

2018

Annual Report



Attia Welfare Society (AWS)

IKEA FOUNDATION

Format E Annual progress report and next year plan

Max 18 pages

Project title	Improving the lives of children in cotton growing Area of Lodhran District from Punjab of Pakistan, Phase II Reference: Child Rights/Cotton/Pakistan/SC Pakistan		
Organisation	Attia Welfare Society		
Geographic scope	Lodhran District, Punjab Province, Country: Pakistan		
Total project budget	PKR: 78,391,526	Funds used to date	PKR: 78.454,526
Unspent balance	PKR: 63,000 over spending		
Project timeframe	1 st July 2014 to 30 th June 2018		
Reporting period	5 th ,Oct,2017 to 31 th ,Dec,2018		
Implementing partners	Attia Welfare Society (AWS) in Lodhran, Punjab		
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Date

Person responsible (signature)

Place

Person responsible and position (block letters)

A. EXECUTIVE SUMMARY

In the reporting period, through thematic interventions, AWS tried reach maximum no of children (girls, boys) and adults (men and women). Interventions contributed to reduce child labour, improve learning outcomes of children, and improve health knowledge and practices among children, supported families of working children through safety net schemes like khidmat cards, health cards, interest free loans and financial assistance from Pakistan/Punjab Bait ul Maal. Despite of this Govt. took ownership of project achievements and agreed to continue their support even after the close of project, during project steering committee meetings under the chairmanship of DC Lodhran.

Child Protection: Advocacy efforts of Child Rights Advocacy Network (CRAN) in close collaboration with Child Rights Movement (CRM) Punjab and Southern Punjab chapters have been successful with the approval of “The Punjab Prohibition of Child Labour at Brick Kilns Act 2016” and “The Punjab Restriction of Employment of Children Act 2016” along with the introduction of a draft bill to ban domestic child labour in Punjab.

In order to develop an effective child protection mechanism at community level, the fourth year was focused on the establishment/registration and strengthening of Community Based Organizations (CBOs). Eight CBOs were formed/reactivated in the reporting period (Oct,17-Dec,18)that have started working at the Union Council level- and the process of their formal registration is initiated with the Department of Social Welfare and Department of enterprises and industries. Knowledge and skills were provided to targeted children so that they understand their rights and determine their role to address violations. A total of 15531 children were trained on Life Skills Based Education (LSBE) approach in district with active involvement of Community Organizations (COs) and CBOs. To further facilitate the process of meaningful participation of girls and boys in the decision making processes (District level decisions regarding implementation of child rights and child protection policies and programs), a district level children’s organization was formed in Lodhran– it is a group of 48 children who are being facilitated by adults i.e. partner organization but independent in designing its organization course of action. In the reporting period at the village level, COs and CCs were merged into one “Child Rights Groups” to work collectively on improving the child rights situation of their respective villages instead of working in silos. Child Rights Groups jointly developed and implemented Village Action Plans (VAPs).

In Lodhran, the focus for reporting period was on the reformation and enhancement of capacities of informal structures. These structures were consequently trained to devise strategies to prevent and respond to child rights violations in their respective communities. The community based structures like CCs, COs and CBOs took voluntary actions in their respective areas to address enrolment of children in government schools, corporal punishment, early marriage, drug usage by children, birth registration, etc. A report on the “Effectiveness of Community Based Structures in promoting Child Rights” is included as Annex IV.

Child Protection Unit established, is providing referral mechanism and case management services to children of the entire District. A total of 18433 cases were reported and 13593 of these were solved during the reporting period. These include cases of abuse, child labor, corporal punishment, birth registration, disability, early marriage, exploitation, missing children, out of school children, etc. by engaging government departments and services in district. Child Rights Advocacy Network (CRAN) – a network of Civil Society Organizations – was formed at district level in third year and transformed its secretariat to Alraheem Development Organization through democratic processes after elections. CRAN developed and implemented advocacy plans to raise awareness on corporal punishment, child labor, usage of drugs etc. CRAN has facilitated birth registration of children in communities and took actions to stop multiple incidents of child, early and forced marriages¹. In situations where community gets to know of a possible child marriage, they approach CRAN who then forms a committee and meet with the family of the child and inform them of the negative implication of early, child and forced marriages on the child as well as the legal implications of it. Family is counseled to delay the marriage and in case of disagreement the case / incident is

¹ Not all but some cases that were reported. Details have been given in the progress section.

reported to formal Child Protection Unit. CRAN Lodhran, being a member of CRM South Punjab, has taken up issues of the district at provincial level. A Child Rights Situational Analysis (CRSA) was conducted in the district in reporting period to understand the existing child rights situation to identify the root causes of the violations and situation of child rights vis-a vis to Pakistan's commitment to the United Nations Convention on the Rights of the Child (UNCRC). The CRSA study findings helped in developing / tweaking of advocacy plan of CRAN. CRAN identified issues for advocacy, including the improvement in and proper utilization of available services in sectors of health, education and protection, trickling down of policies at district level and demanding for resources for child rights and protection.

Education: In order to make education more inclusive, a partnership with the Brien Holden Institution, Australia (MoU attached as Annex VII), was signed. The objective of this partnership is to build the capacity of teachers and master trainers of education department on eye health and vision screening in year three. Health and Nutrition supervisors of the government were trained and provided with eye health and vision screening kits to conduct the vision screening in all ILC targeted schools. The idea was to support children deal with the barriers that can make their impairment turn in to a disability. Children and families were supported with a referral mechanism to Layton Rahmatullah Benevolent Trust (LRBT) Hospital.

Training of Trainers (ToT) was organized for 13 master trainers on Literacy Boost & Numeracy Boost, LB/NB community action, Accelerated Learning Centers (ALCs) Curriculum and Child Focused Health Education (CFHE). These master trainers further trained 1100 government school teachers and 94 ALC teachers and 77 Community Learner Workers (CLWs). These trained teachers and CLWs successfully conducted sessions with children and their parents in 200 schools and communities. The Education Department constituted a committee for conducting exams of students enrolled in ALCs. The result of these examinations helped in mainstreaming 3654 children (1909 boys, 1745 girls) in formal government schools. School Management Committees members 1352 (male 667, female 662, boys, 12, girls 12) were trained on their role and responsibilities and how to develop School Improvement Plans (SIPs). After completion of the training, they have successfully developed and implemented SIP in their schools, ensuring the funds PKRs 13095219 given by the Education Department to the respective schools are adequately spent. The main activities conducted through these funds are maintenance of school WASH facilities, school white wash and maintenance of school furniture. Prior to projects intervention the SMCs were not trained on how and where these funds can be utilized and as a result most of the funds would go unspent. District Education Management Information System (DEMIS) was developed by providing training and setting up a system, The DEMIS system, which has started working in the District. Child Focused Health Education (CFHE) sessions are regularly conducted with children in 200 government schools and 94 ALCs by trained teachers. 200 Children's Health and Education Clubs (CHECs) were established, and children were oriented on health and hygiene. World Water Day, Global Hand Washing Day and World Health Days were celebrated by involving children from CHECs. Children from these clubs independently organized and managed these events. This resulted in improvement in knowledge (80%) of parents and children on health and hygiene practices. 42 Health and Nutrition Supervisors of the Health Department of the District were trained on CFHE to replicate this initiative of project in all district schools and ensure sustainability.

Health: Based on the results of the Child Focused Health Education (CFHE) interventions, District Health Authority has requested Attia Welfare Society to train newly appointed Health and Nutrition Supervisors on CFHE with the promise that they will continue CFHE sessions in all the schools of Lodhran even after close of ILC project.

The Project was also successful that Quality Improvement Team (QITs) were notified in Lodhran as an official body for the newly introduced structure i.e. health councils at each health facility level by the government. Despite of this notification District Health Authority also requested AWS to train all the health councils from whole district on QIT standards, as QIT's brought great improvements in their relevant BHU's (Copy of letter from Health Authority for training of Health Councils on QIT standards attached as Annex X). Efforts are being made to train all the district health councils on QIT standards on the request of the district government. These QITs will now work in all the Basic Health Units.

Lady Health Workers (LHWs) and male volunteers trained on Support Group Methodology are conducting regular awareness sessions on Mother and Newborn Child Health (MNCH) issues in their catchment area, and this year they have reached women 41502 and men 11232. Eight (8) Quality Improvement Teams (QITs) established under the project are working for improvement of their health services by developing and implementing action plans on self-help basis. Their actions include availability of ambulance, ensure medicines supply, conduct community awareness sessions and ensure Water, Sanitation and Health (WASH) facility, plantation etc. These QITs are also being linked with CBOs and CRAN to ensure their sustainability after closeout of project activities. QITs are also working on awareness rising on health issues and improved health services.

Being a notified body of the District Health and Management Team (DHMT), CRAN is now attending the meetings and resolved some critical issues e.g. shortage of health staff, availability of medicines etc. On the request of Health Department, Attia Welfare Society supported the 08 BHU's by: 1)Up-gradation of 08 BHU's with special focus on one Model BHU, 2) equipment and medicines for all targeted health facilities 3) Facilitate Trained Health and Nutrition Supervisors to replicate vision screening and CFHE in the entire District. Better Cotton Initiatives (BCI) principles as cross cutting, awareness sessions were conducted with female and male COs regarding the use of pesticides and its impact on health of women, men and children. To create awareness in children, messages and sessions were also included in regular CFHE sessions of schools teachers.

Are the activities conducted according to the plan?

Most of the activities were conducted according to plan.

Are funds spent according to the plan?

Yes, the program executed as per plan. The burn rate for reporting period is 100.08%.

Has the management of the project been executed as planned?

There has been no change in the management structure of the project during reporting period.

B. PROGRESS MADE & PROBLEMS ENCOUNTERED

Child Protection

The Child Protection System Strengthening Model applied in ILC project focuses on

Active Citizenship- right holders: where community is organized and strengthened to raise their voices and proactively prevent and address violation. This includes informal Community Organizations(COs) and Children Clubs (CCs) that are eventually in year 2 and 3 converted in to registered Community Based Organizations (CBOs) and District Child Organizations (DCO) respectively.

Responsive Governance- duty bearers: where government is lobbied with and supported to deliver on their commitments to prevent and respond to the violations of child rights. CPU is functional at district level to respond to address the child rights violation related issues

Also in order to **bridge the gap between rights holders and duty bearers** project focuses on working with the Civil Society Organizations of the respective districts and formalize those as one voice i.e. Child Rights Advocacy Network. This is a volunteer network with member organizations from non-government organizations, unions, associations etc. The network is an independent body and a secretariat is elected by the members on yearly basis. CRAN develops its advocacy plans that focuses on working with community and raises their concerns with relevant duty bearers at district level. CRAN has been established in both the districts.

Immediate Objective

Child protection systems institutionalized in two cotton growing districts, protecting 124,000 boys and girls from abuse, violence, exploitation and neglect.

KPI 1: Child protection mechanisms are in place in 350 communities providing prevention and response services to 82,000 children by the end of project.

The informal child protection mechanism consists of 1. Formation and strengthening of informal (not registered) Community Organizations (COs) of women and men and Children Clubs (CCs) of girls and boys through community mobilization techniques; 2. development and implementation of Action Plans for each CO and CC focusing on prevention and response to the violation of child rights cases in their respective communities.

In year one a total of 400 structures (200 CO men, women and 200 CC, Girls, Boys) of each CO men, women, CC boys and girls were formed at community level and were sensitized on child rights and protection issues. In year two these structures worked with other adults and children of their respective communities and implemented their action plans on volunteer basis to raise awareness and refer and resolve cases of child rights violations. Towards the mid of year two, the Community Organizations (COs) that had successfully implemented their action plans were further formalized as Community Based Organizations (CBOs) at Union Council (UC) level. The purpose of formation of these CBO is to ensure that after the project closes community has its own vibrant civil society to carry forward the work on child rights and protection. A total of 08 CBOs were formed and there cases of registration are now submitted with Social Welfare Department which are in process and are also part of the district level CRAN.

In the reporting year, 10222 children (boys 5345, girls 4877) and 6445 adults (male 3580, females 2834) against the year were reached out with the prevention and response services through 200 community based structures of men, women, boys and girls each.

Community Organizations (COs) & Community Based Organizations (CBOs):

In reporting period, 100% of COs has completed the implementation of their action plans focusing on the issues of early marriage, child labour, corporal punishment, missing facilities in schools, stop smoking in schools etc. Their actions included community meetings, conducting awareness raising sessions, celebrating national and international days related to child rights, seminars; sensitization on positive disciplining, enrolment of children, mainstreaming/ re- enrolment of dropped out children in to formal government schools, birth registration and linking them with social safety nets.

In order to develop an effective child protection mechanism (both at community and governance level), the reporting year focused on capacity building of CBOs on financial management, policy review and enhancement of community participation. CBOs as members of CRAN worked with other civil society networks in the district. CBOs initiated enrolment campaigns along with Education department, successfully completed a vision screening in all schools of district in collaboration with health department, launched Universal Primary Enrollment campaign 2018 jointly with education department, and launched an awareness campaign on polio eradication.

The COs also reported child rights violation cases to the Child Protection Unit² which the CPU managed through referring cases to the relevant departments/services through the referral mechanism in place. In

²269 child marriages stopped during the reporting period in both districts (208 SBA, 61 Lodhran). 24% reduction in child labour according to the MTE Report. All data and MTE attached as [annexure](#).

the reporting period, 5579 cases (3095 Boys, 2484) were reported and 3304 cases (1866 Boys, 1438 Girls) were solved through referral mechanism.

In the reporting period, 15531 children (7974 boys, 5862 girls) were trained on life skills in 200 villages in Lodhran. These children were capacitated to identify strategies and related activities to prevent and respond to child rights violations. As a result of these trainings and events, these children have improved skills and capacities to identify Child Rights violations in their respective villages and communities and have started referring cases to CPU. These children also helped in promoting health practices in their homes and communities. They also raised their voices against corporal punishment and child marriages.

Child Rights Advocacy Network (CRAN):

CRAN – a network of CSOs – developed and implemented action plans to advocate for child rights by focusing on implementation of available services, policies and systems around child rights and protection in district Lodhran. CRAN conducted press conferences on child abuses, use of drugs/smoking in schools, early marriage, child labour, corporal punishment, polio issues, missing facilities in schools and street children. This has resulted in the Chief Executive Officer Education issues and order to stop smoking in schools and stop corporal punishment. The credit of notification by Bahawalpur Chamber of Commerce and Industries to all the cotton ginning factories to stop child labour in cotton industry also goes to CRAN.

Child rights situational analysis (CRSA) was carried out for the first time in the district. As a result of the findings of CRSA, CRAN updated their advocacy plan and started lobbying with representatives of district government to pass a resolution against child labour in the District. As a result, Mr. Jacob Aftab, CRAN member and member District Council Lodhran submitted a resolution in general meeting of District Council which was passed with majority votes in favor. CRAN is also engaged on advocacy campaign at provincial level as being active member of CRM South Punjab.

Child Rights Group (CRG):

Child Rights Group is a village level group consisting of representatives from village Community Organizations and Children Clubs. CRGs were established in 50% communities of Lodhran. Resultantly, village development plans were implemented in their respective villages which encouraged communities to enroll their children in formal education, raised awareness and addressed corporal punishment issues in schools result of which was that the children of CRG started reporting corporal punishment cases and community elders took serious notice and reported such cases to the CPU. CPU team conducted the socio-psychological support with the help of Legal Aid Society-A, referral partner of CPU. Teachers were trained on positive disciplining / alternatives to corporal punishment. Furthermore CRGs sensitized members of community and teachers on alternatives to corporal punishment and positive disciplining methods, increased the number of girls pursuing education and enrolled them in ALCs and prevented cases of child marriages.

These groups will work collectively for the development of village level/joint action plans for Child Rights promotion. In this regard, four men and four women as well as four boys and four girls from each CO and CC have been chosen as members of CRGs.

District Child Organization (DCO):

In reporting period in Lodhran, a District Children Organization (DCO)³ was formed comprised of 48 children from 8 UCs. Children Organization established a theatre group for awareness raising and advocacy on Child Rights. In Lodhran District, a Children Organization was formed with participation of boys and girls from children clubs. The members were trained on interactive theater for the promotion of child rights. The DCO will be working on developing the activities around Child Rights in general and child protection in particular in close collaboration with local partner, CBOs and CRAN. Child Organization is also part of CRAN, Concerned CBO, Child Protection and Welfare Beauru Punjab and District Steering Committee and highlighting the child rights related issues at district level.

KPI 2: Two district governments notify child protection units, providing protection services to 42,000⁴ children across two districts by end of project

Project focuses on establishment of a holistic district-level Child Protection System where various key departments (education, health, social welfare, law & justice and labour) at district level are knitted together in an effective coordination mechanism for holistic child protection, prevention and response in the districts. It is ensured that this whole mechanism is in line with the policy and legislative framework. As per these frameworks child protection is responsibility of Social Welfare Department and there has been an emphasis on

1. Developing coordination mechanisms within various social sectors i.e. education, health, social welfare, law, justice and labour for collaboration
2. Developing central database of child rights cases in order to monitor and trackback the child protection
3. Establishing and strengthening of the local government officials from various departments by providing capacity development trainings to ensure skilled and trained child protection workforce is available to carry forward the work after project time.

CPU is a structure that is based in Department of Social Welfare. It has staff including Child Protection Officer, Case Workers, Database operator and support staff. CPU provides case management for children whose rights are infringed upon through interagency protocols in place which include referral and coordination mechanisms across different government departments. Refer to inter agency protocols

In **Lodhran** District, 18433 cases (10650 boys, 7783 Girls) were reported to the CPU during reporting year out of which 14501 cases (8391 boys, 6110 Girls) were resolved and 3932 are in process. The nature of reported cases were around corporal punishment, children in labour, missing facilities in schools, early marriages, health issues etc. The CPU works through a referral mechanism, enabled through interagency protocols, to manage reported cases. Child Protection desks have also been established in relevant departments to which the CPU refers cases depending on nature of the case.

The Child Protection working group comprised of government staff from different departments was trained on Child Rights, Protection and Case Management, which works as an effective mechanism to coordinate as well as jointly review and reflect on the progress of CPU frequently. As a result, the Social Welfare Department, along with other members of the CP working group, are actively handling the cases. Quality of response has improved and referral mechanism strengthened.

District level Project Steering Committee (DPSC) headed by the Deputy Commissioner is formed which comprises of representatives from district line departments of health, education, social welfare, labour and judiciary. The DPSC

³ The DCO have been formed recently and in the reporting period they hadn't started working yet

⁴ The indicators remain the same throughout the project. Yearly targets are defined which are given in the impact table later in the report

conducts regular meetings to coordinate as well as jointly review and reflect on the progress of the project. With the participation of focal persons from line departments, a Child Protection working group was formed and started conducting regular meetings to review performance of CPU and addressing child rights violations in the district after formation of Child Protection Working Group and providing them training on Case Management, Child Rights and Child Protection, their knowledge regarding Child Rights and level of interest to deal with and support for cases of CPU increased. A focal person from labor department was identified and responded to 3601 plus cases of different Children in Labor and provided khidmat cards to families of working children. The focal person from Health department provided health services and his support on 1619 referred cases. The focal person from education department referred 3810 cases of working children to the CPU for their financial support process by Labor department. Focal person from the Police department provided his support to address 952 cases for legal assistance.

KPI 3: 10,370 Households (HH) (25% of the total HHs) in targeted communities reported increase in awareness of social protection schemes and processes to access benefits.

In order to link the families of children in labor with the opportunities of Basic Social Protection/ Safety Nets for increased access to education, health, food security and income security the intervention focuses on following steps

- Identification and verification of target beneficiaries
- Gather information on existing safety net programmes and initiatives
- Develop and maintain an integrated database on beneficiaries and programmes
- Disseminate information on existing programmes
- Match beneficiaries with programmes and facilitate registration
- Assist in the complaints and appeals process

3176 households from 200 targeted villages got awareness on social protection schemes in reporting period and 9328 households got awareness since start of the project.

In order to address the economic and livelihood needs of the community in Lodhran, the project developed linkages with organizations providing interest free loans (AKHUWAT), Micro Finance Institutions, Labour Department, Bait-ul-Maal and BISP. Project made the efforts to make these safety nets accessible to communities. Mapping and clarification regarding available services was done successfully and as a result During the reporting period 2862 members were linked and introduced with Social Safety Nets out of which 1050 got benefited directly (830 Khidmat Cards 220 Health Cards). Rests of the families are in process of completing their documentation and verifications.

Education

Immediate Objective

By the end of the project, 68,116 girls and boys (5-12 years) have improved learning outcomes through education systems strengthening.

KPI 1: 55% of out of school and working children (5-12 Years) are able to access and retained in formal and accelerated education programmes.

The focus of project's interventions on education is on

1. Mainstreaming of Out of School(OSC) in government schools
2. Improved reading, learning, comprehension and numeracy skills Of children

The partner organizations working in Lodhran and Shaheed Benazirabad had the children in labour in cotton growing field who were either drop outs or had never been to school and enrolled them in either 1. The Accelerated Learning Centers (ALCs) that

are established as part of the project and operate in the evening. 2. In regular government schools through school enrolment campaigns.

- The ALC has a 36 months curriculum that after completion would enable a child to be mainstreamed in formal education system. But after completion of each grade at ALC, children are assessed and based on their results are supported to get enrolled in the formal schools. The course at ALC is called numeracy boost (NB) and literacy boost (LB), where numeracy boost was started in year one where as literacy boost was started at the end of year two Save the Children trains the ALC and government teachers on the course. In projects time a total of 7000 children will be enrolled in ALCs and eventually mainstreamed in government schools.
- The out of school children enrolled in government schools through enrolment campaigns and working in 350 schools where government teachers are trained on same NB/ LB methodology to improve the learning of students enrolled in government schools. The project also works with the School Management Committees of these 350 schools to develop and implement their School Improvement Plans. The interventions include trainings of SMC members on planning, budgeting and monitoring the progress, budgets and expenses. A total of 58,914 out of school children will be enrolled in government schools through enrolment campaigns. In total project will reach up to 65,914 Out of School Children through its interventions of ALCs and school enrolment campaigns.

In order to support children with what they learn at ALC centers project also works with parents and extra sessions with the children in evening through Community Learning Workers (CLWs). These CLWs conduct reading and math camps with parents and children in evening to reinforce what children have learnt at ALCs and to also equip parents of children in labour with skills to support their children in education.

5

Formal Education: To improve the access and retention of out of school and working children in formal education, AWS and community based structures conducted community awareness events, broad based community meetings and enrolment campaigns to enroll out of school children in formal schools. As a result of these activities, a total of 3154 of out of school children (Boys 1768, Girls 1386) were enrolled in 200 government schools.

Accelerated Education Programme: A total of 3657 (boys 1917, girls 1734) out of school and working children were facilitated in 94 children friendly Accelerated Learning Centers (ALCs) in Lodhran. Educational materials including text books, note books and stationary and class room supplies were provided to 94 ALCs out of 100 opened initially as 6 had been mainstreamed in year 2016-17. These working/out of school children are then mainstreamed to government schools for continuity of their education and reduction of child labour or working hours. In the reporting year, teachers of 94 ALCs were trained on condensed course for grade 1 to 5 and basic literacy and numeracy in district.

ALC children were examined quarterly by project team in order to assess their learning abilities. After assessment, passed children were promoted to next grades. At the end of third quarter progress of education component was reviewed jointly with District Education Authority and an examination committee was formed comprising Assistant Education Officers, Govt. School Teacher and AWS education Officer. The committee conducted annual examination in different times to assess the learning of children and finally mainstream the 3654 children (1909 boys 1745 girls) in government schools.

ALCs are further supported by monitoring and supervision of CBOs and Community Organizations, to check the overall implementation of the child friendly education system. These structures also support in advocating education rights with their parents at community level.

1352(male 667, female 662, boys, 12, girls 12) members of School Management Committees from 148 schools were capacitated on their role and responsibilities in the development and implementation of School Improvement Plan (SIP) twice. Consequently, maintenance of school WASH facilities, school white wash and maintenance of school

⁵ This 7018 is the number of children in ALC- The targets table does not talk about percentages but numbers so may be we should stick to numbers under two components 1. Formal Education i.e. Government schools and 2. Accelerated learning centers

furniture were identified and addressed through the SIP. In reporting period, SIP was effectively implemented in 148 schools (100% accomplishment).

District Education Management Information System (DEMIS) support has been extended to strengthen the monitoring system of district education department in districts.

KPI 2: 49,550 children in target schools have improved reading, learning, comprehension, and numeracy skills (% increase).

26865 (15335 boys, 11530 girls) children improved literacy and numeracy skills by 70% against the target of 40%

Literacy Boost program was implemented with students, parents and communities to better support the literacy development of children and focused on three areas: reading assessment, teacher training and community action. Numeracy boost presents the teaching of math to improve the children learning's. The Numeracy interventions include teacher training, student assessment, and math camp (for children) and math at home (for parents).

To improve the learning and reading comprehension of the children, 1100 government school teachers were trained on LB which includes a series of training including assessment, language issues, letter knowledge, phonemic awareness, reading fluency, vocabulary and reading comprehension. To ensure that quality LB sessions are conducted, projects teams conduct weekly monitoring visits using Class room observation checklist. Teachers also participate in a self-assessment (formative assessment process) bi monthly where children are assessed to see the areas where they are either progressing or needs improvement. These findings were reviewed by technical education team and the lesson / session plans for LB implementations were revised.

In Lodhran district, 400 teachers imparted these skills to 28307 children (15111 boys and 13196 girls) in 200 government primary schools. Similarly, refresher training was also imparted for 400 govt. teachers in intervention areas and 700 teachers throughout the district on the request of District Education Authority and benefitted 25948 boys and 23721 girls in 500 schools in non-intervention areas to improve the literacy and numeracy drive indicators.

To enhance literacy and numeracy skills of school children, literacy boost book bank was provided to all 200 target schools in districts. These book banks included different stories books i.e. English, Urdu.77 Community Learning Workers (CLWs) were trained/refreshed on LB community action component. These CLWs conducted reading camps with children of 200 public schools benefiting 1069 boys and 7730 girls. Being part of community action, these CLWs conducted session with parents and benefitted 505 men and 350 women in reporting period. CLWs further conducted regular weekly math camps with the children and parents at community level in the evenings. The interventions helped in reinforcing children to learn in the government schools in the morning and also providing support to the parents to further work on the skills of these children at homes.

Additionally, literacy and numeracy skills of school children were further enhanced by generating reading material and establishment of reading corner at home with the help of CLWs, COs and parents. These 77 CLWs also supported government teachers in all target schools to form reading buddies and monitor their reading activities at community level. As sustainability factor, members from CO's and CBO's were trained on Parental Sessions and reading camps and are delivering session on the exit of CLW's. these volunteer from CO's and CBO's have delivered sessions to 3706 children (1978 boyes,1728 girls, 2528 adults (1304 men and 1224 women).

KPI 3: 50% school-going children (age 5-14) and parents have improved health and hygiene education knowledge and 30% children have improved practices in targeted 350 communities.

56,632 number of school-going children (age 5-14) and 8231 parents have improved health and hygiene education knowledge and 72% children have improved practices in targeted 350 communities

There is a great increase in practicing hand washing with soap among community members especially children and open defecation is reduced as maximum of the households are now using household latrines and in schools which shows children have improved health & hygiene knowledge and practices directly contributing in decreasing the absenteeism and improve children learning outcomes. During the project period 1100 trained teachers on CFHE conducted weekly health and hygiene sessions with 10,800 (Boys 3,476 Girl 7,324) in 200 targeted schools. Other than government schools' teachers, 94 ALCs' teachers have also been trained on CFHE to impart health and hygiene education to 13075 (Boys 6787, Girls 6288)

Child Health and Education Clubs (CHEC) have been formed in all 200 schools by involving schools children and teachers. These clubs are involved in monitoring and maintenance of WASH facilities, personal hygiene and leading different health and hygiene events in schools like World Water day, Global Hand Washing day and Health Days. 77 Community Learning Workers (CLWs) have been trained on health education parenting session manual who further conducted health education sessions with 2,456 parents (Men 1,473 , Women 983) in 200 targeted communities of district Lodhran. The intervention focused on ensuring dissemination of health and hygiene messages to the parents to address absenteeism caused by preventable diseases in children and ultimately improving their learning outcomes.

Apart from project activities, Brien Holden vision institute, trained 42 nutrition supervisors and 40 government master trainer on vision screening, these trained teachers and nutrition supervisors screened all children in 200 targeted schools for vision acuity and referred to Layton Rahmatullah Benevolent Trust (LRBT) for free vision glasses and other services. On the request of district government Lodhran, District Govt. Lodhran has also requested AWS to train their 11 newly appointed Health and Nutrition Supervisions on CFHE and Vision Screening with the commitment that trained Nutrition Supervisor will conduct CFHE sessions in all primary schools of districts other than intervention area to ensure the sustainability of this intervention even after the close of project.

In the reporting year, with the participation of district government, line departments, CBOs, COs, CHECs and Children Clubs, conducted several awareness events and celebrated World Health Day, Global Hand Washing day, World Toilet day and World Water day at district and community levels with 6393 parents (Men 3087, Women 3306) and 6466 children (Boys 3492, Girls 2974)

Health:

Health is generally described as a provincial subject in Pakistan. The role of the federal government (Ministry of Health) involves policy-making, coordination, technical support, research, training and seeking foreign assistance. The provincial and district departments of health are responsible for the delivery and management of health services with a recently enhanced role of the latter in view of administrative devolution. In theory, stewardship tasks in the health sector are entrusted to the Ministry of Health at the federal level and the departments of health at the provincial level. These are mandated to guide and regulate other organizations that are horizontally integrated with them and other vertically aligned health systems. The State attempts to provide healthcare through a three-tiered healthcare delivery system and a range of public health interventions. The former includes Basic Health Units (BHUs) and Rural Health Centers (RHCs) forming the core of the primary healthcare model; secondary care including first and second referral facilities providing acute, ambulatory and inpatient care through Tehsil Headquarter Hospitals (THQs) and District Headquarter Hospitals (DHQs) and tertiary care comprising teaching hospitals.

As the project focuses on improving the lives of children in cotton growing districts of Pakistan and is based on life cycle approach, the health stream of the program works on providing support on issues of maternal health to ensure that all children gets to exercise their right to survival. Also with the interventions focusing on awareness raising on birthspacing and family planning ensures that families donot consider having more children as a mean to enagge in labour and earn for the family. With services including ante natal, post natal check ups for expecting mothers program aims to ensure that every child is born healthy. To address the high maternal and infant mortality ratio the program works on strengthening district health system and the interventions revolve around 1. Capacity building of Health Care Providers (HCPs) and 2. Strengthening of Basic Health Units

(BHUs). The health system works include two areas.

Under the intervention on capacity building of HCPs, they are provided with formal trainings including 7 days training on Essential Maternal and Newborn Care (EMNC), 11 days training on Integrated Management of Newborn and Childhood Illness (IMNCI), Training of Lady Health Workers (LHWs) and Male Volunteers (MVs) on support group methodology which equips them to discuss the MNCH issues with both women and men at community level.

Under the upgradation and strengthening of BHUs interventions include renovation of labour room, improving water facilities, construction of washrooms and refurbishment of BHUs. Also at health facility level project forms and strengthens the Quality Improvement Teams (comprising of health services staff and community members) who together develop and implement health facility improvement plans.

Immediate Objective

By the end of the project, 20,910 under 5 children and 28,221 mothers have improved access to quality Mother and Newborn Child Health (MNCH) services in targeted communities in the two districts

Same set of interventions contributes in to achieving all three KPIs of health.

KPI 1: 28,221 pregnant women having at least 1 ANC (Antenatal Care) visits from a skilled birth attendant. (24% increase in pregnant women reporting to have received ANC).

81% pregnant women having at least 1 ANC (Antenatal Care) visits from a skilled birth attendant. (14% increase in pregnant women reporting to have received ANC).

KPI 2: 28,221 pregnant women have delivered through skilled birth attendants (40% increases in deliveries by SBAs).

50% pregnant women have delivered through skilled birth attendants (6% increases in deliveries by SBAs).

KPI 3: 28,221 ≤ 06 months children are exclusively breast fed (60% increase in lactating mothers reporting exclusive breast feeding).

91% ≤ 06 months children are exclusively breast fed (71% increase in lactating mothers reporting exclusive breast feeding).

110 Lady Health Workers trained on support group methodology, the trained health workers conducted sessions on MNCH issues with 41502 women. The sessions are on Mother and new child, birth spacing, childhood illnesses, vaccination. Resultantly, there has been an improvement in ANC visits and deliveries through skilled birth attendants. Similarly, 110 male volunteers conducted maternal and child health sessions with 11223 men. In response to these sessions during, reporting period, 10750 deliveries were conducted by skilled birth attendants at 08 BHU's.

First Level Care Facility (FLCF) meeting were conducted (monthly basis) at BHU level with LHWs, Lady Health Supervisors and male volunteers.

During reporting year, 08 Quality Improvement Team (QIT) held meetings to review and update the QIT action plans. All 08 quality improvement teams working actively for the improvement of health services and environment in respective health facilities.

QITs resolve the issues of shortage of technical staff and medicines at health facilities, availability of ambulance, water supply and water filters, establishment of labour room, green area through plantation, cleanliness of health facilities, installation of dustbins, organized medical camps, construction of boundary wall, availability of some of the equipment, ceiling fans, UPS system and solar panels for electricity, sitting area and breastfeeding corners for lactating mothers. Based on successful advocacy seven BHUs have been notified as a model, which will provide 24/7 services to mothers and children of the area and 01 BHU as BHU PLUS.

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Based on successful advocacy with district government, QITs are now part of health councils at BHUs level. These councils are established under local government ordinance of Punjab an official body with allocated funds for development of their respective health facilities. QITs are now part of these health councils and actively participating in development of their health facilities through allocated funds by the government. Successful demonstration of QIT model attracted government attention to train all newly established health councils on QITs standards in the district to improve better utilization of funds and health services.

To ensure sustainability, the QITs are linked with CRAN at district level and with CBOs at community level. Moreover, 62 Health Care Providers were trained on Integrated Management of Newborn and Childhood Illnesses (IMNCI) at district Lodhran to provide better health services to mothers and children. Essential Maternal and Newborn Care (EMNC) protocols have been displayed at all 08 health facilities to ensure availability and practice by skilled birth attendant and mothers during delivery and post-delivery care.

The project has activated the District Health and Management Team (DHMT) and notified CRAN as member of DHMT. CRAN is now actively participating in DHMT meeting. This year, 03 DHMT meetings were conducted and CRAN attended all the meetings.

CRAN has raised different community health issues at DHMT platform and has been successful in resolving some of the issues including shortage of women medical officers in two target health facilities to provide timely and quality IMNCH services to women and children. On the request of district health department, project team supported polio campaign by providing logistics support and conducting community awareness sessions.

42 children from seven union councils were identified and trained for theater activity to demonstrate on healthy living style and health issues. The theater themes cover usage and harmful effects of pesticides, hand washing, clean and safe drinking water, diarrhea, cough and cold and balanced diet.

42 governments Health and Nutrition Supervisors replicated the vision screening and Child Focused Health Education in the whole district. Lastly, the government as requested support to train the newly appointed 11 Health and Nutrition Supervisors on CFHE and Vision screening, members of its district level health councils in whole district on QIT standards to work efficiently and effectively utilize the allocated budget and train LHW's from whole district on SGM.

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le 1: Child Protection											
Immediate Objective: Child protection systems institutionalized in two cotton growing districts, protecting 124,000 boys and girls from abuse, violence, exploitation and neglect.											
KPIs	Baseline coverage*	Target Year 1	Actual Year 1	Target Year 2	Actual Year 2	Target Year 3	Actual Year 3	Target Year 4	Actual Year 4	NCE Period	End of project Cumulative
Child protection mechanisms are in place in 350 communities providing prevention and response services to 82,000 children by the end of project	0 children protected	0 (+0)	NA	20,500 (+20,500) 25%	24,338	61,500 (+41,000) 50%	54,224	82000(+20,500) 25%	25196	6484	820,001
Two district governments notify child protection units, providing protection services to 42,000 children across two districts by end of project.	0 children protected	0(+0)	NA	10500(+10,500) 25%	702	24780(+14,280) 34%	14,754	42000(+17,220) 41%	10084	4450	42000(100%)
10,370 households (25% of the total HHs) in targeted communities reported increase in awareness of social protection schemes and processes to access benefits.	14,103 HHs aware of social protection schemes and procedures in targeted 15 UCs 34% of the total HHs in 15 UCs)	17,214 (+3,111) 30%	1762	20325(+3,111) 30%	1,902	23436(+3,111) 30%	4,683	24473(+1,037) 10%	5215	2079	24473 59%

Table 2: Education											
Immediate Objective: By the end of the project, 68,116 girls and boys (5-12 years) have improved learning outcomes through education systems strengthening.											
KPIs	Baseline coverage	Target Year 1	Actual Year 1	Target Year 2	Actual Year 2	Target Year 3	Actual Year 3	Target Year 4	Actual Year 4	NCE Period	End of project (Cumulative)
55% of out of school and working children (5-12 Years) are able to access and retained in formal and accelerated education programmes.	30,984 children (5-12) are enrolled in schools (48% of the total children (5-12) in 15 UCS)	32841(+1,857) 10%	14,086	42124 (+9,283) 50%	14,024	47693 (+5,570) 30%	22,990	49550 (+1,857) 10%	37814	2668	49550 100%
49,550 children (5-12) in	No LB and NB	8,750	25,500	26,250	9,115	43,750		+49,	16125	1491	49,550

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target schools have improved reading, learning, comprehension, and numeracy skills (40% increase in reading, learning, comprehension and numeracy levels for lower primary).	programmes in targeted 15 UCS							550			
	LB and NB assessment in schools will determine the current percentage of reading, learning, comprehension and numeracy skills of children in targeted 15 Ucs	(+8,750) 18%	45% increase recorded in numeracy level	(+17,500) 35%		(+17,500)35%	26,865	(+5,800) 12%	18052		100%
50% school going (age 5-14) children and parents have improved health and hygiene education knowledge and 30% children have improved practices in targeted 350 communities.	KAP will determine the level of knowledge of children	15000(+5,000) 15%	34,750	15000 (+10,000) 29.5%	14,024	25000 (+10,000) 29.5%	49,614	33845 (+8,845) 26%	103354	7928	33845 -100%
	KAP will determine the number of children adopting health and hygiene practices	0(+8000) 40%	NA	16000 (+8,000) 40%	7,124	24000 (+2,307) 10%	2,665	20307 (+2,000) 10%	7324	3292	20307 100%
	KAP will determine the current percentage of knowledge of parents	13000 (+13,000) 45%	691	23000 (+10,000) 34%	2,250	29034 (+6,034) 21%	8,231		2456	830	29034 100%

Table 3: Mother and Child Health

Immediate Objective: By the end of the project, 28,221 under 5 children and 28,221 mothers have improved access to quality MNCH services in targeted communities in the two districts

KPIs	Baseline coverage	Target Year 1	Actual Year 1	Target Year 2	Actual Year 2	Target Year 3	Actual Year 3	Target Year 4	Actual Year 4	NCE Period	End of project (Cumulative)
28,221 pregnant women having at least 1 ANC (Antenatal Care) visits from a skilled birth attendant.	7,295 of pregnant women are having at least one ANC visit (67%[1] of the total pregnant women in 15	10290 (+3,000) 11%	NA	20290 (+10,000) 35%	2,389	30290 (+10,000) 35%	17,535	35511 (+5221) 19%	10756	918	35511 v

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(24% increase in pregnant women reporting to have received ANC).	targeted UCs)										
28,221 pregnant women have delivered through skilled birth attendants (40% increase in deliveries by SBAs).	3,326 pregnant women giving birth through SBAs(44%) of pregnant women delivered through SBA	6, 326 (+3,000) 11%	NA	16,362 (+10,000) 35%	1,317	26362 (+10,000) -35%	8,126	31583 (+5,221) -19%	6858	261	31583 84%
28,221 ≤ 06 months children are exclusively breast fed (60% increase in lactating mothers reporting exclusive breast feeding).	1,512 children are exclusive breast fed 20% of total birth in 15 Ucs	4512 (+3000) 11%	4,137	14512 (+10000) -35%	11,185	24512 (+10000) -35%	14,952	29733 (+5221)- 19%	14666	2864	29733 80%

Followings are key learning's from the project in reporting period.

- When children are provided the opportunity to participate and listen, they really perform well and produce creative things
- When Community female/male is oriented properly and made them realized the issues they act accordingly to handle and own the intervention.
- Bridging the gaps between community and Duty bearers improves coordination and improved service delivery.
- Benefit of integrated project is when we move for one component, other is also being addressed automatically.
- Component of livelihood is important to retain in schools by supporting their families

C. Sustainability (Annex XIV)

Empowered and Organized Communities:

The informal child protection mechanism in lodhran was provided with support to implement their action plans to ensure the prevention and response to child rights violations. They are now conducting regular monthly meetings. The structures have played an active role in creating awareness on issues of health, education and social

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safety protection schemes within their villages. 8 CBOs in Lodhran have been formed in the reporting period and applied for registration and are fully functional adhering to their SoPs and fulfilling their responsibilities.

The School Management Committees (SMCs) successfully is now implementing school improvement plan. They are regularly taking part in enrolment campaigns, coordinating with education department on teacher absenteeism, supported accelerated learning centers and identified out of school children from their respective areas and brought them back to schools through ALCs and enrollment campaign in collaboration with District Education Authority. They are also generating funds from community for school development.

QITs are now also part of CRAN, CBOs and health councils and taking active part to resolve health issues at their target area on these platforms. QITs have taken voluntary and efficient steps on their own to resolve the issues and improve the services and environment of their target health facilities for example shortage of technical staff and medicines and availability of ambulance. Based on successful advocacy by QITs and Project 7 out of 8 BHUs have been notified as 20/7 and 1 BHU as model plus, which are providing 24/7 services to mother and child of the area. 08 Quality Improvement Teams (QITs) have been linked with CBOs and CRAN and now they are capacitated to take regular part in these structures meeting and raise the voice for mother and child health issues at their community. Members from each QITs are now officially notified as part of newly established health councils under Punjab Local Government Ordinance. Members of QITs, COs and CBOs have been capacitated and are involved in monitoring of LHWs and Male Volunteers health sessions. Children from CC, CHEC and District Child Organization were fully capacitated and enabled to organize health awareness events (Global Hand washing Day, World Water Day and Health Day) independently with support from CO, CBO, QIT and project staff.

Resurgent and Strengthened Civil Society:

CRAN was formed in Lodhran and was capacitated to report, respond to and prevent Child Rights violations in the entire district of Lodhran. It has carried out various activities including conducting press conferences on child abuses, smoking in schools, use of drugs, early marriage, children in labour, corporal punishment, Malaria, missing facilities in schools and street children. CRAN Lodhran has been linked with Child Rights Movement (CRM) South Punjab and actively taking part in CRM-SP activities which will ensure sustainability of CRAN in as well as highlight CR issues of Lodhran at provincial level. As an active part of District Health Management Team (DHMT), CRAN is regularly attending the meeting of DHMT and raising different health issues at this platform. CRAN was successful in resolving some issues like shortage of technical health staff and medicines at target health facilities.

Service Delivery Innovation, Capacity Building and Handing Over to Public Authorities:


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Child Protection Unit in Lodhran Was established which functional and providing case management is and referral mechanism services to children. Formal case for the approval of CPU has been submitted to Child Protection and Welfare Beurue on permanent bases which are in process. CPWB has committed to allocate the funds after close of project once it is approved. The need to develop District Education Management Information system (DEMIS) in lodhran was identified by the district education authority to monitor district schools on teacher absenteeism, children drop out and retention rate. The system in Punjab has very strong software and is centrally operated and generated monthly reports. But IT lab at district level was not compatible/updated with that so project provided maximum support to up-grade the lab of lodhran and now producing regular reports for quality improvement. At Lodhran Government staff Health and Nutrition Supervisors were trained on CFHE, Eye Health and Vision Screening and capacitated with equipment and learning materials. These officials are involved with government schools in the district around health and hygiene issues and promotion. Referral mechanism has now been established between Health department and Layton Rahmatullah Benevolent Trust (LRBT) Hospital ensuring all services for children after project exit.

ANNEXES

Annex I	Notification to stop child labour in cotton industry
Annex II	Notification to stop smoking in schools
Annex III	Appreciation on 3561 streamlined ALC children
Annex IV	MOU between AWS and DEA for ALC teachers hiring after project
Annex V	Training of Health Councils on QIT standards
Annex VI	Up-gradation of BHU RukanPur as Model
Annex VI	Continuation of CFHE and SG sessions after project
Annex VII	Notification for the formation of Child Protection Committees

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**BAHAWALPUR CHAMBER OF COMMERCE & INDUSTRY**
Registered with the Ministry of Commerce, Government of Pakistan
Affiliated with the Federation of Pakistan Chambers of Commerce & Industry
Web: www.bcci.com.pk

BCCI/BWP/2018-04(242)
Date: April 4, 2018


All Members (Cotton Ginning Industry)
Bahawalpur Chamber of Commerce & Industries.
Bahawalpur.

Subject: **STOP CHILD LABOUR IN COTTON INDUSTRY AND ALLIED FIELD**

Pakistan is one of the major countries where 11 million children are involved in labor i.e. in agriculture, industries, workshops, brick kilns and domestic labor etc. Govt. of Pakistan and Govt. of the Punjab are taking many initiatives to stop child labor in the country and enrolling the children involved in labor into non-formal and formal education system for the provision of their basic right. As highlighted and briefed by Attia Welfare Society in the Executive Committee meeting of BCCI dated 31st March 2018, after detailed discussion it was agreed that BCCI will play its role for this noble cause.

You are, therefore, directed to "STOP INVOLVING CHILDREN UNDER 18" in your industrial units & allied area of influence in any kind of labor as described under the law and participate in this noble cause to stop child labor and divert them towards educational Institutions to make them responsible literate citizen.

Truly Yours


Secretary General
Bahawalpur Chamber of Commerce & Industry


No. 741 /G.B
District Education Officer (EE-M)
Lodhran.

Dated. 14-2- /2018

ORDER

It has come to the notice of Community Based Organizations Lodhran during visits of different schools in District Lodhran that the teachers and C-IV Servants are found in smoking which is bad practice and harmful for the students as well as school environment.

It is therefore directed that nobody is allowed to smokes in the school time as well as in school boundary. In case of violation and if anyone found in smoking in the school time the strict action will be taken under PEEDA Act, 2006.


District Education Officer (EE-M)
Lodhran. *m*
14/2/18

C.C

1. The Chief Executive Officer (DEA) Lodhran.
2. Attia Welfare Society District Lodhran.
3. The all Deputy District Education Officer (M) in District Lodhran.
4. Office file.

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DISTRICT EDUCATION OFFICER (EE-M)

DISTRICT LODHRAN 0608-921095

Email: deoeeem.lodhran@gmail.com



Ref No. 2547

Date 22.5.18

Project Manager,
Attia Welfare Society.

Subject: - LETTER OF APPRECIATION

I am glad to share that the services of Attia Welfare Society are acknowledged with regards to Universal Primary Enrollment Campaign, 2018. Due to support provided by AWS a big number of new children's were enrolled which increased our UPE indicator.

Furthermore 3561streamlined children from ACL centers are also verified in Govt./PEF schools after physical verification. Support provided by AWS in shape of 77 ALC teachers in Govt. Schools will also ensure the retention of stream lined children.

We hope that Attia Wlfare Society will keep continue its service in education sector to improve the quality education.


DISTRICT EDUCATION OFFICER (EE-M)
LODHRAN

IKEA FOUNDATION

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (MOU) is made effective 24th Day of April 2018 at Lodhran by and between:

District Education Authority,
Lodhran,
With its office located at Lodhran
Through the District Education Officer (DEA)

AND

Attia Welfare Society,
Having its Office situated at Lodhran,
Chief Executive Officer

District Education Authority and Attia Welfare Society (AWS) may hereinafter be referred to individually as "Party" or collectively as "the Parties".

1. Background

Attia Welfare Society (AWS) is implementing a project Improving Lives of Children (ILC) in district Lodhran. Children involved in child labor are the main beneficiaries of this project. The project is working in an integrated approach focusing on Child Protection, Education and Health themes. In Education theme main focus of the project activities are the children involved in labor. Accelerated Learning Centers are established under project interventions in which 3561 children involved in any type of labor or out of schools are enrolled in these centers.

A meeting held between District Education Authority and this was decided that all the children enrolled in these ALCs centers established by AWS will be mainstreamed to formal education schools. DEA and AWS will jointly support, keep follow-up and monitored these children to bring them to the level of the children already studying in these formal schools. Based on above mentioned meeting the below roles and responsibilities have been agreed and will be followed during the course of project period.

Both District Government and Attia Welfare Society Lodhran have agreed with following roles and responsibilities.

2. Parties and their Representation

This Memorandum of Understanding has been signed between Chief Executive Officer Attia Welfare Society and District Education Authority represented by District Education Officer. The parties hereto

are desirous of entering into this Memorandum of Understanding (MoU) to record the terms on which they may work.

3. MoU between the parties:

This MoU is undertaken between two parties Attia Welfare Society Lodhran and the District Education Authority Lodhran" following these responsibilities:

4. Responsibilities:

4.1 Attia Welfare Society:

Attia Welfare Society will be responsible to:

1. Attia Welfare Society will pay the cost for workers (ALC-Teachers) to be involved with these mainstreamed children during the agreed project time.
2. These workers from AWS will work (ALC-Teachers) to bring these mainstreamed children to the regular children's standards/level as per their catch up plan.
3. AWS will monitor the activities by workers (ALC-Teachers) with these mainstreamed children in schools and will give the technical support when required.
4. AWS will be in regular coordination with DEA and will share update with DEA

4.2 District Government;

District Education Authority will be responsible to

1. DEA will enroll all these children in concern schools and will share the record with AWS.
2. DEA provide support in monitoring of these children and will ensure retention in formal education system.
3. DEA will support the financial cost of these workers (ALC-Teachers) from Non Salary Budget after close out of project support where needed.
4. DEA will extend support in assessment of these children for promotion to next class or in mainstreaming to formal education system


This Memorandum of Understanding (MOU) is signed dated: 20th, April, 2018

On behalf of Attia Welfare Society On behalf of District Government

Signature: 

Name: Mr. Barkat Ali Riaz
Title: CEO Attia Welfare Society

Dated: 20th, April, 2018

Signature: 

Name: Mr. Mian Abdul Razaq
Title: District Education Officer

Dated: 20th, April, 2018


District Education Officer
Lodhran

IKEA FOUNDATION

OFFICE OF THE DISTRICT HEALTH OFFICER (P.S), LODHRAN

No. 406 /DHO (P.S), Lodhran

Dated 21/04/2018

To,

The Project Manager ILC,
Attia Welfare Society,
Lodhran.

Subject:

**TRAINING OF HEALTH COUNCILS ON QIT
STANDARDS & LHW'S ON SUPPORT GROUP
METHODOLOGY.**

Reference to previous DHMT, the MNCH indicators in 08 UC's have improved in response to the session delivered by LHW's on MNCH with Support Groups. Support provided by AWS-ILC in this regards is much appreciated. Health Department has declared 28 BHU's as 24/7. In other BHU's despite of ILC targeted BHU's we wish to train all LHW's of remaining 20 BHU's on Support Group Methodology.

Therefore you are requested please to spare some resources for the training of LHW's from 20 24/7 on SGM. This will not only build the capacity of LHW's but also ensure the maximum deliveries by SBA at BHU level.

Understanding the importance of LHW session, we will ensure the continuity of these sessions in future as a part of their job description in the best interest of mother and child health.

Secondly, by observing the performance of QIT's you are also requested please to train the 20 Health Councils of 24/7 BHU's on QIT standards so that the services at BHU's may be improved by contribution of local counter parts.

Looking forward for you positive response.



Dr. Waseem Ahmad
District Health Officer (PS),
Lodhran.

OFFICE OF THE CHIEF EXECUTIVE OFFICER (DISTRICT HEALTH AUTHORITY) LODHRAN

No. 5543 / CEO (DHA)

Lodhran Dated 5/6 /2018

To,

The Project Manager
Attia Welfare Society
Lodhran

Subject: **Request for the Up-Gradation of BHU Rukan Pur as Model BHU**

With reference to the last meeting for the distribution of equipments for 08 BHU's, your support is much appreciated for the improvement of health services. It is further share with you that BHU Rukan Pur is one of your project targeted health facilities, requires maximum up-gradation. This up-gradation will not only improve the health services in the area but also be the first one Model BHU in District Lodhran.

Therefore you are requested to focus on BHU Rukan Pur and utilize maximum resources on that rather than small spending on 08 BHU's. Your cooperation in this regards will be highly appreciated.



Dr. Muhammad Tariq Gillani
Chief Executive Officer (DHA)
Lodhran

IKEA FOUNDATION

OFFICE OF THE CHIEF EXECUTIVE OFFICER (DISTRICT HEALTH AUTHORITY) LODHRAN

No. 5545 / CEO (DHA) Lodhran _____ Dated 5/9 /2018


To,

The Project Manager
Attia Welfare Society
Lodhran

Subject: Continuation of CFHE Sessions in Schools/Training on Vision Screening

With reference to the last DHMT meeting, the performance of Nutrition Supervisors was reviewed regarding delivering Child Focus Health Education Sessions in schools. These session are producing very good results. 10 more Nutrition supervisors have been newly appointed recently. Therefore you are requested please to train them on CFHE and Vision screening so that they can also contribute properly in their respective field areas.

Keeping the importance of these session it is also committed that these session will be continue even after the close of ILC project as sustainability factor.


Dr. Muhammad Tariq Gillani
Chief Executive Officer (DHA)
Lodhran



No. DC/ADC(G)/PA/03
OFFICE OF THE
DEPUTY COMMISSIONER
LODHRAN
Office: 0608-9200066
Dated: 27.09.2018

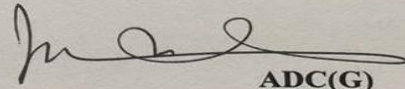
To,

1. The Assistant Commissioner,
Lodhran
2. The Assistant Commissioner,
Dunyapur
3. The Assistant Commissioner,
Kehrorpacca

Subject: CONSTITUTION OF COMMITTEES OF CHILD PROTECTION IN DISTRICT LODHRAN

Please refer to the subject noted above.

As per direction of Government of the Punjab, you are directed to constitute Child Protection Committees in your respective tehsils and compliance report be sent to undersigned office within 02 days positively. This may be treated as most **URGENT**.


ADC(G)
Deputy Commissioner
LODHRAN

CC:

The Deputy Commissioner, Lodhran