry tools 5. Electric maintenance tools 6. Others specify _____
E4.3	Does the HH have prior experience of handicraft making? کیا آپ کے گھرانے کو دستکاری کا تجربہ تھا؟	1. Yes 2. No
E4.4	What handicrafts were you making before? پہلے آپ دستکاری کی کون سی چھیزیں بناتے تھے؟	1. Embroidery 2. Clothing 3. Pottery 4. Jewelry 5. None 6. Others specify _____
E4.5	After asset transfer are you making the same type of handicrafts or new types? چیزیں ملنے کے بعد بھی کیا اسی قسم کی دستکاری بنا رہے ہیں؟	1. Same type 2. New type 3. Both same and new
E4.6	If New type, what kind? اگر نئی ہیں تو کیا؟	1. Embroidery 2. Clothing 3. Pottery 4. Jewelry 5. Others specify _____
E4.7	How were you selected for this asset? آپ کو یہ چیزیں دینے کے لئے کیسے چنا گیا؟	1. Through CO 2. Self-Contact 3. Other Means
E4.8	When were the assets transferred? چیزیں آپ کو کب دی گئیں؟	DD/MM/YYYY
E4.9	Was the HH involved in the asset procurement process? کیا جب یہ سامان خریدا گیا تو آپ اس میں شامل تھے؟	1. Yes, 2. No
E4.10	What was the value of asset given under PPR Project? بی بی آر کے تحت خریدے گئے سامان کی قیمت کتنی تھی؟	PKR _ _ _ _ _ _ _
E4.11	Are you satisfied with the quality of assets given under PPR project? کیا آپ اس سامان کے معیار سے مطمئن ہیں؟	1. Yes 2. No
E4.12	If No what is the reason? اگر نہیں تو وجہ بتائیں	1. The asset was not productive or efficient تھا اچھا نہیں تھا 2. The asset broke/ran down soon. سامان جلد ہی ٹوٹ گیا. 3. Others specify _____
E4.13	Is there any change in the number of assets provided? کیا مہیا کئے گئے سامان میں کوئی تبدیلی آئی ہے؟	1. Yes 2. No
E4.14	If yes one major reason for this change? اگر ہاں تو وجہ بتائیں۔	1. Got stolen 2. Sold 3. Lost 4. No more functional 5. Increased 6. Others specify _____
E4.15	When was the asset sold/stolen/lost/ become non-functional? سامان کس	DD/MM/YYYY

	وقت چوری ہوا یا ٹوٹا	
E4.16	Are the assets being utilized for productive purposes? کیا سامان کو دستکاری بنانے کے لئے استعمال کیا جا رہا ہے؟	1. Yes for domestic use only 2. Yes for commercial purpose only 3. Yes both for domestic and commercial purposes 4. None
E4.17	Which training was provided to you to use the assets? آپ کو کیا ٹریننگ دی گئی تھی؟	1. Use of new tools and techniques 2. New skills for new types of handicrafts 3. Designing 4. Packaging 5. Marketing 6. Others specify _____
E4.18	Have you produced articles since your training اپنی ٹریننگ کے بعد سے آپ نے دستکاری کا کام کیا؟	1. Yes 2. No
E4.19	If yes, have you sold your articles? اگر ہاں تو کیا آپ نے اپنا دستکاری کا سامان بیچا؟	1. Yes 2. No
E4.20	How did you sell your article? اپنا سامان کیسے بیچا؟	1. The buyer come to you 2. You went to the market 3. A middle-man took the articles and paid you 4. Other
E4.21	What was your net income during the last one year? پچھلے ایک سال میں آپ نے کتنے پیسے کمائے؟	PKR _ _ _ _ _ _ _
E4.22	Do you have a trained specialist in the village to help you? کیا آپ کے گاؤں میں کوئی تجربہ کار تربیت یافتہ لوگ ہیں جو آپ کی مدد کر سکیں؟	1. Yes 2. No
E4.23	If yes, who do you seek help from? اگر ہاں تو آپ کس سے مدد لیتی ہیں؟	1. Skillful person from the village 2. Trained person from the Market 3. Any other, specify
<b>E5</b>	<b>Asset Transfer (Fisheries) (Indicator 2.1)</b>	
E5.1	Did you get any asset relevant to fisheries? کیا آپ کو مچھلیاں پکڑنے کے لئے کوئی سامان دیا گیا؟	1. Yes 2. No (Skip to E6)
E5.2	List of Assets transferred? سامان کی لسٹ جو آپ کو دیا گیا	1. Fishing Boat 2. Fishing Net 3. Motorcycle for fish selling 4. Other (please specify)
E5.3	Does the HH have prior experience of fisheries? کیا آپ کے گھرانے کو مچھلیوں کے بارے میں پہلے سے کچھ تجربہ تھا؟	1. Yes 2. No
E5.4	If yes, were you catching fish for yourself or for a contractor on his boat? اگر ہاں تو کیا آپ اپنے لئے مچھلیاں پکڑتے تھے یا بیچنے کے لئے؟	1. Self 2. Contractor
E5.5	What type of fish were you catching before? پہلے آپ کس طرح کی مچھلیاں اس سے پکڑتے تھے؟	1. _____ 2. _____ 3. _____

E5.6	After asset transfer are you catching the same type of fish or new types? سامان ملنے کے بعد کیا آپ اسی طرح کی مچھلیاں پکڑ رہے ہیں یا کسی اور طرح کی؟	1. Same type 2. New type 3. Both same and new
E5.7	If New type, what kind اگر نئی قسم کی ہیں تو کونسی؟	1. _____ 2. _____ 3. _____
E5.8	How were you selected for this asset? اس سامان کے لئے آپ کو کیسے چنا گیا؟	1. Through CO 2. Self-Contact 3. Other Means
E5.9	When were the assets transferred سامان کب دیا گیا؟	DD/MM/YYYY
E5.10	Was the HH involved in the asset procurement process? کیا آپ کا گھرانہ سامان خریدنے کے عمل میں شامل تھا؟	1. Yes 2. No
E5.11	What was the value of asset given under PPR Project? سامان کی کیا قیمت تھی؟	PKR _ _ _ _ _
E5.12	Are you satisfied with the quality of assets given under PPR project? آپ سامان کے معیار سے مطمئن ہیں؟	1. Yes 2. No
E5.13	If no what is the reason? اگر نہیں تو کیا وجہ ہے؟ 1. The asset is of poor quality - سامان کا معیار اچھا نہیں ہے۔ 2. The asset broke/ran down soon - سامان جلد ہی ٹوٹ گیا۔ 3. The asset did not prove productive - سامان سے پیداوار نہیں بڑھی۔ 4. Any other reason, specify - س کے علاوہ کچھ وضاحت کریں	
E5.14	Is there any change in the number of assets provided? کیا جتنا سامان دیا گیا تھا اس میں کوئی تبدیلی آئی؟	1. Yes 2. No
E5.15	If yes one major reason for this change? اگر ہاں تو وجہ بتائیں؟	1. Got stolen 2. Lost 3. No more functional 4. Sold 5. increased 6 other specify _____
E5.16	When was the asset sold /finished/broke/ stolen/lost/become non-functional سامان کس وقت بیچا گیا، یا چوری ہوا یا ٹوٹ گیا؟	DD/MM/YYYY
E5.17	Are the assets being utilized for productive purposes? کیا سامان کو پیداوار بڑھانے کے لئے استعمال کیس جا رہا ہے؟	1. Yes for domestic use only 2. Yes for commercial purpose only 3. Yes both for domestic and commercial purposes 2. . None
E5.18	Was any training provided to use the assets? سامان استعمال کرنے کے لئے کوئی تربیت دی گئی؟	1. Yes 2. No
E5.19	If yes, what kind of training? اگر ہاں تو کس طرح کی تربیت دی گئی؟	1. Boat operation 2. Fish catch storage and processing 3. Fishing techniques 4. Other specify _____

E5.20	Where do you go for technical advice? آپ تکنیکی مدد حاصل کرنے کے لئے کہاں جاتے ہو؟	1. Local Forest / Agriculture/Fisheries Department 2. Village CRP / specialist/ PPR trained person 3. Other
E5.21	Was any product marketing done? کیا آپ نے اپنی پیداوار بیچی؟	1. Yes 2. No
E5.22	If yes, what income did you earn? اگر ہاں تو کیس کمائی ہوئی؟	PKR _ _ _ _ _ _ _
E5.23	How much is the increased in your monthly income? آپ کی ماہانہ آمدنی میں کتنا اضافہ ہوا؟ تخمینہ لگا کر بتائیں	PKR _ _ _ _ _ _ _
E5.24	What marketing related support were you provided? مارکیٹنگ میں کس قسم کی مدد دی گئی؟	1. CIG Formation 2. CIG training 3. CIG Exposure visits 4. Linkage development with buyers 5. Marketing training 6. Others
<b>E6</b>	<b>Asset Transfer (Small Business Setup + Stock/Tools) (Indicator 2.1)</b>	
E6.1	Did you get any asset relevant to small business? کیا آپ کو چھوٹے کاروبار سے متعلق کوئی سامان دی گیا؟	1. Yes 2. No (Skip to E7)
E6.2	List of Assets transferred? جو سامان آپ کو دیا گیا اس کی لسٹ بتائیں	1. _____ 2. _____ 3. _____ 4. _____
E6.3	What business are you running now? اس وقت آپ کونسا کاروبار کر رہے ہو؟	_____
E6.4	Were you in the same business before the transfer of these assets? اس سامان کے ملنے سے پہلے آپ یہی کاروبار کر رہے تھے؟	1. Yes 2. No
E6.5	If No, what was your business/occupation before? اگر نہیں تو پہلے آپ کا کیا کاروبار تھا؟	_____
E6.6	If No, who chose the current line of business? یہ کاروبار آپ کے لیے کس نے چنا؟	1. Self 2. Family 3. CO/Vo/WCI/LSO 4. PO 5. Friend(s) 6. Other _____
E6.7	How were you selected for this asset? آپ کو یہ سامان دینے کے لئے کیسے چنا گیا؟	1. Through CO 2. Self-Contact 3. Other Means
E6.8	When were the assets transferred? سامان کب دیا گیا؟	DD/MM/YYYY
E6.9	Was the HH involved in the asset procurement process? کیا آپ کا گھرانہ سامان خریدنے کے عمل میں شامل تھا؟	1. Yes 2. No
E6.10	What was the value of asset given under PPR Project? دئے گئے سامان کی قیمت کیا تھی؟	PKR _ _ _ _ _ _ _
E6.11	Is there any change in the number of assets provided? کیا سامان میں کوئی تبدیلی ہوئی ہے؟	1. Yes 2. No

E6.12	If yes one major reason for this change? اگر ہاں تو کیوں؟	1. Increased 2. Got stolen 3. Lost 4. No more functional 5. Sold 6. Ran down/Broken
E6.13	When was the asset sold/finished/stolen/lost/ become nonfunctional? اگر سامان چوری ہوا یا ٹوٹا تو یہ کب ہوا؟	DD/MM/YYYY
E6.14	Are the assets being utilized for productive purposes? کیا آپ دے گئے وسائل کو منافع بخش کاروبار کے لیے استعمال میں لا رہے ہیں؟	1. Yes 2. No
E6.15	Did you receive any training? کیا آپ کو کوئی ٹریننگ دی گئی؟	1. Sales and marketing 2. Book-keeping and accounting 3. Use of equipment and maintenance / repair 4. Other
E6.16	Did your income increase per month from before? کیا اب کی مہانہ آمدنی پہلے سے بڑھی؟	1. Yes 2. No
E6.17	If yes, how much did you earn per month before PPR assistances? PPR کی مدد سے پہلے اپنی مہانہ آمدنی کتنی تھی	PKR _ _ _ _ _ _ _
E6.18	What do you earn per month now? PPR کی مدد کے بعد اب آپ مہانہ آمدنی کتنی ہے؟	PKR _ _ _ _ _ _ _
E6.19	Do you go to someone if you need any technical assistance? اگر آپ کو کوئی تکنیکی مدد چاہیے ہو تو کیا آپ کسی کے پاس جاتے ہو؟	1. Yes 2. No
E6.20	If yes? Who do you go to? اگر ہاں تو کس کے پاس؟	1. Person trained by PPAF 2. Skillful person in the village 3. Skillful person in the main market
<b>E7</b>	<b>Community Livelihood Fund (CLF) (Indicator 2.2)</b>	
E7.1	Has your HH benefited from loan from CLF? کیا آپ کے گھرانے نے اس فنڈ سے فائدہ اٹھایا؟	1. Yes 2. No (Skip to E7.8)
E7.2	Amount of Credit (Rs.) currently in CLF? آپ پر اس وقت کتنا قرض ہے؟	PKR  _ _ _ _ _ _ _
E7.3	Purpose of Credit کس مقصد کے لئے قرض لیا؟	Take note: 1. To purchases livelihood 2. Livestock 3. Small Business 4. Personal Use 5. Other (Specify)_____
E7.4	Duration of Credit/Payback Period (months) قرضہ واپس کرنے کا عرصہ	_ _
E7.5	Have you taken a loan before from CLF? کیا اس سے پہلے بھی آپ نے اسی فنڈ سے قرضہ لیا	1. Yes 2. No (Skip to E7.7)

E7.6	If yes, how many times? کتنی دفعہ؟	1. Once 2. Twice 3. Thrice
E7.7	Has the past loan been returned? کیا پچھلا قرض ادا ہو چکا ہے؟	1. Yes 2. No
E7.8	Is the current loan being returned? کیا موجودہ قرضہ واپس کیا جا رہا ہے؟	1. Being returned in installment 2. No
<b>E8</b>	<b>Skills' Training (Indicator 2.3)</b>	
E8.1	Either anyone (you and your family/ HH) got any skill training from PPR? کیا آپ یا آپ کے گھرانے کے کسی سے تربیت حاصل کی؟ PPR فرد نے	1. Yes 2. No (Skip to Section F)
E8.2	Which skill-based trainings did you receive under PPR? پی پی آر کے تحت آپ کو کونسی فنی تربیت دی گئی؟	
E8.3	When did you receive your training? آپ نے تربیت کب لی؟	DD/MM/YYYY
E8.4	How were you selected? آپ کا چناؤ کیسے ہوا؟	1. Through CO 2. Self-Contact 3. Other Means
E8.5	Are you satisfied with the training provided? کیا آپ تربیت سے مطمئن ہیں؟	1. Yes 2. No
E8.6	Degree of usefulness of Training تربیت کتنی فائدہ مند تھی؟	1. Highly Satisfied 2. Satisfied 3. Not Satisfied
E8.7	How did you utilize this training? آپ نے اس تربیت کا استعمال کیسے کیا؟	1. For personal/domestic Benefits 2. For securing a job 3. For starting own enterprises 4. For community benefits / volunteer 5. Others (Specify) _____
E8.10	If training not utilized, Reasons اگر تربیت کو استعمال نہیں کیا تو وجہ 1. Was limited and not helpful اتنی فائدہ مند نہیں تھی 2. No utility in the market مارکت میں اس کا کوئی فائدہ نہیں تھا. 3. Changed my job. نوکری بدل لی. 4. Forgot the skills learned جو سیکھا وہ بھول گیا 5. Any other reason, specify اس کے علاوہ کچھ	
E8.11	Any tool kits provided at the time of graduation from training? کیا تربیت کے بعد کوئی ٹول کٹس دی گئی؟	1. Yes 2. No (Skip to 8.14) 3. Not required
E8.12	If Yes then when the tools were provided? اگر ہاں تو کب	DD/MM/YYYY
E8.13	Were the tools provided beneficial to earning a livelihood after completion of the training? جو سامان دیا گیا کیا وہ روزی کمانے کے لیے فائدہ مند تھا؟	1. Yes 2. No 3. Not Required
E8.14	What was your monthly income	PKR _ _ _ _ _ _ _ _

	before training? ٹریننگ سے پہلے آپ کی ماہانہ آمدن کیا تھی؟	
E8.15	What is the net increase in monthly income so far as a result of this skill training provided? ٹریننگ کے بعد آپ کی آمدن میں کتنا اضافہ ہوا؟	PKR _ _ _ _ _ _ _
E8.16	Will you continue your present occupation? کیا آپ اپنے موجودہ کام کو جاری رکھیں گے؟	1. Yes 2. No (Skip to Section F)
E8.17	If yes, what are your plans in future? اگر ہاں تو مستقبل میں آپ کا پلان کیا ہے؟	1. Maintain 2. Upscale 3. Acquire loan 4. Migrate 5. Other
E8.18	What did you do with your income? آپ اپنی آمدن سے کیا کرتے ہیں	1. Household support 2. Education 3. Health 4. Business 5. Other?
<b>F</b>	<b>EDUCATION</b>	
	<b>Indicator 4.1 &amp; 4.2.</b>	
F0	Has PPR supported your School? کیا آپ کے سکول میں PPR کی طرف سے مدد کی گئی؟	1. Yes 2. No ( Skip to F2)
F1	Are you aware of PPR support to a school in your village? کیا آپ کو پتہ ہے کہ پی پی اے نے آپ کے گاؤں کے سکول میں کوئی تعاون کیا؟	1. Upgrade 2. New rooms constructed 3. Toilet 4. Play ground 5. Teacher Training 6. Other (Specify) _____
F2	How many children of your HH attend local school? آپ کے گھرانے کے کتنے بچے مقامی سکول جاتے ہیں؟	1. Boys: ___ out of ___ 2. Girls: ___ out of ___
F3	Do all school-going age children in your HH currently go to school? کیا آپ کے گھرانے کے سکول جانے کی عمر (5-16) کے تمام بچے سکول جاتے ہیں؟	1. Yes (Skip to F5) 2. No
F4	If No, what are the reasons for not attending school? 1. Parents are not interested and put children to work 2. School is inaccessible for many 3. Out of poverty 4. Any other reason, specify  (Multiple options possible)	ماں باپ ان کو سکول بھیجنے میں دلچسپی نہیں رکھتے سکول دور ہے غربت کی وجہ سے اور کوئی وجہ _____
F5	What is the change? After PPR/PPAF support to schooling 1. Parents Awareness/Motivation about education increased 2. School attendance relatively increased 3. More girls now attend schools 4. More boys attend school now 5. Girls feel safer to go to school.	پی پی اے کی سکولوں کو مدد دینے کے بعد کیا تبدیلی آئی والدین کے تعلیم کے بارے میں شعور میں اضافہ سکول کی حاضری بڑھ گئی اب زیادہ لڑکیاں سکول جا رہی ہیں اب زیادہ لڑکے سکول جا رہے ہیں لڑکیاں سکول جاتے ہوئے محفوظ محسوس کرتی ہیں۔

	6. School is accessible now اب سکول نزدیک ہو گیا ہے 7. Any other change, specify اور کچھ _____	
	(Multiple options possible)	
	<b>Indicator 4.3</b>	
F6	Are you aware of children in your village leaving school? کیا آپ کو معلوم ہے کہ آپ کے گاؤں میں بچے سکول چھوڑ دیتے ہیں	1. Yes 2. No (Skip to F8)
F7	If yes, what could be the reason? اگر ہاں تو وجہ 1. Parents are not interested and put children to work والدین بچوں کی تعلیم میں دلچسپی نہیں لیتے اور انہیں کام پر ڈال دیتے ہیں 2. School is inaccessible for many سکول دور ہے 3. Out of poverty غربت کی وجہ سے 4. Any other reason, specify اس کے علاوہ کچھ	
	(Multiple options possible)	
F8	Has the situation of children's attendance to school improved or deteriorated than five years ago کیا سکول میں بچوں کی حاضری پانچ سال پہلے کی بنسبت بہتر ہوئی یا خراب ہو گئی ہے؟	1. As it is. 2. Deteriorated 3. Improved 4. Much improved
	<b>Indicator 4.4</b>	
F9	Are you aware that teachers of this schools were trained? کیا آپ کو پتہ ہے کہ اس سکول کے اساتذہ کو ٹریننگ دی گئی تھی	1. Yes 2. No (Skip to F11) 3. Don't Know
F10	If yes, what kind of training they got? اگر ہاں تو کیا ٹریننگ تھی 1. How to teach kids better بچوں کو اچھے سے کیسے پڑھایا جائے 2. How to engage and motivate parents to send their children to school والدین کو کیسے بتایا جائے کہ تعلیم اچھی چیز ہے 3. How to assess children performance بچوں کی قابلیت کو کیسے ناپا جائے	
	(Multiple options possible)	
	<b>Indicator 4.5</b>	
F11	Are you satisfied with the performance of school as a whole? کیا آپ سکول کی کارکردگی سے مطمئن ہیں	1. Yes 2. No
F12	What makes you satisfied from the school? آپ سکول سے کیوں مطمئن ہیں 1. Better quality of school سکول کا معیا اچھا ہے 2. Accessibility of schools سکول نزدیک ہے 3. Increased awareness/engagements of parents والدین ہر کام میں شامل ہو رہے ہیں 4. Increase / interested in education 5. Have you been invited in PTM meeting? کیا آپ کو والدین اور استاذہ کی میٹنگ میں بلایا گیا؟	
F13	Have you ever been invited to parent-teachers meeting from the school? کیا آپ کو کبھی سکول سے میٹنگ کے لئے بلایا گیا ہے؟	1. Yes 2. No
F14	If Yes, did you find it beneficial towards the development of your child? اگر ہاں تو کیا اس سے کچھ فائدہ ہوا	1. Yes 2. No

F15	<p>If No, give reasons? اگر نہیں تو کیا وجہ ہے؟</p> <ol style="list-style-type: none"> <li>1. Parent-teachers meeting is just a formality یہ ایک فارمیٹی ہوتی ہے</li> <li>2. Does not happen regularly باقاعدگی سے نہیں ہوتی</li> <li>3. Is boring and no productive decisions are made. بورنگ ہوتی ہے۔</li> <li>4. Any, other reason, specify اس کے علاوہ کچھ اور</li> </ol> <p>(Multiple options possible)</p>	
F16	<p>Do you see any positive changes in your village school during the last five years?</p> <p>کیا آپ نے اپنے گاؤں کے سکول میں پچھلے پانچ سالوں میں کوئی تبدیلی دیکھی؟</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
F17	<p>If Yes, define those changes: اگر ہاں تو تبدیلی کی تعریف کریں:</p> <ol style="list-style-type: none"> <li>1. Quality of school improved سکول کا معیار اونچا ہو گیا</li> <li>2. Teachers attendance increased اساتذہ کی حاضری بڑھ گئی</li> <li>3. Children number and attendance increased بچوں کی تعداد اور حاضری میں اضافہ</li> <li>4. Children interest in education increased بچوں کی تعلیم میں دلچسپی بڑھ گئی</li> <li>5. Any other change, specify اس کے علاوہ کچھ اور</li> </ol> <p>(Multiple options possible)</p>	
<b>G</b>	<b>ROLE OF WOMEN IN HH DECISION MAKING</b>	
G1	<p>How are important family decisions made in your household (marriages, conflicts, settlements)</p> <p>آپ کے گھرانے میں اہم فیصلے مثلاً شادی، لڑائی جھگڑے وغیرہ کے بارے میں کون کرتا ہے</p>	<ol style="list-style-type: none"> <li>1. Men</li> <li>2. Women</li> <li>3. Both</li> </ol>
G2	<p>Who makes livelihood decisions in your household (e.g. decision to change a house, migration, new business, selling of land, purchasing of animals etc.)</p> <p>آپ کے گھرانے میں مکان کی تبدیلی، نئے کاروبار، زمین اور جانوروں کی خرید و فروخت وغیرہ کے فیصلے کون کرتا ہے؟</p>	<ol style="list-style-type: none"> <li>1. Men</li> <li>2. Women</li> <li>3. Both</li> </ol>
G3	<p>Can women of your HH independently go to market and do the purchasing?</p> <p>کیا آپ کے گھر کی خواتین خود بازار جا کر سودا خریدتی ہیں؟</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
G4	<p>Can women of your HH independently socialize with other families and friends?</p> <p>کیا آپ کے گھر کی خواتین خود اپنے رشتہ داروں اور جاننے والوں کے ساتھ میل ملاپ رکھ سکتی ہیں؟</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
G5	<p>Do the women in your HH have control over their assets to independent sell or buy with own choice?</p> <p>کیا آپ کے گھر کی عورتیں خود اپنے</p>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>

	اٹا توں کی خریدو فروخت بارے میں فیصلہ کر سکتی ہیں؟	
G6	In case of illness, do women in your HH visit the nearest medical facility کیا بیماری کی صورت میں آپ کے گھرانے کی عورتیں قریبی ڈاکٹر کے پاس جاتی ہیں؟	1. Yes 2. No
G7	Do all your HH members support education for the girls? کیا آپ کے گھرانے کے سب لوگ لڑکیوں کی تعلیم کے حق میں ہیں؟	1. Yes 2. No 3. Other (Specify)_____
G8	If yes, did they do this always or there is a change of attitude? کیا وہ ہمیشہ سے ایسے تھے یا روپے میں کوئی تبدیلی آئی ہے	1. Always 2. PPR Increased parental interest in education
G9	Why do you observe this change? یہ تبدیلی کیوں آئی	1. PPR Increased parental interest in education 2. Improved School 3. School Became Accessible 4. Increased teacher attendance 5. Other (Specify)_____
G10	How are children's marriages decided? بچوں کی شادی کا فیصلہ کیسے کیا جاتا ہے 1. Parent decide themselves 2. Children have some say in their choice of spouse 3. Any, other source, specify	ماں باپ فیصلہ کرتے ہیں بچوں کی بھی کسی حد تک سنی جاتی ہے اس کے علاوہ کچھ
G11	Is it important for women to participate in کیا یہ عورتوں کے لئے اہم ہے کہ وہ گائوں یا کمیونٹی کی ترقی میں حصہ لیں community/ village development process?	1. Yes 2. Men can do this on their behalf
G12	<u>For women Only</u> If you experienced, how did you find engaging into development process in the project? اگر آپ کا تجربہ ہے تو آپ اس پروجیکٹ میں ہونے والے ترقیاتی کاموں میں کیسے حصہ لیں گی	1. Loss of time 2. Men did not like it 3. I did not like it 4. I learned a lot 5. Useful since women can decide for themselves 6. It was useful for village development 7. No idea – no difference – neutral

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## Data collection tool for LSOs / VOs / COs / WCIs

### Date

Name of interviewer with designation:

(Separate attendance sheet with signatures)

### PPR FGDs with LSOs (requested to include representation from VOs/COs)

#### Face to Face interviews

(Please DO NOT share the response options with participants upfront)

= To be transcribed on KoBo Toolbox

Name of LSO	
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#### Indicator 1.1

1. When was the LSO formed? \_\_\_\_\_
2. How many households in your UC? \_\_\_\_\_
3. How many VOs/COs/WCIs are there in your UC?
4. LSO composition:
  - Members (number)
  - Representing how many households?
  - Constituent number of VOs
  - Constituent number of COs
  - Constituent number of WCI?

#### Indicator 1.2

5. Please confirm participation of the following in the LSOs? Also provide number of participants from each category.
  - Households 0-18 \_\_\_\_\_
  - Households 0-23 \_\_\_\_\_
  - Minorities \_\_\_\_\_
  - Women \_\_\_\_\_
  - Youth \_\_\_\_\_
  - PWDs \_\_\_\_\_
  - FHHs as members \_\_\_\_\_
  - Others, please describe \_\_\_\_\_
6. Do you think that LSOs shall sustain once PPR withdraws?
  - Yes
  - No
  - To some extent
7. What is the reason for your answer? (Please do not provide these options while asking question)
  - Because LSO is registered
  - Because another project from the NGO (the PO concerned or another NGO) now support LSO
  - Because LSO has endowment fund
  - Because LSO operates CLF which also brings financial margin
  - Because members are motivated and convinced for LSO's significance
  - Because they see tangible benefits for having/sustaining an LSO
  - Other, please describe
8. Do you think women community institutions (WCIs) will sustain and continue once PPR withdraws?

- Yes
  - No
  - To some extent
9. In both cases (yes and no), what is the reason for your answer? \_\_\_\_\_
- Because they are engaged in certain group economic activity which serves a locus to continue
  - There are educated / active women who will lead the WO continuously
  - Men in the community believe that WCI has a role and must continue
  - LSO believes that WCI's presence will attract further external assistance
  - Because they see tangible benefits for having/sustaining WCIs
  - Other, please describe

**Indicator 1.3**

10. How frequently do you conduct meetings?
- Weekly
  - Fortnightly
  - Monthly
  - Quarterly
  - Need based
  - Other, please describe
11. What role has the Community Resource Persons / Social Mobilizers played?
- \_\_\_\_\_
- \_\_\_\_\_
12. Are you satisfied with the performance of Community Resource Persons /Social Mobilizers?
- Yes
  - No
13. Were LSO formation required processes/procedures fulfilled before launching?
- Yes
  - No
14. What was done by PO to help you become a strong organization?
- Skills to run a good organizational management?
  - Linkages establishment?
  - Fund raising training?
  - Improved by-laws and organizational structure?
  - Exposure and training?
  - Other, please describe

**Indicator 1.4**

15. How many VOs are not members of LSO? \_\_\_\_\_
16. How many COs are not members of VOs? \_\_\_\_\_
17. How many WCIs are not members of LSO?
18. Reasons for them not being members in VO/LSO?
- Remoteness
  - Not motivated
  - No activities were performed by them
  - They are migratory
  - Other, please describe
- \_\_\_\_\_
- \_\_\_\_\_

**Maturity Criterion of Vos/COs/WCIs**

**What maturity index have you been employing for VOs/COs/WCIs? List down please:**

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**Indicator 1.5**

19. Availability of records (minutes of meetings/decisions)
- Yes (Provide a sample copy of the minutes)
  - No
  - If No, describe reasons \_\_\_\_\_
- 
20. How are decisions disseminated to the members?
- Minutes register/circulation
  - Social media
  - Cell phones
  - Mosques / Announcements
  - Word of mouth
  - Others, please describe \_\_\_\_\_
21. How do you decide your internal organizational issues? Please show recent evidence.
- Through Election?
  - Through show of hands?
  - Other, please describe \_\_\_\_\_
- 

**Indicator 1.6**

22. What is the composition of office bearers of your LSO by gender (both number & positions)?
- |              |                       |        |
|--------------|-----------------------|--------|
| Total _____  | Male                  | Female |
| Males _____  | President             |        |
| Female _____ | vice President        |        |
|              | General Secretary     |        |
|              | Finance Secretary     |        |
|              | Information Secretary |        |

**Indicator 1.7**

23. How many priorities came from WCIs? \_\_\_\_\_
24. No of priorities included in VDPs / UCDPs? \_\_\_\_\_
25. Are WCIs directly engaged in implementation of activities?
- Yes
  - No
26. If yes, what is the mode of their (WCI) engagement?
- Monitoring / reporting
  - Fund sharing / raising
  - Progress reporting to LSO
  - Community awareness / engagement
  - Conflict management
  - Others, please describe \_\_\_\_\_

**Indicator 1.8**

27. Are you engaged in resolving disputes / conflicts in the villages / UC?
- Yes
  - No
28. Are there any conflicts/issues reported/brought to the LSO?
- Yes
  - No

29. During the life of program how many issues were reported to the LSO?

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30. In general, what was the nature of conflicts/issues brought to LSO?

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31. If yes, how many issues did you successfully resolve? # \_\_\_\_\_

32. What process was adapted to resolve the issues?

- a. Consensus based
- b. Law and constitution driven, if at a larger scale
- c. Other, please describe

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**Activities of VOs/COs/WCIs/LSOs supported by PPR**

33. Indicate activities/intervention areas undertaken by the LSO under PPR

- LEP
- CPI
- Health
- Education
- Nutrition
- Other, please describe (Multiple answers possible)

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34. Does your LSO require contribution from its members in cash / kind?

- Yes
- No

35. If yes, was the contributed amount used for any of the following?

- LEP
- CPI
- Health
- Education
- Nutrition
- Other, please describe (Multiple answers possible)

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**Indicator 2.1**

36. Were you involved in making decision about assets distribution?

- Yes
- No

37. What was the beneficiary selection criteria?

- Through recommendation of CO
- Through recommendation of VO

- Through self-contact
  - Through other means
38. Total number of beneficiaries receiving assets # \_\_\_\_\_
39. What criteria was adapted to distribute assets?
- Number of 0-18 Poverty scorecard receiving assets # \_\_\_\_\_
  - Number of FHH 0-18 receiving assets? # \_\_\_\_\_
  - Number of elderly receiving assets # \_\_\_\_\_
  - Number of disabled persons receiving assets? # \_\_\_\_\_
  - Other, please describe # \_\_\_\_\_
- 
- 

### Indicator 2.2

40. Have you got CLF in your community?
- Yes
  - No
41. How many beneficiaries have received microcredit from CLF? # \_\_\_\_\_
42. Of these, how many are women? \_\_\_\_\_
43. What is the return rate from CLF? \_\_\_\_\_
- Women
  - Men
44. How many microcredit schemes are still active?# \_\_\_\_\_
45. Out of there, how many are women? \_\_\_\_\_

### Indicator 2.3

46. How many individuals were imparted skill trainings? \_\_\_\_\_
47. Out of these, how many are women? \_\_\_\_\_
48. Number of trained persons acquiring employment as a result of skill training?
- Self-employed \_\_\_\_ (Men No. \_\_\_\_ Women, No. \_\_\_\_)
  - Wage employed \_\_\_\_\_
  - Not employed yet \_\_\_\_\_
  - Seasonally employed \_\_\_\_\_

### Indicator 3.2

49. What was the source of drinking water before PPR? (Options selected along with percentages)
- Hand pumps \_\_\_\_\_
  - Wells \_\_\_\_\_
  - Ponds \_\_\_\_\_
  - Springs \_\_\_\_\_
  - Piped supply \_\_\_\_\_
  - Other, please describe \_\_\_\_\_
- 
- 

50. What was the quality of water?
- Good
  - Poor
  - Undrinkable
51. No. of drinking water schemes in your UC supported by PPR \_\_\_\_\_

52. Total beneficiary households from drinking water \_\_\_\_\_  
53. Percentage of beneficiaries from 0-18 (PSC) category \_\_\_\_\_  
54. Percentage of beneficiaries from 0-23 (PSC) category \_\_\_\_\_  
55. Was the quality of water tested?

- Yes  
 No

If yes, who carried out water quality test?

---

56. What were the means of sanitation in your area before PPR?

- Sewage drainage  
 Public toilet  
 Private toilet  
 Garbage disposal  
 Others, please describe  
 What is the result

a) Satisfactory b) Poor

---

57. What were the means of sanitation provided by PPR?

- Sewage drainage  
 Public toilet  
 Within HH toilet  
 Garbage disposal  
 Others, please describe

(Multiple answers possible)

---

58. No. of sanitation schemes in your UC supported by PPR # \_\_\_\_\_

59. Total beneficiary households from sanitation schemes # \_\_\_\_\_

60. Percent of beneficiaries from 0-23 (PSC) category \_\_\_\_\_

### Indicator 3.3

61. No. of irrigation schemes constructed / rehabilitated through PPR? # \_\_\_\_\_

62. How much cultivable land is available in your UC? \_\_\_\_\_ Kanals

63. What size of land was brought under irrigation through PPR introduced schemes?

- Kanals \_\_\_\_\_

64. Old area receives better irrigation (percentage) \_\_\_\_\_

65. New area brought under irrigation \_\_\_\_\_ (Kanal)

66. New area under irrigation is private land \_\_\_\_\_ (or shared land \_\_\_\_\_ (Kanals)

67. Total households benefiting from irrigation \_\_\_\_\_

68. The status of beneficiary households

- Lease farmers  
 Tenants  
 Self-operator owners  
 Absent owners  
 Others, please describe

69. Production increased after irrigation (%)? \_\_\_\_\_

a) Seasonal      b) Annual

70. Examples of crops changed / Increased after irrigation.

- Wheat
- Corn/Maize
- Chickpea
- Pulses
- Cotton
- Sugarcane
- Rice
- Fruits
- Vegetables
- Fodder
- Barley
- Maze
- Millet
- Sorghum
- Any other, specify

(Multiple answers possible)

**Indicator 3.4**

71. Was CPI constructed as per VO/CO/WCI identified priority / need?

- Yes
- No

72. Percentage of PSC 0-23 among beneficiaries (please provide evidence) \_\_\_\_\_

73. Percentage of women directly benefiting from schemes? \_\_\_\_\_

**Indicator 3.5**

74. What was the level of LSOs involvement in the following tasks with respect to CPI?  
(matrix 1-3)

- Identification / need assessment (1=thorough, 2=moderate, 3=poor)
- Design (1=thorough, 2=moderate, 3=poor)
- Implementation (1=thorough, 2=moderate, 3=poor)
- O&M (1=thorough, 2=moderate, 3=poor)

75. What training did you receive from PPR / PO to perform your role with respect to CPI?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

76. What was your financial / non-financial contribution to CPI? \_\_\_\_\_ (PKR)

77. What is the O&M system of the CPIs?

- O&M committee
- Training of O&M committee
- Funds generation by pay for services
- Linkages
- Others, please describe

**Indicator 4.1**

76. Did PO consult you about schools with respect to the following?
- Recommend improvements in the schools
  - Identify missing facilities
  - Improved teaching methods
  - Improving enrolment
  - Teachers' attendance
  - Other, please describe (Multiple answers possible)
77. Percent of school going age children enrolled in schools five years ago (before PPR)? \_\_\_\_\_
78. Percent of school going age children enrolled/increased in schools after PPR? \_\_\_\_\_
79. What role did the LSO play in improving enrolment in school?
- a. Motivation sessions for parents
  - b. Meetings with teachers / school staff
  - c. Involvement of village / community leaders
  - d. Involvement of religious leaders / mosques / madrassa
  - e. Form / Strengthen parent teacher associations
  - f. Others, please describe
- 
- 

**Indicator 4.2**

80. What is the percentage of student dropout in your UC? \_\_\_\_\_
81. What have been the reasons for student dropout?
- Distance from the school
  - Lack of parental interest
  - Extreme Poverty
  - Lack of facilities at school
  - Teachers lack attendance
  - Physical punishment/abuse
  - Other, please describe (Multiple answers possible)
- 
82. What has been your role in addressing these issues?
- Motivation sessions for parents
  - Meetings with teachers / school staff
  - Involvement of village / community leaders
  - Involvement of religious leaders / mosques / madrassa
  - Form / Strengthen parent teacher associations
  - Others, please describe (Multiple answers possible)
-

**Indicator 4.3**

83. Percent enrolled girls at the before of the project \_\_\_\_\_  
84. Percent enrolled girls today (%) \_\_\_\_\_

**Indicator 4.4**

85. Has there been any teachers' training program by PPR in your UC?  
 Yes  
 No
86. If yes, how many teachers out of total participated in these trainings?  
 Male \_\_\_\_\_  
 Female \_\_\_\_\_
87. What kind of changes did you observe in teaching quality post PPR training?  
 Improvement in teachers' attendance  
 Improvement in students' attendance  
 Increased enrolment of new students  
 Decreased number of dropouts  
 Improvement in students' grades / results  
 Role and regularity of PTA improved  
 Others, please describe (Multiple answers possible)
- 
- 

**Indicator 4.5**

88. Has your interaction with relevant duty bearer departments increased?  
 Yes  
 No
89. How did you engage with relevant duty bearers/departments for school improvement?  
\_\_\_\_\_  
\_\_\_\_\_
90. While doing a scheme do they seek you suggestions?  
 Yes  
 No

If Yes, how?

\_\_\_\_\_

If No, what could be the reasons \_\_\_\_\_

91. Do you or parents have a role in school monitoring?  
 Yes  
 No

92. If, Yes please explain, how

\_\_\_\_\_

93. Please explain how do you assess improvement in education facilities today compared from the past?

- Improved infrastructure  
 Toilets  
 Better attendance

- Teachers training
- Provision of water
- Better results
- Improved Playground
- Other, please describe (Multiple answers possible)

**Indicator 4.6**

78. What was the level of LSOs involvement in the following tasks with respect to improvement in health facilities?

- Identification / need assessment (1=thorough, 2=moderate, 3=poor)
- Design (1=thorough, 2=moderate, 3=poor)
- Implementation (1=thorough, 2=moderate, 3=poor)
- O&M (1=thorough, 2=moderate, 3=poor)

79. What was your financial / non-financial contribution to health facilities?

- In cash \_\_\_\_\_ (PKR)
- In kind
- Both cash and kind \_\_\_\_\_ (PKR)
- None

**Indicator 4.8**

80. Do you think these sessions brought behavioral changes in the households / children?

- Nutrition sensitivity (1=thorough, 2=moderate, 3=poor)
- Handwashing (1=thorough, 2=moderate, 3=poor)
- Breastfeeding (1=thorough, 2=moderate, 3=poor)
- Prevention of anaemia (1=thorough, 2=moderate, 3=poor)
- Screening of malnourished children under five (1=thorough, 2=moderate, 3=poor)
- Awareness building for pregnant and lactating mothers (1=thorough, 2=moderate, 3=poor)
- Women reproductive health (1=thorough, 2=moderate, 3=poor)
- Basic hygiene and disease prevention methods (1=thorough, 2=moderate, 3=poor)
- Promotion of health through the adoption of healthy lifestyles (1=thorough, 2=moderate, 3=poor)
- Other medical issues particularly relevant at the local level (1=thorough, 2=moderate, 3=poor)

(Multiple answers possible)

81. Do you have a kitchen gardening program supported by PPR in your community?

- Yes
- No

82. If Yes, please explain how effective was the program?(1=thorough, 2=moderate, 3=poor)

83. What are the areas with scope for improvement?

- Seed and Plants
- Tools provision

- Training
  - Other, please describe
- 
- 

**Indicator 4.9**

84. Are you (especially women) overall satisfied with health services in your area?

- Yes
- No

85. Reasons for your answer?

Yes or No

86. Which areas could be improved?

1. Health Facility
2. BHU
3. RHC
4. CHC
5. Equipment's
6. Other (Specify)\_\_\_\_\_

**Sustainability of LSOs**

87. Measures taken by the LSO for sustainability of the activities supported under PPR?

- O&M committees for CPI established
  - O&M committees have been skill trained
  - In case of CLF – LSO will maintain after PPR
  - Good linkages with relevant actors formed
  - People have been trained and will continue for their own good
  - Other, please describe (Multiple answers possible)
- 

88. What support do you think the POs may continue to provide to your village and apex institutions once PPR withdraws etc?

- Training and capacity building
  - Linkages
  - Financial book-keeping and management
  - Fund raising
  - O&M of schemes
  - LEP / CLF / Skill activities
  - Others, please describe
- 

89. Which components are more likely to receive such contributions?

- LEP / joint income generation initiatives
- CPI / infrastructure maintenance
- Social mobilization / poverty support
- Social activities e.g. orphan scholarships
- DRR / risk prevention
- Other, please describe

---

90. Have you got any arrangement (periodical local contribution) to manage your own funds?  
Please explain.

- Monthly/Quarterly contribution
- Cash book maintenance
- One person is trained as accountant
- Computerised accounting
- Special committee to monitor spending (including internal audit)
- Annual audit (internal)
- Annual audit (external)

Other, please describe (Multiple answers possible)

---

91. Do you think that the members will continue to financially contribute in LSOs activities once PPR withdraws? Please explain.

- Yes
- No

92. Reason for your answer

---

93. What kind of linkages have been established for improved livelihoods of your community?  
(Priority 1 (low) to 5 (high))

- Linkages of the LSO with other LSOs in the area? 1,2,3,4,5,

Why and what kind of linkages please explain?

Linkages with line departments? \_\_\_\_\_ 1,2,3,4,5

- Linkages with district administration? 1,2,3,4,5
- Linkage with other projects? 1,2,3,4,5
- Linkages with private sector? 1,2,3,4,5
- Linkages with political platforms? 1,2,3,4,5

94. How helpful your PO was in establishing these linkages and guiding you to solve your issues? 1,2,3,4,5

95. How you assess your linkage with line departments on PPR?

- As it is
- Moderate
- Poor
- Strong

### Assessing the Impact of COVID-19 on SM Processes

96. How did LSO suffer during COVID-19 pandemic?

- Members became ill and could not meet
- Due to lock downs meetings were not held
- People went economically stressed and LSO was not a priority
- More support came to our area (e.g. safety nets)

- LSO became more active in the PO absence
  - LSO became more active because of extra external assistance to COVID  
Other, please describe (Multiple answers possible)
- 

97. How did COVID-19, particularly influence the development initiatives of each intervention already in process during 2020-2021?

- Contact with PO and linkages became weak
  - Ongoing activities were affected
  - The activity priorities changed
  - Other, please describe
- 

98. Which processes were abandoned or de-prioritized during the 2020 and 2021?

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**Concluding remarks**

99. In which area do you feel need for strengthening your institution?

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

100. Your own feeling and evidence (outputs) of improving target population's overall living standard and income?

- Improved
  - Deteriorated
  - No positive or negative effect
  - Other, please describe (Multiple answers possible)
  -
- 

101. Any recommendations for future – what remain to be achieved?

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## Key Questions/Tool for Partner Organizations

### Overall PO

Date of response	
Name of Partner Organization	
Name of interviewer	
Name of the Interviewee	
Designation	
Contact number	
E-mail	

### Introduction

1. Introduction of the PO (your brief profile, website) \_\_\_\_\_
2. Geographical coverage by different projects
  - Project name: PPR
  - Project name
  - Project name
  - Project name
3. Staff strength
  - Male
  - Female
4. Organogram of the PO (please attach)
5. Since when the PO is working in the geographical location where PPR was implemented? \_\_\_\_\_
6. Any other programs/projects currently being implemented by the PO in the same geographical location as PPR? \_\_\_\_\_
7. Any other similar programs/projects being implemented by others in the geographical location of PPR?
8. Previous engagements/experiences with PPAF (be specific by contract duration and projects)
  - 
  - 
  - 
  -
9. When did the PO sign an Agreement with PPAF for PPR? \_\_\_\_\_
10. Overall status of the project's progress (please attach the latest progress report) \_\_\_\_\_
11. Was the NOC granted in time? \_\_\_\_\_
12. What risks and challenges were faced while working in the area?
  - Internal
  - Social
  - Cultural
  - Political
  - Legal
  - Security
  - Other
13. What is the comparative advantage of your organization which benefited PPR's objectives? \_\_\_\_\_
14. How was the overall coordination organized with PPAF?
15. Please indicate how timely was the release of funds? \_\_\_\_\_
16. Describe relationship with local government (e.g., district administration, UC head, Nazim etc and relevant line departments (e.g., health, education).
  - What worked well?
  - Why did it work well?
  - What did not work well?
  - What were the issues?

17. How was the relationship with other development agencies working in the areas? \_\_\_\_
18. Describe specific examples of synergies and overlap with other projects? \_\_\_\_
19. Please provide examples of unintended positive or negative program outcomes? \_\_\_\_
  - 
  - 
  -
20. What was the sustainability and exit strategy of your PPR project (please attach a document if any)?
21. How did PPR contribute to learning and capacity building of the PO (organizational and staff learning at different levels)?
22. Key value addition of PPR based on unique features compared to other projects you have implemented?
23. Major lessons learned (max 5)
24. Recommendations for the future for similar initiatives as PPR (max 5)
25. How do you plan to continue some of the PPR activities that need continuation beyond PPR?
  - Expecting PPR II
  - Proposal submitted to any other donor
  - Others (specify)
26. Out of all the components under PPR, which aspects were most relevant and impactful in your provincial and target area's context?
  - 
  - 
  -
27. Explain the reason of your answer
28. Out of all the components under PPR, which aspects were most difficult in your provincial and target area's context?
  - 
  - 
  -
29. Out of all the components under PPR, which aspects were least impactful in your provincial and target area's context?
  - 
  - 
  -

**P1**

30. What is the percentage of targeted poor (PSC 0-23) have moved to a higher score on PSC? Evidence (including survey results, attach documents) \_\_\_\_
31. What is the percentage of targeted poor (PSC 0-18) have moved to a higher score on PSC? Evidence (including any survey results, attach documents) \_\_\_\_\_

**P2**

32. What percentage of target group have their income increased and what is the increase percentage?. Evidence (including any survey results, attach documents) \_\_\_\_\_

**P3**

33. What percentage of the community institutions will sustain after PPR? (pl. refer to definition of viability and sustainability for answer).
34. Any studies conducted on assessing sustainability and maturity of the organizations (study/survey results, attach document)

**P4**

35. What percentage of beneficiaries are satisfied with the PPR interventions? Evidence (including any survey results, attach documents). \_\_\_\_\_

P5

36. Any study conducted on EIRR / FIRR of project interventions – please attach document

**Social mobilization/Institutional**

Date of response	
Name of Partner Organization	
Name of interviewer	
Name of the Interviewee	
Designation	
Contact number	
E-mail	

**Indicator 1.1**

1. At the inception of PPR were there any active social organizations existed the program area? \_\_\_\_\_
2. If yes, what additional efforts you had to apply? \_\_\_\_\_
3. What percentage of households in targeted Union Councils are members of the community institutions? \_\_\_\_\_
4. What is the percentage of women members in the community institutions? \_\_\_\_\_

**Indicator 1.2**

5. What is the percentage of targeted poor (PSC 0-23) are members of the community organization? \_\_\_\_\_
6. What is the percentage of targeted poor (0-18) are members of the community organizations? \_\_\_\_\_

**Indicator 1.3**

7. How many community organizations have you formed?  
 1<sup>st</sup> tier  
 2<sup>nd</sup> tier  
 3<sup>rd</sup> tier
8. How many existing community organizations you have strengthened?  
 1<sup>st</sup> tier  
 2<sup>nd</sup> tier  
 3<sup>rd</sup> tier
9. What steps have COs/VOs/WCIs/LSOs taken to ensure their sustainability?  
 A  
 Q  
 Q

**Indicator 1.4**

10. How many 1<sup>st</sup> tier organizations have been clustered into village level organizations? \_\_\_\_\_
11. What percentage of these have been federated at a higher level/UC level? \_\_\_\_\_

**Indicator 1.5**

12. What percentage of community institutions formed show evidence of democratic decision making in relations to internal organizational management and external decision making? Evidence (attach any study/survey) \_\_\_\_\_

**Indicator 1.6**

13. What percentage of the office bearers of the 3<sup>rd</sup> tier community organizations are women? \_\_\_\_\_

**Indicator 1.7**

14. How many village development plans have been developed? \_\_\_\_\_
15. How many UC development plans been have developed? \_\_\_\_\_

16. Have the priorities identified by WCIs included in the village and UC development plans? Evidence? \_\_\_\_\_

17. Are WCIs involved in implementation of project interventions? If yes explain how? \_\_\_\_\_

**Indicator 1.8**

18. Have the community institution mediated any conflicts through participatory process? If yes provide example(s)

- 
- 
- 
- 

**Livelihood Enhancement and Protection (LEP)**

Date of response	
Name of Partner Organization	
Name of interviewer	
Name of the Interviewee	
Designation	
Contact number	
E-mail	

**Indicator 2.1**

1. How many poorest households (PSC 0-18) benefited from productive assets? \_\_\_\_\_
  - What percentage of targeted poorest households receiving productive assets reported increased household income? \_\_\_\_\_
  - What was the percentage of FHHs receiving productive assets reported increased income? \_\_\_\_\_
  - What was the percentage of person with disabilities receiving productive assets reported increased income? \_\_\_\_\_

**Indicator 2.2**

2. How many households benefited from Community Livelihood Fund? \_\_\_\_\_
  - Out of the total beneficiaries of the Community Livelihood Fund what was the percentage of women? \_\_\_\_\_
  - What are the repayment rates of internal lending of the Community Livelihood Fund? \_\_\_\_\_
  - Have linkages been built for sustainable conditions for microcredit opportunities available in the areas of interventions? If yes mention micro credit institutions operating in the area with whom linkages have been built?
19. Were marketing aspects studied before asset transfer was approved? If yes provide example(s)

**Indicator 2.3**

3. How many people benefited from skills training provide?
  - Which skills training were provided to the beneficiaries?
  - Out of the total beneficiaries of the skill training what was the percentage of women?
  - What percentage of beneficiaries of the skills training have become self-employed or employed with other sources?
  - What is the percentage of women out of the total became self-employed or employed to other sources because of skills trainings?
  - What kind of linkages were developed to help employment of the beneficiaries of the skills training?
4. What was the beneficiary selection criteria for LEP interventions?
  - In selection of beneficiaries, how did you ensure the following

- Transparency
- Equitable process
- Gender responsiveness

**Overall**

5. What were the targets and level of accomplishment in LEP components? please attach summary of all activities by beneficiaries e.g., summary of training, cash, grants, or asset distributed).
6. What was prior experience of PO in Livelihood Enhancement and Protection. Quote past examples with project references
7. What was your approach to conduct LEP program? (Please attach approach paper if any)
8. Were the community institutions involved in identification of livelihood interventions implemented as part of the LEP. Please provide example.
9. Sustainability – provide indicators that make you believe that LEP interventions will be successful.
10. Any suggestion you may have to improve the design/process of implementation of LEP in future

**Community Physical infrastructure (CPI)**

Date of response	
Name of Partner Organization	
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E-mail	

**Indicator 3.2**

1. What is the evidence of % increase in access to drinking water and sanitation of the beneficiary communities?
2. What is the % of 0-23 households among beneficiaries of drinking water and sanitation schemes?

**Indicator 3.3**

3. What is the evidence of % increase in access to irrigation water of the beneficiary communities?
4. What means have been introduced for assuring sustainability / O&M?
5. Indication from baseline on % of villages:
  - Already had water but poor quality
  - Already had water but inadequate
  - Had no water and fetched from long distances
  - Had number of schemes in recent past but non-functional
6. How many drinking water schemes opted to operationalize a non-functional scheme?
7. What is the un-intended impact of irrigation schemes on PSC 0-23?

**Indicator 3.4**

8. What is the process of identification of CPIs. Please attach evidence.
9. Please report % of beneficiaries from all infrastructure schemes:
  - 0-18 (%)
  - 0-23(%)
  - Others (%)

**Indicator 3.5**

10. What is the percentage of well-maintained and in-use schemes out of all completed infrastructure projects?
11. What is the post project system of O&M? describe or attach description
12. Detail of training given to VO/CO and other stakeholders.
13. Are the PPR built CPI assets included in public inventory for sustainability?
14. What is the % of women beneficiaries from all infrastructure schemes?

**Overall**

15. What is your past experience regarding implementation of CPI projects?
16. What is the process of implementation of CPIs including any community contributions?
17. Constraints in completion of proposed CPI schemes and how those were addressed?
18. What technical support do you provide to VO/CO to ensure work quality?
19. What is the system for community feedback on CPIs including recording satisfaction of community?

**Education**

Date of response	
Name of Partner Organization	
Name of interviewer	
Name of the Interviewee	
Designation	
Contact number	
E-mail	

**Indicator 4.1**

1. Initially what % of children of the village (being covered by the school) were out of school?
2. How many of those out of school children were enrolled in school after completion of PPR related school's work?
3. What was the levels of enrolment in the school before and after the completion of school improvement work under PPR program? Pl. respond for each level of teaching?

Class	# boys (before)	# boys (after)	# girls (before)	# girls (after)
Kachhi	_____	_____	_____	_____
Class 1	_____	_____	_____	_____
Class 2	_____	_____	_____	_____
Class 3	_____	_____	_____	_____
Class 4	_____	_____	_____	_____
Class 5	_____	_____	_____	_____

**Indicator 4.2**

4. Facilities provided to school through intervention by PPAF/PPR Program
  - Construction/rehabilitation of separate washrooms for boys and girls. Describe: \_\_\_\_\_
  - Construction/rehabilitation of school boundary wall. Describe: \_\_\_\_\_
  - Improvement of the system of water supply in school. Describe: \_\_\_\_\_
  - Quality of drinking water supplied in school, and how often it is cleaned and water is filtered? \_\_\_\_
  - For what type of equipment and facilities in school electricity is used? Describe: \_\_\_\_\_
  - Supply of electricity in the school? Describe: \_\_\_\_\_
  - Number of classrooms added? \_\_\_\_
  - Number of male and female teachers added?
    - Male
    - Female
5. As a result of these facilities, what percentage of children of the total enrolled continue schooling as of today?

**Indicator 4.3**

6. Percentage of girls out of the total enrolled children? \_\_\_\_\_

**Indicator 4.4**

7. Number of teachers receiving training as part of school development plans under PPR project?
  - Male
  - Female
8. Please specify the type those innovative and friendly teaching approaches and their impact on quality of education?
  - 
  - 
  - 
  - 
  -
9. What % of teachers trained use improved and friendly teaching approaches learnt in the training?

**Indicator 4.5**

10. Percentage of parents reporting satisfaction on educational services provided by PPR – please attach evidence

**Overall**

11. What is the level of overall achievement against the targets you had on education (please attach a document describing targets and achievements).
12. What is your past experience in education sector?
13. What still remains to be achieved in PPR geographical area on education?
14. How meaningful was the support for strengthening educational facilities in the district?
15. What were the constraints and how these were addressed?
  - 
  - 
  - 
  -
16. Which data base /criteria did you use in selecting schools under PPR program?
17. What was the role of women and men members of the LSO/VO/WCIs/COs in finalizing selection?
18. What type of support the VO's agreed to provide towards school's improvement?
  - Free human resource
  - Financial
  - Material
  - Upkeep after completion
  - Other

**Health**

Date of response	
Name of Partner Organization	
Name of interviewer	
Name of the Interviewee	
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E-mail	

**Indicator 4.6**

1. % increased access / utilisation of healthcare services by communities due to PPR's support to primary health facilities?

**Indicator 4.7**

2. Number of pregnant women seeking ANC/PNC services at primary health care services?
3. Evidence of increased access to services by pregnant women (attach evidence)

**Indicator 4.8**

4. Number of sessions conducted for households on improved nutrition and hygiene practices
5. % of total targeted households demonstrating improved knowledge of hygiene and nutrition practice?

**Indicator 4.9**

6. Percentage of women reporting satisfaction on improved health services provided by the health centres through the project.

**Overall**

7. What is the level of overall achievement against the targets you had on health and nutrition (please attach a document describing targets and achievements).  
 8. What is your past experience in health and nutrition sectors?  
 9. How important was this support for improving livelihood status of community?  
 10. What were the constraints and how these were addressed?

**Gender**

Date of response	
Name of Partner Organization	
Name of interviewer	
Name of the Interviewee	
Designation	
Contact number	
E-mail	

1. How effectively has gender inclusion been addressed in PPR design, approach and implementation strategy?
  - Any changes overtime in relation to inclusion of specific gender groups;
2. Was there any kind of gender analysis conducted on which the program design document was founded (opportunities, challenges, key areas)?
  - Yes
  - No
3. If yes, please attach evidence
4. How relevant was PPR gender approach and implementation strategy in the local context? Please note lessons
  - 
  - 
  - 
  - 
  -
5. What kind of innovations did you introduce in culturally challenging contexts to achieve gendered progress?
  - S
  - S
  - S
  - S
  - S
6. How did your organization ensure selection of appropriate number of women headed households and women role in PPR schemes?
  - Assets
  - CIP
  - CLF
  - Skills
  - Health
  - Education
  - Other
7. How effective was targeting and selection of relevant households?

- 0-18
- 0-23
- 8. Please also share the challenges in female participation?
  - 
  - 
  - 
  - 
  -
- 9. Do you have a monitoring and evaluation framework including indicators for assessing gender inclusion?
  - Yes
  - No
- 10. Is your M & E framework able to provide gender disaggregated data?
  - Yes
  - No
- 11. How many women staff members do you have for PPR? Provide details for:
  - Office based staff (designation, roles and responsibilities)
  - Field/Community based staff (designation, roles and responsibilities)
- 12. Recommendations for the future to improve gender integration?
  - 
  - 
  - 
  - 
  -

## Client Satisfaction Tool at Health Facilities

Interview to be conducted by medical graduate

KII

<b>Serial Number</b>		<b>Type of Health Facility:</b>	<input type="checkbox"/> BHU
<b>Name of Health Facility &amp; UC:</b>			<input type="checkbox"/> Dispensary
			<input type="checkbox"/> Community Health Centre
<b>Facility ID DHIS:</b>		<b>Start Time: hh:mm (AM/PM):</b>	
<b>Interviewer Name:</b>		<b>End Time: hh:mm (AM/PM):</b>	
<b>Tehsil /District Name:</b>		<b>Interview Date: DD/MM/YY</b>	

### INTRODUCTION:

Assalam u Alaikum. My name is \_\_\_\_\_. I am a medical expert and would like to talk to you about this health facility. We are conducting a study to assess how health services are being used in your areas. It will take us approximately 10 minutes to complete our discussion. You have been selected randomly for answering few questions. This study is based on aggregate data. Nothing you say will be publicly attributed to you, and your names will not be given to anyone. We will treat everything you say with confidentiality. Do you have any objection?

### Respondent agrees to be interviewed:

- i. Yes, please continue with your questions
- ii. No, thank the participant and conclude the interview. Look for another respondent

**Interviewer:** I have read the consent form to the respondent, and he/she has agreed to continue the interview.

Interviewer Signature: \_\_\_\_\_

**Instructions:** Read the highlighted as bold and record responses in the next column. Do not read all possible options. **(Indicator: 4.9)**

Sr. #	Question	Response	
<b>1. GENERAL INFORMATION</b>			
1.	Respondent	<input type="checkbox"/> Patient <input type="checkbox"/> Relative	
2.	For what services did you come to the health facility today? (Multiple Responses)	<input type="checkbox"/> Maternal Health Services <input type="checkbox"/> Child Health Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Emergency <input type="checkbox"/> Others_____	
3.	Were you able to get to this health facility easily?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Is this your first visit to this health facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Why did you come this this health facility and not any other?	<input type="checkbox"/> No other facility around <input type="checkbox"/> This facility is low cost <input type="checkbox"/> Quality of support is good <input type="checkbox"/> Someone recommended <input type="checkbox"/> Other (specify)_____	
<b>2. SATISFACTION WITH SERVICES</b>			
1.	Who attended you today?	<input type="checkbox"/> Lady doctor <input type="checkbox"/> Male doctor <input type="checkbox"/> LHV <input type="checkbox"/> Dispenser <input type="checkbox"/> Other (specify)_____	
2.	Were you satisfied with the overall cleanliness & comfort of the examination room/place where you received care?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neither <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied	
3.	Did you get the instructions from the health provider on how to take the medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Were you treated with courtesy & respect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Did you feel comfortable in sharing the health problems with the health care provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Did the provider heard you and explain everything to you and answer your questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7.	Are you satisfied with the services you received for your problem/s from the care provider?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
8.	Are you satisfied with the care provider's skill and ability in treating the problem?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
9.	Are you satisfied with the completeness of the information given to you about your medical problem?	<input type="checkbox"/> very satisfied <input type="checkbox"/> satisfied	<input type="checkbox"/> dissatisfied <input type="checkbox"/> very dissatisfied
10.	Were you told if and when you should return for a follow up (if needed)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Were you satisfied with the measures taken to ensure privacy during your examination?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
12.	Were you satisfied with the measures taken to ensure confidentiality about your health problem?	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
13.	Did you get all the medicines on the prescription from the health facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Would you choose to visit this health facility again in case of the illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Would you recommend the services at health facility to someone else for illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Have things improved in this health facility for since your last few visits? (Write time frame – months? Years?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	If yes, what did improve?		
18.	If no, what issues persist?		

**Any other Comments:**

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### Assessment of Primary Health Facility Upgradation-Basic Health Units *(Indicator: 4.6; 4.7)*

Overall Score of Health Facilities		
	All elements available and functional	90% – 100%
	Majority elements available and functional	80% – 89%
	Minor elements missing or non-functional, minor improvement needed	60%-79%
	Significant elements missing or non-functional, major improvements needed	Less than 59%

Sections	Key Areas	Differential Score	Final Score
Health Facility Functionality	1) Working Timing of BHU		
	2) Human resource		
	3) Equipment		
	4) Health Facility management systems		
	5) Availability of Medicines and Vaccines		
	6) Training		
<b>Total</b>			

BASIC INFORMATION													
HEALTH FACILITY STUDY ID				FORM FILLING PERSON'S ID				DATE OF FORM FILLING (DD/MM/YY)					
Name & Signature of form filling person:								Health Facility ID (ID DHIS) _____					
Name of District & Union Council:							Name of BHU:						

Details for Scorecard for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
general information					
1. Working timing of the BHU	Observation and interview	Observation and interview	7 days - day time only (8 am to 2 pm) Six days - day time only (8 am to 2 pm) Any other _____		
Details for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
Health Facility functionality					
Human Resource					
POSTING	Review of data	The provided data will be assessed with reference to EPHS for staff requirement for BHUs	Sanctioned Vs. Filled		

Details for Scorecard for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
BHU Incharge (MOs/WMOs)					
LHV					
PHC Technician/Medical Technician/Dispenser (Pharmacy/Dressing)					
Laboratory Technician					
EPI Technician					
Health Educator					
Dai					
Computer Operator					
Orderly					
Chowkidar					
Cleaner					
PRESENCE	Checking through visits to Assess				
Incharge (MOs/WMOs)			AL: Authorized/sanctioned Leave OD: Official Duty GD: General Duty St.L: Short leave LC: Late comer	staff actually available and working	
LHV					
PHC Technician/Medical Technician/Dispenser (Pharmacy/Dressing)					
Laboratory Technician					
EPI Technician					
Health Educator					

Details for Scorecard for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
Dai					
Computer Operator					
Orderly					
Chowkidar					
Cleaner					
Any additional staff					
<b>EQUIPMENT</b>			Available vs not-available;		if available Functional, Non-functional
ECG Machine	Direct observation	Third party audit data; facility registers			
Suction Machine					
Resuscitation Trolley					
Glucometer					
<b>Labour Room</b>					
Delivery Table					
Mobile Operating Light					
Manual Vacuum Aspirator					
Instruments					
Stethoscope					
Blood pressure apparatus					
Torch with cell					
Delivery kit					
Disposable syringes					
Cannula/butterfly needle, various size					
Growth monitoring chart					

Details for Scorecard for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
Antenatal card					
Bilirubin meter/Jaundice meter					
Nebulizer					
Infant Warmer					
Foetal Heart Rate Detector					
Photo therapy lights					
Instrument Sterilizer/autoclave					
Vaccination					
Vaccines					
Disposable gloves					
Syringes					
Spirits swabs					
Vaccine caring container					
Vaccine/Drug Refrigerator					
Any equipment given by PPR?	Direct observation	Stock register	Available vs not-available;		if available Functional, Non-functional
Hospital General Upkeep					
General Upkeep of the Building and Signage	Observation				
Sign Boards & Direction Boards	Observation	Direct observation			
Seating Arrangement			YES/NO		Separately for Male & Female
Availability & Condition of Seating in OPD for Patients / Attendants (Male & Female)	Observation	Direct observation		Observation	

Details for Scorecard for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
Availability & Condition of Seating for Attendants outside Labour/ Delivery Room	Observation	Direct observation			
Clean Water		YES/NO			Sweet water availability and assessment of the status of the filters will be done
Availability of Drinking Water	Observation & Interview of Senior Staff Available				
<b>SUPPORT SERVICES</b>					
Laundry system	Observation				
Security Services	Observation				
Janitorial Services	Observation				
Washrooms	Observation				(Separate for Male & Female) YES/NO
<b>Health Facility Management</b>					
Duty roster	Duty roasters will be checked	Duty roasters, Question and observation			
Monitoring and Evaluation (Take pictures)	Checking the DHIS reports for last three months (June, July, Aug)	DHIS data			
Outputs indicators	Checking DHIS reports	Reported by BHU and DHIS			

Details for Scorecard for Primary Health Facilities						
indicator	Methodology	Source of Information	Status	Score	Remarks	
Daily OPD attendance	Checking the OPD register	OPD register total no. of last three months				
Lab services utilization	Checking the lab register	lab register total no. of last three months				
Referral Services (Formal Referral Slip)	Checking from referral registers;	Formal referral mechanism to next level health facility	Available with facility transport support		(OPD register total no. of last three months referral cases)	
			Available on patients own arrangement			
			Not-available			
Quality Assessment	Observation and Checking of medicine register	Adhere to list of medicines of DHIS	Yes/No		Were their additional medicine given by PPR? How frequent? Look for evidence.	
Policy and Procedure Guide for Safe Dispensation of Medicines	Checking for availability and interview of staff for compliance	Protocols availability and compliance will be assessed	Available, not-available		Followed, not-followed;	

Details for Scorecard for Primary Health Facilities					
indicator	Methodology	Source of Information	Status	Score	Remarks
Storage conditions (Temperature Control, Bin Cards, First in first out, Light Control, ventilation, pallets/racks)	Observation and checking for any documented policy	Medicine store protocols availability and compliance will be assessed.	Satisfactory, average and un- satisfactory _____		
6. Availability of Vaccine/Medicines/Nutrition Supplements			YES/NO		
Amoxicillin capsule / syrup	Checking the store register	Store register			
Cotrimoxazole Tab/syrup					
Metronidazole Tab / syrup					
Inj. Ampicillin					
Tablet Diclofenac					
Chloroquine tablet / syrup					
Family Planning Oral pills					
Family Planning Condoms					
Family Planning Injectable					
Family Planning IUCDs					
Intravenous infusions					
Inj. Dexamethasone					
Tablet Iron-folic acid					

Details for Scorecard for Primary Health Facilities						
indicator	Methodology	Source of Information	Status	Score	Remarks	
Nutrition Supplements						
Pentavalent vaccine	Checking the EPI Register	EPI Register				
Polio drop						
Hepatitis-B vaccine						
Measles vaccine						
Tetanus toxoid vaccine						

6.Training of BHU Staff by PPR						
Category of Staff	Topics	Training Conducted by	Duration	No. of Trainings	Remarks	
7.1 Doctors						
7.2 Paramedics (kindly specify)						
7.3 Were training oral or hands -on (skill training)	Hands - on	Oral Only				
7.4 Were training supported by manuals/ handouts etc	Yes	No				

**Summary of discussion held with key informants regarding additionalities from the project: What, when, for whom, where and how for each mentioned project intervention for this particular BHU. Record with evidence. Take pictures.**

**Semi-Structured Interview Guide**

**Department of Health Representatives,**

**(District Health Office); DHO, District Specific Program Managers (EPI, Nutrition & MNCH, LHW Coordinator)  
and Facility Incharge Interview conducted by medical specialist**

**(Mandatory for Facility Incharge/Women Medical Officer plus any two program managers)**

KII

Serial number		<i>Start Time: hh:mm (AM/PM):</i>	
Interviewer Name		<i>End Time: hh:mm (AM/PM):</i>	
Location of Interview		<i>Interview Date: DD/MM/YY</i>	
Respondent's Name			
Respondent's Designation			
Contact number			
Email			

Questions							
1.	<p><b>Are you aware of the current status of BHU/ CD and services rendered through the PPAF Project?</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO				
<input type="checkbox"/> YES	<input type="checkbox"/> NO						
2.	<p><b>If Yes, what role, if any, have you played in revitalisation/ upgradation of BHU/CD services? (Multiple Responses)</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Advisory Role</td> <td style="text-align: center;"><input type="checkbox"/> Active Participation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Monitoring</td> <td style="text-align: center;"><input type="checkbox"/> Supervisory</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> No role</td> <td></td> </tr> </table>	<input type="checkbox"/> Advisory Role	<input type="checkbox"/> Active Participation	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Supervisory	<input type="checkbox"/> No role	
<input type="checkbox"/> Advisory Role	<input type="checkbox"/> Active Participation						
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Supervisory						
<input type="checkbox"/> No role							

Questions			
3.	<p><b>Is the provided support from PPR important for strengthening health facilities in the district? (Multiple Responses)</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> <p>If <b>YES</b> Is partner support relevant to strengthening health services, i.e.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> providing in service training, capacity development,</li> <li><input type="checkbox"/> Upgradation of laboratory Facilities</li> <li><input type="checkbox"/> basic pharmaceutical dispensary</li> <li><input type="checkbox"/> basic tools for laboratory tests</li> <li><input type="checkbox"/> important vaccinations</li> <li><input type="checkbox"/> medical instruments for intervention in cases of emergency</li> <li><input type="checkbox"/> introducing new interventions to offer quality EPI/MNCH/nutrition facilities. Please specify</li> </ul> <hr/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
4.	<p><b>Is the quality of services satisfactory enough and meet its objectives of improved health effectively?</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
5.	<p><b>If Yes, do they meet the needs of health service providers and the clients?</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> <p><b>5 -a) If Yes, How (please explain)</b></p> <hr/> <hr/> <p><b>5-b) If No, Why (please explain)</b></p> <hr/> <hr/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
6.	<p><b>Do you think the current interventions have an impact on overall health service delivery of BHU/PHC?</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table> <p><b>6 -a) If Yes, How (please explain)</b></p> <hr/> <hr/> <p><b>6-b) If No, Why (please explain)</b></p> <hr/> <hr/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO		
7.	<p><b>Do you think BHU/PHC service delivery is currently working efficiently in terms of? (Multiple Responses)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Management and institutional arrangements</li> <li><input type="checkbox"/> adequate support/logistics</li> <li><input type="checkbox"/> monitoring, supervision</li> <li><input type="checkbox"/> training and clinical support</li> <li><input type="checkbox"/> Integration/synergy with other programs</li> <li><input type="checkbox"/> best practices &amp; innovations</li> <li><input type="checkbox"/> feedback</li> </ul> <p>Comments (if any)</p> <hr/> <hr/>		

Questions	
8.	<p><b>What are the gaps/issues in the project? Kindly specify (Tick the relevant boxes)</b></p> <p><input type="checkbox"/> <i>Planning level (Kindly specify)</i></p> <p>_____</p> <p><input type="checkbox"/> <i>Operational level (Kindly specify)</i></p> <p>_____</p> <p><input type="checkbox"/> <i>Management level (Kindly specify)</i></p> <p>_____</p>
9.	<p><b>Are you aware of the Community (private) Health Centres established/ strengthen through the PPR Project?</b></p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </p> <p><b>9-a)</b> If Yes, are they linked to BHUs in any way?</p> <p style="text-align: center;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </p> <p><b>9-b)</b> If Yes, How?</p> <p>_____</p> <p>_____</p>
10.	<p><b>What lesson can be learnt from the implementation of PPR to date?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
11.	<p><b>Do you have any comments or suggestions?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Signature of interviewer: \_\_\_\_\_

### Assessment of School Facility (Indicators: 4.1; 4.4)

1. Number students by gender

Year 1

- Girls
- Boys

Year 2

- Girls
- Boys

Year 3

- Girls
- Boys

2. Report the gender ratio:

- i. Before PPR (%)
- ii. After PPR (%)

3. Separate Washrooms for girls (numbers):

- Before PPR project
- After PPR: Fully functional & separately located
- After PPR: Fully clean and maintained
- After PPR: Adequate water availability

4. Boundary wall and security arrangements implemented and monitored by school (please choose)

- It was constructed earlier by government or through an arrangement other than PPR
- The height of boundary wall sufficient to prevent an intruder to cross over
- Condition of the boundary wall and its maintenance is satisfactory
- The entrance gate is operational
- There is an alternate gate to be used under emergency
- There is a gate keeper to open the gate of the school

5. School Protection by local police or guard (please choose)

- There is no guard system
- It was arranged under PPR project
- Functionality and effectiveness of guard system

6. Water and electricity (please choose)?

- There is an overhead storage facility for water
- Water availability is frequent and sufficient
- Water filtration available for school inhabitants
- Electricity is available

- The source of electricity is legal (WAPDA, Solar, generator)
- Equipment in school requiring electricity available (fan, lights)

7. Classrooms:

- Total number of classrooms?
- Number of classrooms added under PPR?
- Door, windows and walls properly painted and functional?
- Electric fans functional?
- Heating system available?
- Average number of students observed per classroom?
- Sitting arrangement (chair, bench, bench & desk or floor)
- Number of black board/ white board?
- Number of charts and posters on wall?
- Were the classrooms properly cross ventilated?
- External noise observed in classroom?

8. Number of teachers by gender?

- Sanctioned # posts Male
- Sanctioned # posts Female
- Appointment # Male
- Appointment # Female
- Present teachers # Male
- Present teachers # Female

9. Teachers training (questions from teachers)?

- Did the teachers receive training? Yes / No
- What training was received
- Number of teachers trained during PPR with project support (by government)?
- Number of teachers trained during PPR with project support (by PPR)?

10. Level of education of teachers:

Female Intermediate  
 Female Bachelor  
 Female Master  
 Male Intermediate  
 Male Bachelor  
 Male Master

11. Are the teachers satisfied with the subjects assigned for teaching, given their skills/qualification?  
 Yes / No

12. If not, stated reasons:

Male \_\_\_\_\_

Female \_\_\_\_\_

13. Average distance teachers travel from home to the school?

Female (km)

Male (km)

14. School based recreational facilities and the environment?

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Overall rank of the school (choose one option)

School well-functioning including physical, enrollment rise, no drop outs, and teachers' quality (76-100%)
Enrollment on an increase including girls with very few dropouts, teachers' quality satisfactory, few physical structural issues (51-75%)
Enrollment with a limited increase and few dropouts, issues with teachers' quality and physical structure (26-50%)
Dissatisfactory enrollment, training and structural deficiencies (0-25%)

## Assessment tool on Environmental and Social Safeguards

### Project for Poverty Reduction

The ten Environmental and Social Standards establish the standards that the Borrower and the project will meet through the project life cycle<sup>77</sup>. The following matrix defines the standards and inquires:

Level of compliance				
Compliance Level	Qualitative Description			Qualitative Color Allotted
High	Compliance level is obligatory by policy at institutional level for all interventions			
Medium	Compliance level is assured in activity assessment and designs to handle potential harms			
Low	Compliance level is limited and situation specific to handle potential harms			
None	No compliance at any level - policy, activity and situation specific and harm being caused due to project interventions (provide factual evidence and analysis of harm done)			
Standard #	Definition	Description	Self-assessment on Compliance (description and evidence provided by the project teams <sup>78</sup> )	Color assigned by evaluator as per level of compliance
Environmental and Social Standard 1	Assessment and Management of Environmental and Social Risks and Impacts	While conducting feasibility analysis for activities, the team assesses possible risks and mitigation options  These risks are considered in the designs and mitigation options are integrated.  All stakeholders are cognizant of these issues and act as appropriate		
Environmental and Social Standard 2	Labour and	Training modules includes safety and security measure especially for traits which have potential for human hazard		

<sup>77</sup> The World Bank Environmental and Social Framework - ESF - Guidelines 2017

<sup>78</sup> This assessment will be documented separately at different levels (PPAF, PO, LSO). The household interviews will include questions on these standards

	Working Conditions	<p>Micro-businesses financed by the project promote decent work conditions visibly through their policies and measures</p> <p>Work condition for Project /PO staff are harassment free and grievance redressal mechanisms are available</p>		
Environmental and Social Standard 3	Resource Efficiency and Pollution Prevention and Management;	<p>Impact of physical infrastructure has been assessed and considered in design options</p> <p>Approved schemes contribute to No or Reduced pollution rather than increased carbon footprint</p> <p>Approved schemes do not impact deterioration of groundwater resources</p> <p>Approved schemes do not exacerbate soil erosion, deforestation or forest degradation</p> <p>Approved schemes aim at conserving energy / utilize renewable energy</p>		
Environmental and Social Standard 4	Community Health and Safety	<p>Project interventions do not jeopardize safety and security of individuals involved</p> <p>Reasonable insurance scheme in case of life threat for labour engaged in reconstruction activity</p> <p>Interventions lead to no health risks to workers engaged or beneficiaries</p> <p>Interventions are PWD and elderly friendly</p>		
Environmental and Social Standard 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	<p>Land acquisition for communal interventions is legally appropriate and defensible</p> <p>Land / water resource deployed for development interventions are not litigated</p>		

		<p>No interventions are planned on resources which are set aside by the state for other purposes (e.g. national parks, reserved land)</p> <p>In case of resettlement of community due to an infrastructure or non-infrastructure project, it is ensured that it is not forced, is well coordinated and well documented</p>		
Environmental and Social Standard 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	<p>The interventions planned and implemented do no harm to local biodiversity and natural resources</p> <p>The interventions planned and implemented do not cause leakage of resources from other areas<sup>79</sup></p> <p>Interventions contribute to improved awareness of communities on resource conservation (e.g. water, firewood)</p> <p>Interventions aimed at utilization of natural resources promote planning for sustainable utilization (e.g. NTFP)</p>		
Environmental and Social Standard 7	Indigenous Peoples/ Historically Underserved Traditional Local Communities	<p>Indigenous / local underserved communities are well represented in community institutions</p> <p>Needs assessments include segregated issues related to indigenous / underserved local communities</p> <p>Needs identified in the assessments have been addressed by project interventions</p> <p>The project activities are not contributing to disempowerment of indigenous / underserved local communities</p> <p>The project interventions contribute to empowering indigenous / underserved local communities</p>		
Environmental and Social Standard 8	Cultural Heritage	Project interventions respect local culture and ensure do no harm		

<sup>79</sup> Leakage refers to exploitation of natural resources from other areas triggered by restrictions in one area.

		<p>Project intervention designs are cognizant of local cultural issues to prevent grievances (e.g. pardah)</p> <p>Project teams are adequately staffed with women to reach out to women</p> <p>The impacts of different interventions reinforce positive cultural aspects of indigenous communities</p> <p>Transformative activities are undertaken in a conflict sensitive and gradual manner</p>		
Environmental and Social Standard 9	Financial Intermediaries	<p>Zero tolerance on fraud and financial mismanagement</p> <p>Transparency is assured at all levels for financial handling (multiple checks)</p> <p>Mechanism available to lodge early warning / whistle blower</p> <p>The project interventions do not encourage reliance on informal money lenders or debt traps</p>		
Environmental and Social Standard 10	Stakeholder Engagement and Information Disclosure	<p>Prior and informed consent is respected at community level</p> <p>Communication is transparent (PO to community, community institutions to households)</p> <p>Decisions, instructions, or any commitment taken from community are documented in Urdu for later reference</p>		

## ANNEX 7: LIST OF PPR DISTRICTS AND UNION COUNCILS

S. No.	District	Union Council	PO
<b>1</b>	Awaran	Teertaj	AF
	Awaran	Awaran	NRSP
	Awaran	Camp Jhao	NRSP
<b>2</b>	Lasbela	Sakaran	BRAC
	Lasbela	Winder	BRAC
<b>3</b>	Killa Saifullah	Kan Mehtarzai	BRDRS
	Killa Saifullah	Muslim Bagh	TF
<b>4</b>	Killa Abdullah	Girdi Pinakai	BRSP
	Killa Abdullah	Purana Chaman	BRSP
	Killa Abdullah	Zahra Band	PIDS
<b>5</b>	Pishin	Khushab	BRSP
	Pishin	Bostan	SEHER
<b>6</b>	Zhob	Badinzai	BRSP
	Zhob	Meena Bazar	HDF
	Zhob	Shahabzai	HDF
<b>7</b>	Gwadar	Pishukan	NRSP
	Gwadar	Surbandar	NRSP
<b>8</b>	Kech	GINNA	NRSP
	Kech	Gukdan	NRSP
	Kech	kalatuk	NRSP
<b>9</b>	Panjgoor	Sordo	NRSP
	Panjgoor	Gramkan	NRSP
	Panjgoor	Washbood	YO
<b>10</b>	Dir Lower	Koto	CERD
<b>11</b>	Dir Upper	Barawal Bandi	KK
	Dir Upper	Bibiour	SRSP
	Dir Upper	Chukyatan	SRSP
<b>12</b>	Swat	Bar Abakhel	Lasooona
	Swat	Hazara	EPS
	Swat	Koz Abakhel	EPS
<b>13</b>	Bajaur Agency <sup>80</sup>	Khar	NIDA Pakistan
	Bajaur Agency	Pachagan	SRSP
	Bajaur Agency	Alizai	SRSP
<b>14</b>	Chitral	Darosh 1	SRSP
	Chitral	Darosh 2	SRSP
	Chitral	Ayun	AKRSP
<b>15</b>	Dir Lower	Balambat	SRSP
	Dir Lower	Khazana	SRSP

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<sup>80</sup> Dropped due to NOC issues

## ANNEX 8: RESULTS BASED FRAMEWORK WITH INDICATORS' ASSESSMENT

### 4.1. Goal of the Program:

Goal	Indicator	Evaluators' assessment
Population poverty reduction through the creation of sustainable conditions of social and economic development, including income and production capacity increase	G: At least 25% of the targeted poor <sup>81</sup> households including female headed household (40% FHHs) in program area graduated out of poverty <sup>82,83</sup>	This RBF is based on a theory of change that each level of the results (outcomes) and associated indicators across all components (outputs) will contributing to reduce the overall poverty in program area. Since the HH survey indicates that these indicators have been met, it is derived that the overall goal has been achieved. The fact that we have PO reported data and the evaluation's own 3-tier surveys' data corroborating, implies that PPR has by all assessment met or even exceeded its goal graduation targets.

### 4.2 Purpose of the Program

Purpose	Indicator	
Establishment of a social and productive infrastructure system and the establishment of an effective and sustainable social safety net	P1: At least 60% of the targeted poor (PSC 0-23) and 50% of the poorest households (PSC 0-18) move to a higher score on PSC (40% including FHHs)	<p>A fresh poverty graduation survey was not conducted after the end of PPR. However, the primary assessment of individual components concludes that the targets have been achieved, suggesting that the target groups have higher poverty scores presumably due to participation in the activities. These include the following:</p> <ul style="list-style-type: none"> <li>• According to POs, an average 33% beneficiaries moved to a higher PSC score.</li> <li>• According to LSOs, all the beneficiaries of the project lead a better life today than before</li> <li>• 42% of assets beneficiaries earn 32% more income</li> <li>• 61% beneficiaries have improved access to drinking water and 28% improved sanitation</li> <li>• 35% production increased for 26% beneficiaries from irrigation</li> <li>• 76% beneficiaries benefit from improved infrastructure (45% PSC 0-18 and 35% PSC 0-23)</li> <li>• 212% increase in women's use of ANC/PNC services. 56% increase in OPD attendance</li> <li>• 25% out of school children enrolled in schools</li> <li>• 61% beneficiaries report behavioral change in their practices</li> </ul> <p>A fresh poverty score card survey against the baseline is recommended to validate this conclusion.</p>

<sup>81</sup> Using poverty score card cutoff of 0-23.

<sup>82</sup> Using poverty score card cutoff of 24-100.

<sup>83</sup> Viability and sustainability defined as being active (e.g. regular attendance at meetings), having linkages (clustering of COs and VOs to higher tiers, and linkage of LSOs with other NGOs/donor, service providers, markets and line agencies) and good governance structure will be assessed through maturity index of community institutions.

	P2: At least 40% of the target group have their income increased by 20% (including 40% FHHs)	<p>Achieved. 42% of the target groups increased their income by 32% according to interviews with beneficiaries receiving assets (household survey) until now.</p> <p>According to POs, 72% of the PSC 0-18 beneficiaries receiving assets are contributing to household income whereas 37% of the PSC 0-23 beneficiaries are earning income from their productive assets.</p> <p>Most of this comes from livestock sale during first two rotations of sale recorded by the project. Level of income increase is thus different for different asset type and how it was put to use (in productive activities or self-use without growth). Overall, 77% found no growth, and 6% lost the assets (died, lost, diminished).</p>																
	P3: At least 60% of the community institutions are viable and sustainable <sup>3</sup>	According to the sampled POs, 68% of the community institutions are likely to be sustainable after PPR. LSOs are more confident and suggest 92% will likely remain sustainable.																
	P4: At least 80% of the beneficiaries (including 50%) report satisfaction with the program supported interventions	According to the sampled POs, 86% beneficiaries (half of them being women) expressed satisfaction on the PPR support. The evaluators assessment is in line with this claim. The LSO/VO/CO/WCI and household surveys satisfaction from different interventions stands at different levels (e.g. health 94%; education 78%).																
	P5: Minimum EIRR of 20% and FIRR of 25% of investment of the program interventions	<p>A basic financial analysis was performed to calculate the FIRR of two projects implemented in Balochistan and one project in KP. The results are from 13% to 29%.</p> <table border="1"> <thead> <tr> <th>Project</th> <th>Village-UC-District</th> <th>FIRR</th> <th>Benefit/Cost Ratio</th> </tr> </thead> <tbody> <tr> <td>Karez cleaning and extension</td> <td>Zarghoon-Khushab-Pishin</td> <td>29%</td> <td>1.2</td> </tr> <tr> <td>Water supply scheme for agriculture</td> <td>Tanzak-Gokdan-Kech</td> <td>28%</td> <td>1.7</td> </tr> <tr> <td>Jeepable bridge</td> <td>Khairabad/Drosh1/Lower Chitral</td> <td>13 %</td> <td>1.7</td> </tr> </tbody> </table>	Project	Village-UC-District	FIRR	Benefit/Cost Ratio	Karez cleaning and extension	Zarghoon-Khushab-Pishin	29%	1.2	Water supply scheme for agriculture	Tanzak-Gokdan-Kech	28%	1.7	Jeepable bridge	Khairabad/Drosh1/Lower Chitral	13 %	1.7
Project	Village-UC-District	FIRR	Benefit/Cost Ratio															
Karez cleaning and extension	Zarghoon-Khushab-Pishin	29%	1.2															
Water supply scheme for agriculture	Tanzak-Gokdan-Kech	28%	1.7															
Jeepable bridge	Khairabad/Drosh1/Lower Chitral	13 %	1.7															

#### 4.3. Component 1: Social Mobilization and Institution Building:

Expected Outputs	Indicator	Proposed IP Indicators for UC	
Social structure and community organizations strengthened, with increased empowerment of the	1.1 At least 60% of households in targeted Union Councils (UCs) are members of community institutions with 50% women membership	1.1.1 At least 60% of households in targeted Union Councils (UCs) are members of community institutions with 50% women membership	Achieved

local communities and increased capacity of relating with central	1.2 At least 60% of the targeted poor (PSC 0-23) of which 60% are poorest households (0-18) are members of community organizations	1.2.1 60% of the targeted poor (PSC 0-23) of which 60% are poorest households (018) are members of community organizations	Achieved
Expected Outputs	Indicator	Proposed IP Indicators for UC	
institutions, other organizations and markets	1.3. At least 4,500 community institutions including 4,000 1 <sup>st</sup> tier, 500 2 <sup>nd</sup> tier and 38 3 <sup>rd</sup> tier organizations formed/ strengthened and 60% of these meet regularly	1.3.1 60% of these meet at least once a month	Out of the sampled union councils in PPR project area (32% of all UCs in the project), reported: <ul style="list-style-type: none"> <li>• 1<sup>st</sup> tier community institutions: 1509 and 668 WCIs</li> <li>• 2<sup>nd</sup> tier community institutions: 241</li> <li>• 3<sup>rd</sup> tier community institutions: 12</li> </ul> This is 37% targets achieved by 32% of the selected sample. This indicator has therefore been achieved. 58% LSOs reported to meet on monthly basis. 42% meet quarterly. Others meet only when they need to receive a guest (e.g. PPR end evaluation) or if an issue arrives for deliberation.
	1.4. At least 60% of 1 <sup>st</sup> tier organizations (including 50% WCIs) clustered into village level organizations and at least 40% of these (including 50% WCIs) are federated at a higher / UC level	1.4.1 60% of 1 <sup>st</sup> tier organizations (including 50% WCIs) clustered into village level organizations and at least 40% of these (including 50%WCIs) are federated at a higher / union council level	Within sampled 12 union councils of the program: <ul style="list-style-type: none"> <li>• 80% 1<sup>st</sup> tier organizations formed VOs</li> <li>• 93% VOs formed LSOs</li> <li>• 80% WCIs (532) clustered into VOs and LSOs</li> </ul>
	1.5. At least 50% of community institutions across all the three tiers including 50% WCIs show evidence of democratic decision-making in relation to internal organizational management and external decision-making <sup>84</sup>	1.5.1 At least 50% of community institutions across all the three tiers including 50% WCIs show evidence of democratic decision-making in relation to internal organizational management and external decision-making	This evaluation has not engaged with individual organizations from 1 <sup>st</sup> and 2 <sup>nd</sup> tiers to assess their decision-making system. At the 3 <sup>rd</sup> tier level, however, all the LSOs in sampled UCs function in a democratic way and take collective decisions. 75% follow show of hands for decision making, 17% go for election.

<sup>84</sup> Democratic decision-making refers to election-based approaches, 70% members of the CI's members endorse and sign the resolutions and 70% members of LSOs and VOs participation in VDPs/ UCDP development process,

<p>1.6. 25% of the office bearers of the 3rd tiers community institutions are women</p>	<p>1.6.1 25% of the office bearers of the 3rd tiers community institutions are women 1.6.2 Women members of the executive body of CIs attend regular monthly meetings and 70% of the needs identified by them are reflected in LSO's annual plan/UCDP.</p>	<p>Within the 12 sampled Union Councils, 19% office bearers of the 3<sup>rd</sup> tier community institutions are women. With the exception of Kech and Lasbela, there is no evidence that women members attend meetings regularly. The needs are identified by WCIs and conveyed to the LSOs. See indicator 1.7.1</p>
<p>1.7. 70% of the priorities identified by WCIs are included in village development plans (VDPs) and UC development plans (UCDPs), and 40% of WCIs are involved in implementing project interventions</p>	<p>1.7.1 70% of the priorities identified by WCIs are included in village development plans (VDPs) and UC development plans (UCDPs), and 40% of WCIs are involved in implementing project interventions</p>	<p>All the UCDPs include women priorities. The ET however could not ascertain a definite number of needs identified by WCIs since there were no archived records with the LSOs on this. Hence a percentage on how many needs identified found a way to UCDP is difficult to report. The evaluation has instead used a proxy indicators to determine this indicator:</p> <ol style="list-style-type: none"> <li>1. 86% of the female respondents from the household survey report that the priorities identified by WCIs were included in the UCDPs. 39% of them suggested that these priorities were also implemented.</li> <li>2. The POs indicated an average 62% of the demands coming from women were included in the LSO plans / UCDP plans.</li> <li>3. The LSOs reported that the women's needs are communicated through WCIs are always included in UCDPs.</li> </ol>
<p>1.8. 70% of conflicts brought to community institutions are mediated through participatory process in accordance with constitutional and legal provisions</p>	<p>1.8.1 70% of conflicts brought to community institutions are mediated through participatory process in accordance with constitutional and legal provisions</p>	<p>100% LSOs in the 12 sampled Union councils indulge in resolving conflicts of different types. The LSOs have reported 76% issues amicably resolved by them.</p>

#### 4.4. Component 2: Livelihood Enhancement and Protection

Expected Outputs	Indicator	Proposed IP Indicators for UC	
Effective social safety net established in favor of the populations' poorest groups, women, children, old people and disabled especially	2.1. At least 40% of targeted poorest (0-18), women (50% FHH), elderly and disabled (40% of identified persons with disabilities (PWDs) within population) benefitted from productive assets leading towards increase in their household incomes and/or asset base	2.1.1 At least 40% of targeted poorest (0-18), in particular women (50% FHH), elderly and disabled (40% of identified persons with disabilities (PWDs) within population) benefitted from productive assets (immediately)	Of all beneficiaries receiving productive assets, 80% came from PSC 0-18 (44% FHH) and 20% from PSC 0-23 (19% FHH). This makes 71% of the targeted poorest in PSC 0-18 and 11% within the group PSC 0-23. 3% beneficiaries included PWDs.
		2.1.2 The assets transferred are leading towards increase in their household incomes and/or asset base (6month to 1 year)	Achieved. 42% of the target groups increased their income by 32% according to interviews with beneficiaries receiving assets (household survey).  According to POs, 72% of the PSC 0-18 beneficiaries receiving assets are contributing to household income. 37% of the PSC 0-23 beneficiaries are earning income from their productive assets.
	2.2. Communities that have received Community Livelihood Fund (50% women beneficiaries) revolve savings for internal lending and maintain at least 95% repayment rates	2.2.1 50% women beneficiaries (immediately) 95% repayment rates	Within sampled UCs, 2061 loans were disbursed (14% FHH). According to LSOs, the repayment rate so far is 80% by women and 57% by men.
	2.3. 50% beneficiaries (40% women) got self-employed or employed to other sources as result of skills trainings	2.3.1 50% beneficiaries (40% women) got self-employed or employed to other sources as result of skills trainings (after one month)	57% trained beneficiaries were self-employed (76% women). 16% were employed with others (29% women). This shows that skilled women have a higher tendency for opting self-employment

#### 4.5. Component 3: Basic Infrastructure:

Expected Outputs	Indicator		

Local productive infrastructures (water infrastructures, civil and energetic works, access to markets, wells, roads, pipelines, power grids etc.) built and functioning	3.1. 100% of the infrastructure schemes are disaster resilient, gender sensitive and PWDs friendly	3.1.1 100% of the infrastructure schemes are disaster resilient, gender sensitive and PWDs friendly	This is a complex indicator and has been evaluated under the ESF standards. While the structures are relatively appropriate from gender / PWD lens, there are several design weaknesses. In addition, none of the structures is resilient to natural disasters (such as floods, earthquake, river overflow (with the exception of flood protection walls).
	3.2. At least 30% improvement in communities' access [80% poor (PSC 023)] to drinking water and proper sanitation due to the infrastructure built	3.1.2 30% improvement in communities' access [80% poor (PSC 0-23)] to drinking water and proper sanitation due to the infrastructure built	61% increased access to drinking water by communities (49% PSC 0-18 and 35% PSC 0-23). 28% beneficiaries report improvement in sanitation services due to improved infrastructure
	3.3. At least 30% improvement in communities' access to irrigation water due to the infrastructure built	3.1.3 30% improvement in communities' access to irrigation water due to the infrastructure built	26% beneficiaries received benefits from improved irrigation. 18% improvement in communities' access to irrigation. Increase in production by 35%.
	3.4. 75% of all infrastructure schemes are benefitting poor HH (PSC 0-23)	3.1.4 75% of all infrastructure schemes are benefitting poor HH (PSC 0-23)	45% of all infrastructure beneficiaries are PSC 0-18 and 35% are PSC 0-23. In total, 76% infrastructure schemes benefit poor
	3.5. At least 80% of infrastructure schemes are in use and well maintained, catering to the target communities, especially poorest households and at least 50% of these schemes are directly benefitting women.	3.1.5 80% of infrastructure schemes are in use and well maintained, catering to the target communities, especially poorest households 3.1.6 50% of these schemes are directly benefitting women	Overall, 53% of infrastructure schemes are in use and well maintained – of these, the highest percentage is for drinking water supply (79%) and the lowest is culverts (33%). 41% of these schemes are directly benefitting women. According to LSO 47% schemes benefit women

#### 4.6. Component 4: Basic Services (Health, Nutrition and Education)

Expected Outputs	Indicator		
Access of local population to the basic social and health services, including education obtained	'4.1 20% of all out of school children (5 to 16 years) are enrolled annually and are tracked by name to ensure they attend school throughout the life of the project and beyond.	4.1.1 20% of all out of school children (5 to 16 years) are enrolled annually and are tracked by name to ensure they attend school throughout the life of the project and beyond.	Overall, 25% out of school children before PPR have returned to schools.

4.2 At least 80% of those enrolled continued schooling throughout the project cycle	4.2.1 At least 50% of children enrolled under PPR project are girls.	There has been an increase of 30% (including 49% girls) enrollment of children in schools and this is evident for all classes from KG to class 5.
4.3 At least 50% of children enrolled under PPR project are girls	4.3.1 At least 80% of those enrolled continued schooling throughout the project cycle	This percentage was difficult to ascertain due to negative influence of COVID-19 on schools. The schools interviewed during field visits suggested that most children completed full cycle of primary education – however 10-15% never returned to schools (either migrated or dropped out for personal reasons). In Lasbela alone, 38% children did not return to school since they were engaged in work by parents to due to economic stress.
4.4 80% of teachers trained on improved teaching methodologies utilized these in the classrooms	4.4.1 80% of teachers trained on improved teaching methodologies utilized these in the classrooms	Teachers' training was conducted for 1156 teachers (including 45% female). However there is no evidence of total aggregate percentage of teachers trained since total number of teachers is unknown.  Out of trained at least 50% are using child friendly techniques in LSOs' assessment. (41% in POs' assessment).  During the household survey out of 78% parents are satisfied with the schools, 46% attributed their satisfaction to an improved quality of teaching in schools among their reasons for satisfaction.
4.5 80% of parents report satisfaction due to project educational services	4.5.1 80% of parents report satisfaction due to project educational services	78% parents reported satisfaction over the improved quality of schools due to project interventions
4.6 20% increase in primary healthcare services utilization by communities at targeted health facilities	4.6.1 20% increase in primary healthcare services utilization by communities at targeted health facilities	There is no one answer to this indicators. An increasing clientele has been noted in the BHUs (56% visit BHUs, 24% private). Increase in primary health care services utilization by communities and targeted health facilities may also be attributed to the collaboration with District Health Offices (DHOs) offices for improving the service delivery standards at government health facility by proper reporting, monitoring, supervision

4.7 50% of pregnant women received ANC & PNC services in target areas	4.7.1 50% of pregnant women received ANC & PNC services in target areas	It is difficult to assess how many women are pregnant in the sampled union councils. The HH survey shows: 212% increase in women using ANC /PNC services from health units (as opposed to the past). This percentage comes from interviews with 725 women representing their households in 12 Union Councils.  The assessment of health centres reports 'marked increase' in OPD attendance compared to the past, including for ANC/PNC services (56% in public and 24% private centres).
'4.8 30% of targeted households reported increase in hygiene <sup>85</sup> and nutrition related knowledge and practices	4.8.1 30% of targeted households reported increase in hygiene and nutrition related knowledge and practices	The achievement in the indicator on awareness is highly significant. Over 15,000 households were included in the awareness campaigns (61% of the total population). The household survey suggests that 57% families demonstrate moderate change in practices an improved hygiene and nutrition practices today, 34% demonstrate low and 9% demonstrate high change in their behavior)
'4.9 80% of women report satisfaction with health services of the project	4.9.1 80% of women report satisfaction with health services of the project.	The client satisfaction survey indicates 94% women visiting health centers supported by PPR fully satisfied with level of services.

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85 The hygiene includes awareness on hand washing, use of latrine and safe drinking water

## ANNEX 9 : FINANCIAL ANALYSIS OF CPIS

### PICTORIAL VIEWS OF KHAIRABAD BRIDGE

#### PROJECT DETAILS OF KHAIRABAD BRIDGE

##### Project Location:

Name Of Village	Khair Abad
Union Council	Drosh I
Tehsil	Chitral
District	Chitral
SOU	Drosh
Region	Chitral
Distance from SOU Office	5Km
NA	32
PK	89(Chitral 1)
Coordinates	N 35°36'8.1", E 71°47'16.26", Elev= 4168 ft

##### Project Description:

Project Type	communic	Suspension Bridge	( jeepable)
Proposed Span of Bridge		235 ft	
Width of Bridge		10 ft	
Completion Period		1 Year	

##### Description of the area:

Cropping zone	Double Cropping
Major crop	Wheat, Maize and vegetables.
Major source of income	Agriculture, Small business
Nature of soil	Clayey gravel

##### Project Beneficiaries

Member House Holds	15 Nos
Non Member House Holds	435 Nos
Total Beneficiaries House Holds	450 Nos
Total Population @ 8 persons /H.H	3600 Persons

##### Financial Description:



## Basic EIRR Analysis of Khair Abad Bridge Drosh Chitral

S. No.	Year	Discount Factor	Total Cost	Present Value Cost	Total Benefits	Present Value Benefits	PV of Net Benefits
(i)	(ii)	(iii) = $1/(1+D.R.)^n$	(iv)	(v) = (iv) x (iii)	(vi)	(vii) = (iii) x (iv)	(viii) = (vii) - (v)
0	2020	1.00	17,527,288	17,527,288	-	-	- 17,527,288
1	2021	0.89	525,819	469,481	5,750,000	5,133,929	4,664,448
2	2022	0.80	531,077	423,371	5,635,000	4,492,188	4,068,816
3	2023	0.71	531,077	378,010	5,522,300	3,930,664	3,552,654
4	2024	0.64	531,077	337,509	5,411,854	3,439,331	3,101,822
5	2025	0.57	531,077	301,347	5,303,617	3,009,415	2,708,067
6	2026	0.51	536,335	271,724	5,197,545	2,633,238	2,361,514
7	2027	0.45	536,335	242,611	5,093,594	2,304,083	2,061,472
8	2028	0.40	536,335	216,617	4,991,722	2,016,073	1,799,456
9	2029	0.36	536,335	193,408	4,891,887	1,764,064	1,570,656
10	2030	0.32	536,335	172,686	4,794,050	1,543,556	1,370,870
11	2031	0.29	541,593	155,695	4,698,169	1,350,611	1,194,916
12	2032	0.26	541,593	139,013	4,604,205	1,181,785	1,042,771
13	2033	0.23	541,593	124,119	4,512,121	1,034,062	909,943
14	2034	0.20	541,593	110,821	4,421,879	904,804	793,983
15	2035	0.18	541,593	98,947	4,333,441	791,703	692,756
				<b>21,162,647</b>		<b>35,529,504</b>	<b>14,366,858</b>
<b>Measures of Project Worth:</b>							
<b>NPV (Rs.)</b>	<b>14,366,858</b>						
<b>B/C Ratio</b>	<b>1.68</b>						
<b>IRR (%)</b>	<b>13.4%</b>						

Basic of Economic Internal Rate of Return							
Project Titel: Water Supply Scherr							
Village Organization: Tanzak VO							
Village: Tankzak							
UC: Gogdan							
District: Kech Turbat							
Total Benefits							
S.No	Crops	Before Intervention	After Intervention	Difference	Amount per Acre/No Rs.	Before Intervention	After Intervention
		Command Area Acre/Nos	Command Area Acre/Nos			Total Amount Rs.	Total Amount Rs.
1	Dates	4	6	2	100,000	400,000	600,000
		4	6	2		400,000	600,000
Land Value							
S.No	Crops	Before Intervention	After Intervention	Difference	Per Acre / No Cost	Before Intervention	After Intervention
		Command Area Acre/Nos	Command Area Acre/Nos			Total Amount Rs.	Total Amount Rs.
1	Dates	4	6	2	200,000	800,000	1,200,000
2	0	0	0	0	200,000	-	-
3	0	0	0	0	200,000	-	-
	0	0	0	0	200,000	-	-
	0	0	0	0	200,000	-	-
		4	6	2		800,000	1,200,000
					<b>Total</b>	<b>1,200,000</b>	<b>1,800,000</b>

Total Cost								
S.No	Crops	Before Intervention	After Intervention	Difference	Per Acre / No Cost	Before Intervention	After Intervention	
		Command Area Acre/Nos	Command Area Acre/Nos			Total Amount Rs.	Total Amount Rs.	
1	Dates	4	6	2	36000	144,000	216,000	
2	0	0	0	0	72000	-	-	
3	0	0	0	0	21600	-	-	
4	0	0	0	0	5000	-	-	
5	0	0	0	0	5000	-	-	
		4	6	2		144,000	216,000	
Project Cost								
1	Project Cost						1,010,029	
2	Maintenance Cost							30,301
		0	0	0		1,010,029	30,301	
					<b>Total</b>	<b>1,154,029</b>	<b>246,301</b>	
						<b>1,954,029</b>	<b>1,446,301</b>	

## Ecnomic Analysis

Discount Factor =	1						
	$(1+i)^{-n}$						
Where	i =	Interest Rate					
	n =	No of years					

### Based on 12% interest rate

Discount Rate	No of years	D.F	Scheme Cost	Discount ed Cost	Benefit	Discounted Benefit	NPV
12%	0	1	770,000	770,000	246,301	246,301	- 523,699
12%	1	0.892857	770,000	687,500	246,301	219,911	- 467,589
12%	2	0.797194	770,000	613,839	1,446,301	1,152,982	539,143
12%	3	0.711178	770,000	548,071	1,446,301	1,029,448	481,378
12%	4	0.635518	770,000	489,349	1,446,301	919,150	429,801
12%	5	0.567427	770,000	436,919	1,446,301	820,670	383,751
12%	6	0.506631	770,000	390,106	1,446,301	732,741	342,635
12%	7	0.452349	770,000	348,309	1,446,301	654,233	305,924
12%	8	0.403883	770,000	310,990	1,446,301	584,137	273,147
12%	9	0.36061	770,000	277,670	1,446,301	521,551	243,881
12%	10	0.321973	770,000	247,919	1,446,301	465,670	217,751
12%	11	0.287476	770,000	221,357	1,446,301	415,777	194,420
12%	12	0.256675	770,000	197,640	1,446,301	371,229	173,590
12%	13	0.229174	770,000	176,464	1,446,301	331,455	154,991
12%	14	0.20462	770,000	157,557	1,446,301	295,942	138,385
12%	15	0.182696	770,000	140,676	1,446,301	264,234	123,558
12%	16	0.163122	770,000	125,604	1,446,301	235,923	110,319
12%	17	0.145644	770,000	112,146	1,446,301	210,646	98,499
12%	18	0.13004	770,000	100,130	1,446,301	188,076	87,946
12%	19	0.116107	770,000	89,402	1,446,301	167,925	78,523
			<b>5671648</b>	<b>5671648.182</b>		<b>9581700.908</b>	<b>3910053</b>

(NPV= Y-X)

**Benefit/Cost Ratio = 1.7**

### Based on 15% interest rate

Discount Rate	No of years	D.F	Cost	Discount ed Cost	Benefit	Discounted Benefit	NPV
15%	1	0.869565	770,000	669,565	246,301	246,301	- 423,264
15%	2	0.756144	770,000	582,231	1,446,301	1,093,611	511,381
15%	3	0.657516	770,000	506,287	1,446,301	950,966	444,679
15%	4	0.571753	770,000	440,250	1,446,301	826,927	386,677
15%	5	0.497177	770,000	382,826	1,446,301	719,067	336,241
15%	6	0.432328	770,000	332,892	1,446,301	625,276	292,384
15%	7	0.375937	770,000	289,472	1,446,301	543,718	254,247
15%	8	0.326902	770,000	251,714	1,446,301	472,798	221,084
15%	9	0.284262	770,000	218,882	1,446,301	411,129	192,247
15%	10	0.247185	770,000	190,332	1,446,301	357,503	167,171
15%	11	0.214943	770,000	165,506	1,446,301	310,873	145,366
15%	12	0.186907	770,000	143,919	1,446,301	270,324	126,405
15%	13	0.162528	770,000	125,147	1,446,301	235,064	109,918
15%	14	0.141329	770,000	108,823	1,446,301	204,404	95,581
15%	15	0.122894	770,000	94,629	1,446,301	177,742	83,114
15%	16	0.106865	770,000	82,286	1,446,301	154,559	72,273
15%	17	0.092926	770,000	71,553	1,446,301	134,399	62,846
15%	18	0.080805	770,000	62,220	1,446,301	116,869	54,649
15%	19	0.070265	770,000	54,104	1,446,301	101,625	47,520
			<b>14630000</b>	<b>4772638</b>	<b>19402638.02</b>	<b>7953155.109</b>	<b>3180517</b>

Internal Rate of Return	= Lower	+	Diference between X	NPV at low DR
	Discount Rate		Upper and lower D.R	Diference of two NPVs

**Internal Rate of Return = 28%**

**Basic of Economic Internal Rate of Return**

**Project Titel: Karez Cleaning & Extension**

**VO: Zarghoon**

**Village : Zarghoon**

**Union Council: Khushab**

**District: Pishin**

<b>Total Benefits</b>							
S.No	Crops	Before Intervention	After Intervention	Difference	Amount per Acre/No Rs.	Before Intervention	After Intervention
		Command Area Acre/Nos	Command Area Acre/Nos			Total Amount Rs.	Total Amount Rs.
1	Almond	3	5	2	144,000	432,000	720,000
2	Apple	4	6	2	216,000	864,000	1,296,000
3	Apricot	2	4	2	180,000	360,000	720,000
4	Vegatab	5	7	2	30,000	150,000	210,000
		<b>14</b>	<b>22</b>	<b>8</b>		<b>1,806,000</b>	<b>2,946,000</b>
<b>Land Value</b>							
S.No	Crops	Before Intervention	After Intervention	Difference	Per Acer / No Cost	Before Intervention	After Intervention
		Command Area Acre/Nos	Command Area Acre/Nos			Total Amount Rs.	Total Amount Rs.
1	Almond	3	5	2	200,000	600,000	1,000,000
2	Apple	4	6	2	200,000	800,000	1,200,000
3	Apricot	2	4	2	200,000	400,000	800,000
4	Vegatab	5	7	2	200,000	1,000,000	1,400,000
		<b>14</b>	<b>22</b>	<b>8</b>		<b>2,800,000</b>	<b>4,400,000</b>
					<b>Total</b>	<b>4,606,000</b>	<b>7,346,000</b>

<b>Total Cost</b>								
S.No	Crops	Before Intervention	After Intervention	Difference	Per Acer / No Cost	Before Intervention	After Intervention	
		Command Area Acre/Nos	Command Area Acre/Nos			Total Amount Rs.	Total Amount Rs.	
1	Almond	3	5	2	36000	108,000	180,000	
2	Apple	4	6	2	72000	288,000	432,000	
3	Apricot	2	4	2	21600	43,200	86,400	
4	Vegatab	5	7	2	5000	25,000	35,000	
		<b>14</b>	<b>22</b>	<b>8</b>		<b>464,200</b>	<b>733,400</b>	
<b>Project Cost</b>								
1	Project Cost						1,010,029	
2	MaintenanceCost							30,301
		<b>7</b>	<b>11</b>	<b>4</b>		<b>1,010,029</b>	<b>30,301</b>	
					<b>Total</b>	<b>1,474,229</b>	<b>763,701</b>	
						<b>4,274,229</b>	<b>5,163,701</b>	

## Economic Analysis

Discount Factor =	1				
	$(1 + i)^{-n}$				
Where	i =	Interest Rate			
	n =	No of years			

### Based on 12% interest rate

Discount Rate	No of years	D.F	Cost	Discounted Cost	Benefit	Discounted Benefit	NPV
12%	0	1	1,474,229	1,474,229	763,701	763,701	- 710,528
12%	1	0.892857	1,474,229	1,316,276	763,701	681,876	- 634,400
12%	2	0.797194	4,274,229	3,407,389	5,163,701	4,116,471	709,082
12%	3	0.711178	4,274,229	3,042,312	5,163,701	3,675,420	633,109
12%	4	0.635518	4,274,229	2,716,350	5,163,701	3,281,625	565,275
12%	5	0.567427	4,274,229	2,425,312	5,163,701	2,930,023	504,710
12%	6	0.506631	4,274,229	2,165,457	5,163,701	2,616,092	450,634
12%	7	0.452349	4,274,229	1,933,444	5,163,701	2,335,796	402,352
12%	8	0.403883	4,274,229	1,726,289	5,163,701	2,085,532	359,243
12%	9	0.36061	4,274,229	1,541,330	5,163,701	1,862,082	320,752
12%	10	0.321973	4,274,229	1,376,187	5,163,701	1,662,573	286,386
12%	11	0.287476	4,274,229	1,228,739	5,163,701	1,484,441	255,702
12%	12	0.256675	4,274,229	1,097,088	5,163,701	1,325,393	228,305
12%	13	0.229174	4,274,229	979,543	5,163,701	1,183,387	203,844
12%	14	0.20462	4,274,229	874,592	5,163,701	1,056,596	182,004
12%	15	0.182696	4,274,229	780,886	5,163,701	943,389	162,503
12%	16	0.163122	4,274,229	697,219	5,163,701	842,311	145,092
12%	17	0.145644	4,274,229	622,517	5,163,701	752,064	129,547
12%	18	0.13004	4,274,229	555,819	5,163,701	671,486	115,667
12%	19	0.116107	4,274,229	496,267	5,163,701	599,541	103,274
				<b>28983017.06</b>	<b>28983017.06</b>	<b>34106096.95</b>	<b>5123080</b>

(NPV= Y-X)

**Benefit/Cost Ratio = 1.2**

### Based on 15% interest rate

Discount Rate	No of years	D.F	Cost	Discounted Cost	Benefit	Discounted Benefit	NPV
15%	1	0.869565	1,474,229	1,281,938	763,701	763,701	- 518,237
15%	2	0.756144	4,274,229	3,231,931	5,163,701	3,904,500	672,569
15%	3	0.657516	4,274,229	2,810,375	5,163,701	3,395,217	584,842
15%	4	0.571753	4,274,229	2,443,804	5,163,701	2,952,363	508,558
15%	5	0.497177	4,274,229	2,125,047	5,163,701	2,567,272	442,225
15%	6	0.432328	4,274,229	1,847,867	5,163,701	2,232,410	384,543
15%	7	0.375937	4,274,229	1,606,841	5,163,701	1,941,226	334,385
15%	8	0.326902	4,274,229	1,397,253	5,163,701	1,688,023	290,770
15%	9	0.284262	4,274,229	1,215,003	5,163,701	1,467,846	252,843
15%	10	0.247185	4,274,229	1,056,524	5,163,701	1,276,388	219,864
15%	11	0.214943	4,274,229	918,717	5,163,701	1,109,903	191,186
15%	12	0.186907	4,274,229	798,884	5,163,701	965,133	166,249
15%	13	0.162528	4,274,229	694,682	5,163,701	839,246	144,564
15%	14	0.141329	4,274,229	604,071	5,163,701	729,779	125,708
15%	15	0.122894	4,274,229	525,279	5,163,701	634,590	109,311
15%	16	0.106865	4,274,229	456,764	5,163,701	551,818	95,053
15%	17	0.092926	4,274,229	397,187	5,163,701	479,841	82,655
15%	18	0.080805	4,274,229	345,380	5,163,701	417,253	71,874
15%	19	0.070265	4,274,229	300,330	5,163,701	362,829	62,499
				<b>78410351</b>	<b>24057876.91</b>	<b>102468227.9</b>	<b>28279338.01</b>

Internal Rate of Return	= Lower	+	Diference between X	NPV at low DR
	Discount Rate		Upper and lower D.R	Diference of two NPVs

**Internal Rate of Return 29%**

## Financial Analysis of Karez Extension project in Pishin

### Economic Analysis

$$\text{Discount Factor} = \frac{1}{(1+i)^n}$$

Where i = Interest Rate  
n = No of years

Based on 12% interest rate

Discou at Rate	No of years	D.F	Cost	Discount ed Cost	Benefit	Discounte d Benefit	NPV
12%	0	1	1,474,229	#####	763,701	763,701	- 710,528
12%	1	0.892857	1,474,229	1,316,276	763,701	681,876	- 634,400
12%	2	0.797194	4,274,229	#####	5,163,701	4,116,471	709,082
12%	3	0.71178	4,274,229	#####	5,163,701	3,675,420	633,109
12%	4	0.635518	4,274,229	2,716,350	5,163,701	3,281,625	565,275
12%	5	0.567427	4,274,229	#####	5,163,701	2,930,023	504,710
12%	6	0.506631	4,274,229	2,165,457	5,163,701	2,616,032	450,634
12%	7	0.452349	4,274,229	#####	5,163,701	2,335,796	402,352
12%	8	0.403883	4,274,229	#####	5,163,701	2,085,532	359,243
12%	9	0.36061	4,274,229	1,541,330	5,163,701	1,862,082	320,752
12%	10	0.321973	4,274,229	1,376,187	5,163,701	1,662,573	286,386
12%	11	0.287476	4,274,229	#####	5,163,701	1,484,441	255,702
12%	12	0.256675	4,274,229	#####	5,163,701	1,325,393	228,305
12%	13	0.229174	4,274,229	979,543	5,163,701	1,183,387	203,844
12%	14	0.20462	4,274,229	874,592	5,163,701	1,056,596	182,004
12%	15	0.182696	4,274,229	780,886	5,163,701	943,389	162,503
12%	16	0.163122	4,274,229	697,219	5,163,701	842,311	145,092
12%	17	0.145644	4,274,229	622,517	5,163,701	752,064	129,547
12%	18	0.130004	4,274,229	555,819	5,163,701	671,486	115,667
12%	19	0.116107	4,274,229	496,267	5,163,701	599,541	103,274
				<b>3E+07</b>	<b>28983017</b>	<b>3.4E+07</b>	<b>5E+06</b>

(NPV= Y-X)

Benefit/Cost Ratio 1.2

Benefit/Cost Ratio 1.4

Based on 15% interest rate

Discou at Rate	No of years	D.F	Cost	Discount ed Cost	Benefit	Discounte d Benefit	NPV	
15%	1	0.869565	1,474,229	1,281,938	763,701	763,701	- 518,237	
15%	2	0.756144	4,274,229	3,231,931	5,163,701	3,904,500	672,569	
15%	3	0.657516	4,274,229	2,810,375	5,163,701	3,395,217	584,842	
15%	4	0.571753	4,274,229	#####	5,163,701	2,952,363	508,558	
15%	5	0.497177	4,274,229	2,125,047	5,163,701	2,567,272	442,225	
15%	6	0.432328	4,274,229	1,847,867	5,163,701	2,232,410	384,543	
15%	7	0.375937	4,274,229	1,606,841	5,163,701	1,941,226	334,385	
15%	8	0.326902	4,274,229	1,397,253	5,163,701	1,688,023	290,770	
15%	9	0.284262	4,274,229	1,215,003	5,163,701	1,467,846	252,843	
15%	10	0.247185	4,274,229	1,056,524	5,163,701	1,276,388	219,864	
15%	11	0.214943	4,274,229	918,717	5,163,701	1,109,903	191,186	
15%	12	0.186907	4,274,229	798,884	5,163,701	965,133	166,249	
15%	13	0.162528	4,274,229	694,682	5,163,701	839,246	144,564	
15%	14	0.141329	4,274,229	604,071	5,163,701	729,779	125,708	
15%	15	0.122894	4,274,229	525,279	5,163,701	634,530	109,311	
15%	16	0.106865	4,274,229	456,764	5,163,701	551,818	95,053	
15%	17	0.092926	4,274,229	397,187	5,163,701	479,841	82,655	
15%	18	0.080805	4,274,229	345,380	5,163,701	417,253	71,874	
15%	19	0.070265	4,274,229	300,330	5,163,701	362,829	62,499	
				<b>78410351</b>	<b>24057877</b>	<b>102468228</b>	<b>28279338</b>	<b>4221461</b>

Internal Rate of Return = Lower Discount Rate + Difference between X Upper and lower D.R  $\frac{\text{NPV at low DR}}{\text{Difference of two NPVs}}$

Internal Rate of Return **29%**

### Economic Analysis

$$\text{Discount Factor} = \frac{1}{(1+i)^n}$$

Where i = Interest Rate  
n = No of years

#### Based on 12% interest rate

Discount Rate	No of years	D.F	Scheme Cost	Discounted Cost	Benefit	Discounted	NPV
12%	0	1	770,000	770,000	246,301	246,301	- 523,699
12%	1	0.8928571	770,000	687,500	246,301	219,911	- 467,589
12%	2	0.7971939	770,000	613,839	1,446,301	1,152,982	539,143
12%	3	0.7117802	770,000	548,071	1,446,301	1,029,448	481,378
12%	4	0.6355181	770,000	489,349	1,446,301	919,150	429,801
12%	5	0.5674269	770,000	436,919	1,446,301	820,670	383,751
12%	6	0.5066311	770,000	390,106	1,446,301	732,741	342,635
12%	7	0.4523492	770,000	348,309	1,446,301	654,233	305,924
12%	8	0.4038832	770,000	310,990	1,446,301	584,137	273,147
12%	9	0.36061	770,000	277,670	1,446,301	521,551	243,881
12%	10	0.3219732	770,000	247,919	1,446,301	465,670	217,751
12%	11	0.2874761	770,000	221,357	1,446,301	415,777	194,420
12%	12	0.2566751	770,000	197,640	1,446,301	371,229	173,590
12%	13	0.2291742	770,000	176,464	1,446,301	331,455	154,991
12%	14	0.2046198	770,000	157,557	1,446,301	295,942	138,385
12%	15	0.1826963	770,000	140,676	1,446,301	264,234	123,558
12%	16	0.1631217	770,000	125,604	1,446,301	235,923	110,319
12%	17	0.1456443	770,000	112,146	1,446,301	210,646	98,499
12%	18	0.1300396	770,000	100,130	1,446,301	188,076	87,946
12%	19	0.1161068	770,000	89,402	1,446,301	167,925	78,523
			<b>5671648</b>	<b>5671648.2</b>	<b>9581701</b>	<b>9581701</b>	<b>3910053</b>

(NPV= Y-X)

**Benefit/Cost Ratio 1.7**

#### Based on 15% interest rate

Discount Rate	No of years	D.F	Cost	Discounted Cost	Benefit	Discounted	NPV
15%	1	0.8695652	770,000	669,565	246,301	246,301	- 423,264
15%	2	0.7561437	770,000	582,231	1,446,301	1,093,611	511,381
15%	3	0.6575162	770,000	506,287	1,446,301	950,966	444,679
15%	4	0.5717532	770,000	440,250	1,446,301	826,927	386,677
15%	5	0.4971767	770,000	382,826	1,446,301	719,067	336,241
15%	6	0.4323276	770,000	332,892	1,446,301	625,276	292,384
15%	7	0.375937	770,000	289,472	1,446,301	543,718	254,247
15%	8	0.3269018	770,000	251,714	1,446,301	472,798	221,084
15%	9	0.2842624	770,000	218,882	1,446,301	411,129	192,247
15%	10	0.2471847	770,000	190,332	1,446,301	357,503	167,171
15%	11	0.2149432	770,000	165,506	1,446,301	310,873	145,366
15%	12	0.1869072	770,000	143,919	1,446,301	270,324	126,405
15%	13	0.162528	770,000	125,147	1,446,301	235,064	109,918
15%	14	0.1413287	770,000	108,823	1,446,301	204,404	95,581
15%	15	0.1228945	770,000	94,629	1,446,301	177,742	83,114
15%	16	0.1068648	770,000	82,286	1,446,301	154,559	72,273
15%	17	0.0929259	770,000	71,553	1,446,301	134,399	62,846
15%	18	0.0808051	770,000	62,220	1,446,301	116,869	54,649
15%	19	0.0702653	770,000	54,104	1,446,301	101,625	47,520
			<b>14630000</b>	<b>4772638</b>	<b>19402638.02</b>	<b>7953155.11</b>	<b>3180517.1</b>

Internal Rate of Return = Lower Discount Rate +  $\frac{\text{Difference between NPV at low DR and Upper and lower D.R}}{\text{Difference of two NPVs}}$

**Internal Rate of Return 28%**



## Summary

### IRR Calculations for 3 CPI schemes built under PPR.

#### 1. Karez Extension: District Pishin: Total Project Cost: PKR 1,474,229

The benefits have been calculated based on the following

- 8 acres of new land has come under cultivation for Almond, Apple, Apricot and Vegetables so farmers are earning extra PKR 1,140,000
- Land value has increased at PKR 200,000 per acre.

#### Sensitivity Analysis

15 % Discount rate: NPV =PKR 4,221,461 IRR= 29%

35 % Discount Rate: NPV =PKR 1,545,633 IRR=45%

#### 2. Water Supply for Irrigation: District KECH: Total Project Cost PKR 770,000

The benefits have been calculated based on the following

- 2 acres of new land developed for Date production
- Total increase in Land Value: PKR 1,200,000

#### Sensitivity Analysis

15 % Discount Rate: NPV=PKR 2,988,753 IRR 28%

35% Discount Rate: NPV= PKR 1,006,661 IRR: 44 %

#### 3. Jeepable Bridge: District Chitral: Project Cost 17,557,288

- Maize yield increased by 150%
- Convenient route for worker to reach their agriculture fields and working places estimated savings per annum PKR 2,970,000

#### Sensitivity Analysis

15 % Discount Rate NPV = PKR 14,366,588 IRR= 13 %

35% Discount Rate NPV = PKR 10,221,299 IRR = 29%

Project	Village-UC-District	IRR	Benefit/Cost Ratio
Karez cleaning and extension	Zarghoon-Khushab-Pishin	29%	1.2
Water supply scheme for agriculture	Tanzak-Gokdan-Kech	28%	1.7
Jeepable bridge	Khairabad/Drosh1/Lower Chitral	13 %	1.7

## ANNEX 10: LIST OF PHYSICAL INFRASTRUCTURE SCHEMES COMPLETED BY PPR

Name of Districts	Project Types						Grand Total
	Drainage & Sanitation	Drinking Water Supply Scheme	Flood Protection Works	Irrigation	Road & Bridges	Solar Power	
AWARAN		59	24	19		11	<b>113</b>
BAJAUR AGENCY	7	11	4	8	19	16	<b>65</b>
CHITRAL	21	8	34	22	51	1	<b>137</b>
GWADAR	19	72		2	44	4	<b>141</b>
KECH	5	53	31	16		3	<b>108</b>
KILLA ABDULLAH		44	18	61	1	36	<b>160</b>
KILLA SAIFULLAH	1	23	4	57		10	<b>95</b>
LASBELA		39		7	10	29	<b>85</b>
LOWER DIR	15	17	6	18	46	5	<b>107</b>
PANJGUR	15	45	7	25		6	<b>98</b>
PISHIN	3	13	5	62		14	<b>97</b>
SWAT	14	14	2	44	96	3	<b>173</b>
UPPER DIR	14	30	7	33	33	4	<b>121</b>
ZHOB		16	38	49	1	11	<b>115</b>
Grand Total	<b>114</b>	<b>444</b>	<b>180</b>	<b>423</b>	<b>301</b>	<b>153</b>	<b>1615</b>

## ANNEX 11: MEDICAL FACILITIES VISITED BY THE TEAM

PO	District	UCs	Government Health Facility	Private Health Facility
<b>AKRSP</b>	Chitral	Ayun	BHU Bumburet	CHC Pahlawanandeh (functional as was in the residence of LHV)
		Drosh I	BHU Kessue	
<b>SRSP</b>	Chitral	Drosh II	THQH Bumburet	
<b>EPS</b>	Swat	Kuz Abekabal	BHU Kotlai	
		Hazara	No health facility	
<b>CERD</b>	Lower Dir	Koto	CD Koto	
<b>BRSP</b>	Killa Abdullah Pishin	Purana Chaman	BHU Padokarez	
		Khushab	CD Khushab	
<b>NRSP</b>	Turbat	Gokdan	BHU Gokdan	
		Ginna	CD Ginna	
<b>BARAC</b>	Lasbella	Sakran	CD Sakran	Hesho Goth-closed
		Winder	BHU Goth Zaman	Hassan Goth-closed

## ANNEX 12: ASSESSMENT OF ENVIRONMENTAL AND SOCIAL SAFEGUARDS

### Project for Poverty Reduction

The ten Environmental and Social Standards establish the standards that the Borrower and the project will meet through the project life cycle<sup>86</sup>. The following matrix defines the standards and inquires:

Level of compliance		
Compliance Level	Qualitative Description	Qualitative Color Allotted
High (76%-100%)	Compliance level is obligatory by policy at institutional level for all interventions	
Medium (51%-75%)	Compliance level is assured in activity assessment and designs to handle potential harms	
Low (26-50%)	Compliance level is limited and situation specific to handle potential harms	
None (0-25%)	No compliance at any level - policy, activity and situation specific and harm being caused due to project interventions (provide factual evidence and analysis of harm done)	

Standard #	Definition	Description	Self-assessment on Compliance (description and evidence provided by the project teams <sup>87</sup> )	Color assigned by evaluator as per level of compliance
Environmental and Social Standard 1	Assessment and Management of Environmental and Social Risks and Impacts	<p>While conducting feasibility analysis for activities, the team assesses possible risks and mitigation options</p> <p>These risks are considered in the designs and mitigation options are integrated.</p> <p>All stakeholders are cognizant of these issues and act as appropriate</p>	<p><b>CPI</b></p> <ul style="list-style-type: none"> <li>All POs prior to execution of CPIs conducted risk analysis and as per PPAF guidelines ESMF Form A were filled out before the initiation of any scheme and on the completion Form B was filled out.</li> <li>As per sites visits, it was observed that the stakeholders were partially cognizant of basic standards and were not acting as required.</li> </ul>	75%

<sup>86</sup> The World Bank Environmental and Social Framework - ESF - Guidelines 2017

<sup>87</sup> This assessment will be documented separately at different levels (PPAF, PO, LSO). The household interviews will include questions on these standards

Environmental and Social Standard 2	Labour and Working Conditions	<p>Training modules includes safety and security measure especially for traits which have potential for human hazard</p> <p>Micro-businesses financed by the project promote decent work conditions visibly through their policies and measures</p> <p>Work condition for Project /PO staff are harassment free and grievance redressal mechanisms are available</p>	<ul style="list-style-type: none"> <li>• Training modules were available with POs for the safety and security measures for the labour.</li> </ul> <p>N/A</p> <ul style="list-style-type: none"> <li>• The grievance redressal mechanism was placed at the community level and was managed by the respective CIs.</li> </ul>	80%
Environmental and Social Standard 3	Resource Efficiency and Pollution Prevention and Management;	<p>Impact of physical infrastructure has been assessed and considered in design options</p> <p>Approved schemes contribute to No or Reduced pollution rather than increased carbon footprint</p> <p>Approved schemes do not impact deterioration of groundwater resources</p> <p>Approved schemes do not exacerbate soil erosion, deforestation or forest degradation</p> <p>Approved schemes aim at conserving energy / utilize renewable energy</p>	<ul style="list-style-type: none"> <li>• Impact assessment was well considered in the CPIs such as DWSS, Karez Cleaning &amp; Extension, Construction of water channels and laying of pipelines for irrigation and drinking purpose</li> <li>• Most of the schemes implemented by POs were not contributing in increasing pollution. However, in the link roads, bridges construction schemes a very few number trees were cut off.</li> <li>• The installation of solar system impacting the water table. In Khushab and Ginna UC karez water was wasted due to unpaved water channel.</li> <li>• No deforestation and forest degradation, soil erosion was witnessed due to PPR schemes.</li> <li>• Majority of the drinking water supply schemes were converted into renewable energy.</li> </ul>	75%

Environmental and Social Standard 4	Community Health and Safety	Project interventions do not jeopardize safety and security of individuals involved	<ul style="list-style-type: none"> <li>• None / increased human security</li> </ul>	100%
		Reasonable insurance scheme in case of life threat for labour engaged in reconstruction activity	<ul style="list-style-type: none"> <li>• NA</li> </ul>	Medium (60%)
		Interventions lead to no health risks to workers engaged or beneficiaries	<ul style="list-style-type: none"> <li>• NA</li> </ul>	
		<b>Interventions are PWD and elderly friendly</b>	<ul style="list-style-type: none"> <li>• Toilets constructed for the communities in Balochistan and Birir were not PWDs friendly</li> </ul>	
Environmental and Social Standard 5	Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	Land acquisition for communal interventions is legally appropriate and defensible	<ul style="list-style-type: none"> <li>• All POs under PPR had legally land acquisition with proper agreement from the allottees.</li> </ul>	100%
		Land / water resource deployed for development interventions are not litigated	<ul style="list-style-type: none"> <li>• No evidence of problem recorded.</li> </ul>	
		No interventions are planned on resources which are set aside by the state for other purposes (e.g. national parks, reserved land)	<ul style="list-style-type: none"> <li>• No interventions were carried out aside by the state etc.</li> </ul>	
		In case of resettlement of community due to an infrastructure or non-infrastructure project, it is ensured that it is not forced, is well coordinated and well documented	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	

Environmental and Social Standard 6	Biodiversity Conservation and Sustainable Management of Living Natural Resources	<p>The interventions planned and implemented do no harm to local biodiversity and natural resources</p> <p>The interventions planned and implemented do not cause leakage of resources from other areas<sup>88</sup></p> <p>Interventions contribute to improved awareness of communities on resource conservation (e.g. water, firewood)</p> <p>Interventions aimed at utilization of natural resources promote planning for sustainable utilization (e.g. NTFP)</p>	<ul style="list-style-type: none"> <li>• The intervention increased the biodiversity and natural resource which include the provision of olive plants in District Swat and District Zhob.</li> <li>• The intervention increased green cover as a result of access to water.</li> <li>• The intervention increased the awareness among communities for planting trees near water supply schemes and in school both in Balochistan and KP.</li> <li>• Additionally, crop diversification was also observed in most of the PPR focused Union Councils due to improved water.</li> <li>• N/A</li> </ul>	90%
Environmental and Social Standard 7	Indigenous Peoples/ Historically Underserved Traditional Local Communities	<p>Indigenous / local underserved communities are well represented in community institutions</p> <p>Needs assessments include segregated issues related to indigenous / underserved local communities</p> <p>Needs identified in the assessments have been addressed by project interventions</p> <p>The project activities are not contributing to disempowerment</p>	<ul style="list-style-type: none"> <li>• PPR interventions included the representation of underserved, indigenous and local communities (e.g., in Kalash the indigenous communities benefitted from PPR interventions).</li> <li>• Not recorded</li> <li>• Underserved and Indigenous communities' needs were provided a number of schemes, (e.g., DWSS, provision of missing facilities, productive assets provision)</li> <li>• Not recorded</li> </ul>	100%

<sup>88</sup> Leakage refers to exploitation of natural resources from other areas triggered by restrictions in one area.

		<p>of indigenous / underserved local communities</p> <p>The project interventions contribute to empowering indigenous / underserved local communities</p>	<ul style="list-style-type: none"> <li>• Kalash communities and other locally underserved communities in other part of Balochistan, KP participated improvement of their socioeconomic condition.</li> </ul>	
Environmental and Social Standard 8	Cultural Heritage	<p>Project interventions respect local culture and ensure do no harm</p> <p>Project intervention designs are cognizant of local cultural issues to prevent grievances (e.g. pardah)</p> <p>Project teams are adequately staffed with women to reach out to women</p> <p>The impacts of different interventions reinforce positive cultural aspects of indigenous communities</p> <p>Transformative activities are undertaken in a conflict sensitive and gradual manner</p>	<ul style="list-style-type: none"> <li>• Local POs are involved who are aware of local ethos, culture etc.</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> </ul>	100%
Environmental and Social Standard 9	Financial Intermediaries	<p>Zero tolerance on fraud and financial mismanagement</p> <p>Transparency is assured at all levels for financial handling (multiple checks)</p> <p>Mechanism available to lodge early warning / whistle blower</p>	<p>NA at the institutional level We have not reviewed these aspects in detail. Must be assured through PPAF's own financial systems.</p> <p><b>CIP/ LEP – ground practices</b> Transparency – every individual activity is separately approved.</p>	100%

		<p>The project interventions do not encourage reliance on informal money lenders or debt traps</p>	<p>At community level, LSO procurement committee was organized to conduct procurement (1 member from VO 1, 1 from LSO engineer).  Sign boards at the schemes – transparency (all details)  Cost details are shared with community  Community accompanies the committee while purchasing material  LEP procurement: Beneficiary was included in the procurement committee  Documents evident in Pishin + Birir + Drosh I and II</p>	
<p>Environmental and Social Standard 10</p>	<p>Stakeholder Engagement and Information Disclosure</p>	<p>Prior and informed consent is respected at community level</p> <p>Communication is transparent (PO to community, community institutions to households)</p> <p>Decisions, instructions, or any commitment taken from community are documented in Urdu for later reference</p>	<p>Yes</p> <p>Roles of COs and VOs is dominated by LSO's (LSOs act more as representative of PO than that of communities)</p> <ul style="list-style-type: none"> <li>• Yes</li> </ul>	<p>80%</p>

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