Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

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**1961 ORDINANCE**
Preface

This is the first study assessing the role of civil society organizations (CSO) in improving the services delivery along with the public sector. For many years this has been the thinking of both the stakeholders and the Government counterpart that, CSOs have not added any value addition in the development of the community or providing the services to community at grass root.

Huge investments have been done in different sectors in community, due to lack of proper documentation, poverty level and dispersed population, their contribution has not shown any impact in the community. 

Presently the CSOs are registered with Social Welfare Department at provincial level and EDO Community Development at district level, but in the absence of the monitoring mechanism, reporting channels, no other activity has been done. No proper record has been maintained of the CSOs operating in the Province, therefore these CSOs have not been encouraged by the Government.

It is imperative to assess their role in the development process being a major contributor and partner. They have been facing different problem, either they fall in financial, organizational or the capacity of carrying out the professional assignments.

Until today no donor has invested in the organizational development of the CSOs, and has been ignored by the donors. Though this report will show the contribution made by them to uplift the community.

Beside the impact of CSOs, the prime usefulness of this report is identification of the major problem, i.e., serious lack of awareness and capacity about professional matters in the work of CSOs, and way forward. This report will help in identifying the areas of further investments for donors and streamlining the interventions to support the public sector.


Acknowledgement

The authors would like to extend their thanks and acknowledgements to all those who assisted with study of impact of CSO in PSDM.

I deeply acknowledge the guideline and support by NPM AGRPB Mr. Sher Yar Taj and AGRPB staff in completing the whole study on “Impact of CSOs in PSDM”. Special acknowledgement goes to the provincial secretaries, line departments and district government Quetta for their valuable inputs and support in the whole process of support. Special acknowledgement is owed to the Chief Executives and the staff of different CSOs operating and working in Balochistan for their valuable contribution in the study.

In the end I acknowledge the services of my team members in the process of my study for taking interest and commitment in the study.
Abbreviations

CSO  Civil Society Organization
PSDM  Public Service Delivery Mechanism
NPM  Nation Project Manager
AGRPB  Assistance to Governance Reforms and Practices in Balochistan
IMR  Infant Mortality Rate
MMR  Mother Mortality Rate
CFS  Community Funded Schools
HDI  Human Development Index
EDO
FGD
IDO
BEF
SDRB
UNDP
PIS
Executive Summery

Background
Balochistan in terms of area, being the largest in the county with unique geographical and demographic peculiarities has lowest and highly scattered population density. With low literacy rate of 33\(^i\), high IMR and MMR, worse conditions of water and sanitation and the poor service delivery in the province, has created different challenges for the country.

Quetta, the Provincial Head Quarter of Balochistan is an old historical settlement that seen phenomenal growth in its area and population especially after it became the capital of Balochistan.

Quetta District is bounded by Pishin, Mastung and Sibi in the north, south and east respectively while Ziarat, Bolan Noshki touch it boundaries in the west and connect the international broader with Afghanistan. The geographical area of Quetta is 3499 Sq Km with the population of 759,941 according to the census of 1998 and the population density of 286.4 per Sq Km.

Quetta, being the capital has the largest settlements and cantonment, is the hub of education, health services and is the centre for commerce and trade. The social indicators of the district are better when compared to the other districts of the province, due to easy access and presence of all means of communication.

Quetta Municipal Corporation is responsible for municipal functions and the district is divided in to two towns namely Zarghoon and Chiltan having 37 and 30 UCs respectively. Which in total are 67 union councils in the district Quetta.

Due to lack of financial recourses and dependency of the province on the federal government, the service delivery has been undermined, which attracted different donors to invest for the betterment and welfare of the community, and provided a mushroom
growth to civil society organizations. Since the last decade the CSOs are busy in the
development of community and providing the services. They claim that their contribution
has changed and uplifted the living standard of the people. The CSOs further claim that
their role has changed the attitude and behavior of the people, but the public sector still
thinks that CSOs have added any value.
The FGD was conducted and 25 CSOs working in Balochistan were invited and the
maximum data was collected from them, the major problems faced during this phase
that CSOs were unable to provide the data due to their engagement in the relief
activities. But still some of these CSOs provided us with the data. This report is based
on the data of some CSOs working in Balochistan.
The focus of the study was to assess the impacts of CSOs working in Quetta, but the
majority of the CSOs are operating outside Quetta and the sector identified for this
study are not met in Quetta by the CSOs.
The alternative methods opted for this study extended the scope to Balochistan and
included other sectors in it. At the end the impact of nine major CSOs is shared of the
selected sectors, however CSOs have extended many services, which could not be
collected in short time, and next in the absence of any baseline for such study, the
impact of the CSOs may not be fully shown in the identified sectors. However this study
may be used as a base line for other studies.
In the absence of any coordination or any platform between the public and development
sector, the Government did not have any updates about the interventions of the CSOs.
They weakness lies on both sides as the CSOs are registered with Social Welfare
Department but the coordination meeting or submission of reports is not carried on
regular basis. Therefore the development work is carried in isolation and their
interventions are not owned by the departments, and the departments are not taken on
board, which results in the parallel budget spending, which does not produce any result.
It is found during the course of the study that there is no coordination among the CSOs,
therefore they all intervene in one area and thus spend all the resources without
producing good impact on community.
Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

This study sponsored by Assistance to Governance Reforms and Practice in Balochistan a joint venture of Planning and Development Department and UNDP will help us to assess the impact of the CSOs role in the service delivery.

Introduction of the Project

In 2001 Government of Pakistan introduced governance reforms to bring about changes in political, social, economic and administrative level to not only to improve the public service delivery mechanisms but also to bring about significant betterment in the structures which hindered community participation and ownership in different public service initiatives instead of facilitating them. This system for the first time introduced the community participation by establishment of CCBs at district level, in order improve the services delivery. It also introduced the horizontal monitoring system.

It was felt at that time that centralized bureaucratic structures and mechanisms which encouraged red tapeism were leading to the dissatisfaction of the public in the performance of government institutions. In fact the public is losing faith in capabilities of the institutions to address their issues. Careful analysis of the situation revealed that lack of accountability stemming from the centralized structures, lack of community participation in the decision making processes and at implementation level, lack of reliable information systems to provide reliable data and ambiguities regarding the roles of different institutions were some of the root causes in the declining and disintegrating standards of the public service delivery mechanisms and institutions. Governance reforms and devolution plan are an attempt to address these chronic shortcomings through community participation, decentralization and improved and more efficient structures.

The process of introduction of devolution plan and governance reforms faced certain challenges in Balochistan as explained above, it has hindered the better service delivery. According to the social audit conducted throughout the country in 2001, the citizens’ satisfaction level with the public service delivery is the lowest in Balochistan.
The Project “Assistance to Governance Reforms and Practices in Balochistan” was launched in 2006 with support from UNDAF and UNDP to overcome the challenges being faced in the introduction and realization of the devolution plan and governance reforms. UNDP had previously supported the government of Balochistan in addressing some the developmental issues being faced by it. This was in the form of Balochistan Area Development Project and Trial District Management Project. But the most recent one has been Support to Devolution Reforms in Balochistan (SDRB). The evaluation of SDRB acknowledged the contribution of these initiatives in improving service delivery mechanisms in the province. However the evaluation mission also recommended long term support to LG system, future intervention through replication of successful pilot projects such as Participatory Information systems (PIS), District Management information Centers (DMICs). The Assistance to Governance Reforms and Practices in Balochistan project aims to address these key issues.

The objectives of the project are: To strengthen provincial and local government institutions for effective implementation of devolution and related reforms, to improve access to information for effective planning and implementation, to monitor development activities and establishment of participatory mechanisms for effective community participation.

Rational and scope of the study

The CSOs role in awareness raising and advocacy campaigns for bringing change in attitude of the people has been the claim of most of the CSOs operating in the development of social sector in the province. There are CSOs which are working independently and are working directly with the community at local level and then there CSOs which are operating under the umbrella of the government which are providing support to the line department to enhance their capacity to deliver the goods. Numerous projects have been initiated by the CSOs and millions of rupees have been invested both by the international and national donors through the CSOs in the province. This is the first study assessing the role of civil society organizations in improving the services delivery along with the public sector. For many years this has been the thinking
of both the stakeholders and the Government counterpart that, CSOs have not added any value addition in the development of the community or providing the services to community at grass root.

Huge investments have been done in different sectors in community, due to lack of proper documentation, poverty level and dispersed population, their contribution has not shown any impact in the community.

Since the last decade the CSOs are busy in the development of community and providing the services. They claim that their contribution has changed and uplifted the living standard of the people. The CSOs further claim that their role has changed the attitude and behavior of the people, but the public sector still thinks that CSOs have added any value.

Beside the impact of CSOs, the prime usefulness of this report is identification of the major problem, i.e., serious lack of awareness and capacity about professional matters in the work of CSOs, and way forward. This report will help in identifying the areas of further investments for donors and streamlining the interventions to support the public sector.

**Objective**

The main objective of this assignment is to assess the impact of CSO role in improved PSDM in district Quetta /Balochistan, identification of gaps in the service delivery of CSOs and to suggest the way forward for improvement in the role of CSOs in district Quetta.
Methodology

As per the TORs received from the project to assess the impact of CSOs role in the improved PSDM, the following three stakeholder were identified, which are mostly seen in the process.

1. **Government Line departments**, meanly education, Social Welfare, Health and Local Government Department, who are the service delivery departments
2. **Civil Society Organizations** who are actually involved in the service delivery, being the focused of the study.
3. The **community** for whom the whole process is being carried out

Tools used

1. Structured interviews
2. Semi structured interviews
3. Focused Group Discussions
4. Questionnaires both closed ended and open ended

Data collection

Two sorts of data was required in this study which is as under
- Primary data to be collected through the above tools
- Secondary data which collected through the documents review, reports of the CSOs,

The study was designed to record the views of all the above mentioned stakeholders and assess the impact of CSOs role in the services delivery.

In the first phase, the semi structured interviews were taken with the services delivery department and an open ended questionnaire was designed to record their views. The
series of questions followed by probing questions were included. This also followed by a general discussion on various issues in the functioning of CSOs in services delivery.

The meetings with the following departments were taken, while using the above tools

**Social Welfare department**

**Participants**

1. Mr. Khalid Baloch (Secretary SWD)
2. Mr. Shah Nawaz (Additional Secretary SWD)
3. Mr. Mubashir (Deputy Secretary SWD)

**Meeting with Education Department**

**Participants**

1. Mr. Wahab Deputy Secretary Development
2. Mr. Ashfaq Ahmed Deputy Director Education
3. Mr. Ahmed Ali Durrani Director SW non formal and literacy
4. Mr. Shareef Program Officer

**Meeting with Social Welfare Directorate**

**Participants**

Mr. Abdullah Baloch Director
Mr. Hassanullah Deputy Director Development
Mr. Salahuddin Assistant Director

**EDO Health District Quetta**

**Participants**

Mr. Saifullah Jogezaí EDO Health District Quetta
In the second phase, the meetings were held with CSOs to collect the primary and secondary data. This phase also had a structured interview of the heads of the major CSOs.

The meeting phase was followed a focused group discussion with the major CSOs working in District Quetta, the report is attached in the annexure. In the FGD the CSOs were divided into different groups and different sectors were assigned to assess the impact of the CSOs role and also identify different gap and suggest a way forward. Dual moderation method was applied during the FGD facilitation and separate minutes recorders were allocated. The format for group work was distributed to the CSOs.

Different CSOs running some good projects did not attend the FGD, so it was decided to have a meeting with them after the FGD.

Another tool for data collection was designed and distributed among the CSOs for secondary data collection, as enough data was not received during the first setting. Ned
The third phase, which is the community, for whom the activities are carried out were focused. After the data was collected from the CSOs, the closed ended questionnaire was designed to assess the views of the community. On the bases of the data collected from CSOs, different cluster were formed and the data collectors were sent to collect the data. The data was entered in SPSS software designed for data analysis and the data was analyzed and reported. This is actually the most important phase in order to see the actual impact of the CSOs interventions. Before the data collectors were sent to the field the questionnaire was shared with AGRP-B team to inculcate their input.

The data collectors and data entry operators were trained before they were assigned the tasks.

The clustering was based on the location, where the CSOs had intervened for their programs.

**District Quetta in Focus**

**Introduction**

Quetta the Provincial Head Quarter of Balochistan is an old historical settlement that seen phenomenal growth in its area and population especially after it became the capital of Balochistan.

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Quetta Municipal Corporation is responsible for municipal functions and the district is divided in to two towns namely Zarghoon and Chiltan and 37 and 30 67 union councils in each town,
The relation between education, economic development and poverty is well documented in the literature and investment in education is essential for future and present generation.

Education Department at Provincial level has the main responsibly of the entire setup and the investment by private sector is low, international donors have been trying to provide an enabling environment especially for primary education through CSOs or direct investment.

The rate in Quetta is 57% with good indictors in education when compared with the rest of the districts. As it has easy access and coverage with different investment by the private institutions.

**District Quetta Profile**

Area: 2653 Sq. km
No. of Schools m/f: 8605 / 3290
Literacy rate: 57%
No. of hospitals: 51
Sex ratio m/f: 1.26: 1
Pop. density: 255 per sq km
The role of CSOs in service Delivery

The purpose of this study is to provide an overall analysis of the role and impact of civil society organizations (CSOs) in services delivery in District Quetta and districts of Balochistan. The CSOs have been working in the entire province to deliver the services as good partner with government, although the major CSOs have intervened outside the Quetta in different sectors. However, there are fundamental differences in the work pattern of the CSOs when compared with that of the government. Government has greater role and has greater access to community with huge infrastructure and resources. On the other hand the CSOs have limited access to resources and infrastructural resources. Therefore a huge impact may not be seen in Quetta or the entire province.

This has been noted during the study that less attention from public sector to private and voluntary sectors has been paid therefore the efficiency and quality of the services is still lacking and greater impact may not be jagged on the grass root community. But still the governments and CSOs have been struggling to provide maximum basic services to the majority of the population. This study on one hand tries to show the impact of the CSOs interventions on the community but on other hand identifies and analyses the gaps in the implementation of the interventions and way forward that have emerged from the involvement of CSOs in service delivery, and draws way forward for better performance with greater impact of their services on community and improving the bottle neck in the programs.

The role of CSOs in service delivery has undergone dramatic change over the last decade, in both at national and international level. Two major policy changes have been instrumental in bringing this about.

First, a key policy change by international donors in recent years has been an explicit focus on supporting civil society. This is part of a wider good government agenda that has emerged since the wave of democratization process in the developing countries since the late 1980s. As is explained below, one of the consequences of this has been the opening-up of much greater political space for CSOs, and the last decade has seen a proliferation of CSOs as well as a massive increase in donor funding to these organizations in developing countries.
Second, and related to the previous point, the 1980s and 1990s witnessed the emergence of what has been termed the .New Public Management. (NPM) as the dominant paradigm for public sector reforms by donors in developing countries. A central tenet of NPM has been the contracting-out of public service provision to the private sector, and this was a key influence behind the promotion of structural adjustment programs by the International Monetary Fund (IMF) in many developing countries in the late 1980s and early 1990s.

Before discussing these trends in more detail, it is important to discuss the use of the term civil society organization in this study and how it relates to the other commonly used terminology. In this report, CSO is used as a broad, inclusive category that includes any organization that is outside of the state and operates on a non-profit basis. The term CSO includes the non-governmental organizations (NGOs) engaged in development activities, but NGOs are one of many types of organization that constitute civil society and the tendency in much of the current debates about civil society to treat them synonymously is an analytical mistake. Civil society constitutes a vast array of associations, including trade unions, professional associations, religious groups, cultural and sports groups and traditional associations, many of which are informal organizations that are not registered. Nonetheless, despite the huge variety of different types of organizations that are found in the developing world, most of the funding from international sources for service provision is channeled through non-governmental organizations. The NGO sector in most developing countries is formally organized and often subject to certain government regulations, and has developed considerable capacity and experience in the delivery of development projects. For this reason, although it is important to keep the terms CSO and NGO analytically distinct, in practice the majority of CSOs involved in service provision are NGOs.
The Growth of Civil Society

Donor concern with strengthening civil society is a recent phenomenon. It appears to have emerged from the new policy agenda on good governance that was increasingly promoted by official donors during the 1980s and the early 1990s. As a result of this agenda, Northern donors began to explicitly promote political reform through development co-operation. For some donors this meant advocating policies that limited state interference and reduced corruption in the public sector. There was a particular emphasis on aid recipient countries improving their records on democratic elections, human rights and the rule of law, to name some of the more common areas of reform. Although it would be misleading to assume that all official donors held the same policy, there was a convergence of opinion among them that long-term economic development could not take place without improved systems of government. However, in practice, the application of political conditionality had only limited success. In many cases donors failed to apply conditionality in a consistent and co-ordinated manner and multiparty elections did not necessarily guarantee a change or improvement in government (Stokke, 1995). The recognition among donors that the transition toward democratically elected governments did not, in itself, guarantee a more democratic culture led to a more positive approach to the promotion of good governance in the form of support for civil society. The motive given by donors for supporting civil society is essentially that a strong civil society will demand a more democratically accountable and transparent state, and lead to sustainable good governance. In addition, citizen participation is central to the idea of civil society. Thus, civil society brings together both the good governance agenda and the concern with participatory approaches to development that became widely accepted in development policy (if not in practice) during the 1980s. The task for donors has been to identify those types of organizations likely to play a key role in civil society and those forms of support that could be directed toward them in order to strengthen their capacity to participate in a vigorous and effective manner (Biekart, 1998; Robinson, 1996; Van Rooy, 1998).

However, many donors have been less explicit about how they define the term, and in many cases support for civil society has simply become a new way of directing funding toward CSOs rather than government agencies, or part of a wider neoliberal agenda.
that promoted structural adjustment programs in the 1980s, which called for a minimal role for the state and a strong private sector.

**The Scale of CSO Involvement in Service Delivery**

It could be argued that CSOs are now major players in bringing about social and economic change in many developing and transition countries. The CSO sector throughout the world is vast and highly differentiated, and it is almost impossible to summarize. CSOs cover a broad spectrum of organizations, from huge national NGOs, to small grassroots organizations. CSOs engage in an equally wide range of activities.

Providing social services has been a critical role that CSOs have traditionally played, However, the key change that has taken place in recent years is that CSOs are no longer just providing services to people that the state has failed to reach, but they are now far more in the mainstream of development activities. Both the scale and the profile of CSO activities have increased greatly in the past decade. Both governments and international donors have given them much more recognition at the national level than may have been the case in the past.

It has been observed that the CSOs intervene in the social development sector being a partner in soft development, but due to the recent trend, they intervene in the hard component as well. The scope of the CSOs has gone beyond the advocacy, social mobilization and trainings to infrastructure, water and sanitation etc. this change was rather supported by the LGO 2001 from community participation component, which involved the community in development of the area.

**Quality of Service Delivery**

The massive increase in the role of CSOs in service provision in recent years raises questions about the capacity of CSOs to deliver high-quality services. However, there is little evidence from developing countries on which a general statement could be made about whether or not CSOs can provide better-quality services than the state. Robinson and White (1997) note that despite a number of studies that draw attention to the shortcomings of state provision in health care, there have been few studies on the quality of health care services provided by CSOs. Green and Matthias (1997) also note that the cases of CSOs providing higher-quality health care than the state are generally
due to greater access to resources, not to any intrinsic comparative advantage. They point out that the converse is also true and that when funding levels for CSOs drop, quality levels also tend to fall.

The technical capacity and motivation of staff are also issues critical to the delivery and quality of services. However, again it is difficult to make general comparisons between the state and CSO sector. One general finding of the OECD study is that CSOs tend to be most successful when undertaking projects in particular sectors or subsectors in which they have built up considerable experience and expertise. They have been less successful in undertaking more broad ranging, complex interventions such as integrated rural development projects.

**Sustainability of CSO services**

One of the critical issues facing CSOs is the sustainability of service provision, Where as the state is able to generate a basic level of funding from taxation. However small this may be CSOs are usually dependent on grants or contracts. There has been increasing pressure from international donors for CSOs to show that their interventions are sustainable. Yet the evidence from the various NGO evaluations and impact studies suggests that CSO projects are rarely sustainable and require long-term funding. While this finding is not surprising, what is worrying is that donor pressure on CSOs to undertake sustainable activities could undermine their ability to target poor people for service provision. This is impossible for CSOs to undertake long-term planning. Such a situation can also result in a loss of independence and potential restrictions imposed by the donor. The tension between funding and dependence is a common dilemma for most CSOs and one that is not easy to resolve without major policy shifts in donor-CSO relations.

Sustainability of the projects not only depends on financial resources, capacity of the CSOs but also on the project design phase. If a project is designed on such grounds that it will be running after the CSOs phase out and withdraw from a community. It needs either the community or the government will take over to run in future. The designed project shall cater the needs of the community, not merely a project initiated. It shall result in delivering a tangible outcome on the grass root.
This has been observed that CSOs interventions are mostly activity oriented and brings no changes, there are certain factors which create hurdles for these CSO, they are as under.

**Major Problem in CSOs Working**
When the sustainability of the CSOs project is questioned, that is due to the below factors, which play major role in delivering the impact to the community and becoming a successful project.

1. The scale of the CSOs operations is limited to few districts
2. The capacity of the CSOs, un trained human staff
3. Lack of investment on the capacity building of the CSOs
4. High turnover of the staff due to low salaries and better working condition
5. Lack of SOPs and job descriptions
6. Activity oriented budget for limited periods
7. The projects conceived is based on the rational of the donors not on the needs of the community
8. The donors are output oriented but no outcome or impact oriented
9. Lack coordination from government counterpart in terms of monitoring and support
10. Legal constraints as the social welfare act was promulgated in 1961 and is not updated till to date
11. Lack of common monitoring and evaluation frame work from donors and government
12. Lack of policy for intervention of CSOs in different sectors, which is specialized by the CSOs
13. Absence of regulatory mechanism for CSOs interventions
**Gaps and Way forward**

During the FGD, the CSOs were divided into groups. The tasks assigned included the gaps they have faced in accomplishment of the outcome, which was a hurdle to trickle down the impact of the intervention to the community. The CSOs gave some generic gaps, while the other expressed the specific gaps which are as under.

**Gaps**

1. Lack and access to information and data
2. Worse Law and order situation
3. High staffs turn over
4. Poor community mobilization
5. No provincial and district education plans
6. Poor infrastructure and access to schools
7. Lack of partnership with and between the government and NGOs
8. Budget constraints

Many CSOs were of the view that the law and order situation has been a hurdle for them to operate; the staff cannot visit the districts and schools. Many staff members have resigned and have left the province. This creates a vacuum in the working of the CSOs. The new entry would required training and time to come up with complete understanding of the program. This takes much time and disturbs the whole strategy of the organization. Thus they lack behind the stipulated time.

Many CSOs shared the problem that due to the absence of the sound MIS or data, they face problems and bring duplication in their work. The present MIS or data may help to avoid the duplication in this process.

Another big gap the CSOs have been facing is the social mobilization gap. The organizations launch the program and ignore this component, or some inexperienced staff mobilizes the community, the staff themselves does not know what social
mobilization is? So then how they go for the process. Many organizations are target or activity oriented and uses this component just to reach the target, which become a serious matter for other CSOs to implement their program. The social mobilization shall not be for the sake of social mobilization, but shall actually mobilize the community on sustainable basis, and shall not be treated just as an activity of the work plan. Some senior staff needs to be deputed to it.

During the FGD, it was noted that the Education Department has no plan to run the department. In the absence of the SDPs, they CSOs do not feel easy to work and cannot set the objectives for their program. The school development plan shall be developed at district and provincial level so that the CSOs can meet that and work accordingly.

The CSOs pointed out during the workshop that there is lack of coordination with and between the CSOs and the government. Due to which parallel activities are most of the time planed and the intervention is done in the same school. This is a source for wasting the financial resources of the organization. This is also done due to the lack of school development plan. A coordination committee shall exist on the provincial and district level and shall meet regularly one a month.

Different organizations elaborated that due to limited financial resources, there interventions are not sustainable and they phase out from a community as the budget finishes.

They financial transfer to the CSOs is not in time, which delays the activities and CSOs plan the activities in the slack season, which do not create any impact on the community, While the community also consider the activity just a formality.

Due to the limited financial resources and delays in it, the CSOs have lost confidence in the community and their work does a leave long lasting effects on the community.
**Way forward**

1. Preparation of Education plan at provincial and district level
2. Financial support for institutional strengthening
3. Building the strategic partnership between the government and NGOs
4. On job, mentoring for teachers, PECs and PTSMCs
5. Participatory monitoring
6. Peer learning
7. Strengthening of HR system in NGOs
8. Using of local resources and local solutions
9. Establishment of quality standards /certification of NGOs for access to donor support
10. Provision of budgetary allocation for third party evaluation of the projects
11. Robust of community mobilizations

**Analytical description**

Numbers of CSOs are claiming that as the interventions of CSOs are very limited in terms of less duration and financial support, so only outputs through that interventions can be ensured / achieved. Outcome and impact are closing connected with output so the better the output the sustainable the outcome and impact. As impact is very much dependent upon the change in behavior of community so the process can last in decades or a century therefore most suitable candidates for behavior change can be government or community itself. CSOs along with Donor agencies are now focusing behavior change through soft interventions like awareness campaigns etc.

Information for the study of impact assessment were received from the following CSOs
List of CSOs provided Data for analysis

1. BEEJ
2. BRSP
3. DANESH
4. IDO
5. OCSD
6. SCSPEB
7. SMART
8. TARAQEE
9. WESS

Questionnaires were distributed among the CSOs while workshop conducted at quetta boy scout. Number of follow-ups were made by AGRPBM and SMART team but could not received data from other CSOs. The reason can be

1. Flood disaster in Balochistan and almost all CSOs were very much busy in emergency support of sheltering and food distribution etc.

CSOs have taken initiative / intervention on both hard and soft components. The percentage of soft component is higher 62%, which shows that endeavors are made to the initiatives / interventions for more sustainable solutions but in communities if all the focus is only on soft components then it is quite obviously observed that community shows no interest at all, therefore 55% of interventions are based on hard components.

The reasons that hard components are focused are

1. The confidence level of the community remains very low if only soft components are initiated.
2. Demo for the intervention which in success community will continue to replicate the model
3. Poor communities and cannot afford to participate in construction. Like
   a. Latrine construction in the schools.
   b. Constructing water channels and water tankers.
   c. Providing books or reading materials to indigent and deserving students.
   d. Health / Medical facilities
We can analyze the summary of soft interventions in the focused project types on given sampled data.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>No of Soft intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy</td>
<td>9</td>
</tr>
<tr>
<td>Local Government Capacity Building</td>
<td>9</td>
</tr>
<tr>
<td>Mother Child Health Care</td>
<td>11</td>
</tr>
<tr>
<td>Non Formal Education</td>
<td>9</td>
</tr>
<tr>
<td><strong>Primary Education</strong></td>
<td><strong>43</strong></td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>7</td>
</tr>
<tr>
<td>WATSAN</td>
<td>13</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>101</strong></td>
</tr>
</tbody>
</table>

### Beneficiaries of the interventions

The sampled data shows that CSOs have intervened in almost all focused areas. The sample data reveals that female is in great focus especially in Mother Child health care, primary health care and primary education. Most of donors have targeted these in their main objectives. The same targets are also set by MDGs (Goal 2, Goal 3 and Goal 4) and in education EFA has also focused in Education and Quality of education. The reason of numbers of Mother child health care being greater is because a single BHU can serve more any other institute.
<table>
<thead>
<tr>
<th>Project Type</th>
<th>Male</th>
<th>Female</th>
<th>Male Ratio</th>
<th>Female Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literacy</td>
<td>10319</td>
<td>11981</td>
<td>0.46</td>
<td>0.54</td>
</tr>
<tr>
<td>Local Govt Capacity Building</td>
<td>4670</td>
<td>3010</td>
<td>0.61</td>
<td>0.39</td>
</tr>
<tr>
<td>Mother Child Health Care</td>
<td>3071</td>
<td>941170</td>
<td>0.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Non Formal Education</td>
<td>987</td>
<td>963</td>
<td>0.51</td>
<td>0.49</td>
</tr>
<tr>
<td>Primary Education</td>
<td>70364</td>
<td>121789</td>
<td>0.37</td>
<td>0.63</td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>89821</td>
<td>86419</td>
<td>0.51</td>
<td>0.49</td>
</tr>
<tr>
<td>WATSAN</td>
<td>128297</td>
<td>116353</td>
<td>0.52</td>
<td>0.48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>307529</strong></td>
<td><strong>1281685</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

Male
- Literacy: 3%
- Local Govt Capacity Building: 2%
- Non Formal Education: 0%
- Primary Education: 23%
- Primary Health Care: 29%
- WATSAN: 42%

Female
- Literacy: 1%
- Local Govt Capacity Building: 0%
- Non Formal Education: 0%
- Primary Education: 10%
- Primary Health Care: 7%
- WATSAN: 9%
- Mother Child Health Care: 73%
The impact of the CSOs role in service delivery (Outcome/Impact of CSOs interventions)

Componential Details output and outcome

Outcome and Output of CSOs in Literacy

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Areas</th>
<th>Output</th>
<th>Outcome / impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of Adult Literacy Centers</td>
<td>Quetta (TWO Sibi (OCSD) NCHD Quetta L&amp;NFE (All over Balochistan)</td>
<td>60 Centers established by OCSD Learners 1500 10 Centers Established by Two Learners 200 120 Centers established by the NCHD Learner 2854 5842 Centers established by L&amp;NFE Deptt. Learners 125000 Graduated by CSO 4554 by L&amp;NFE (125000) (Achievement 70%) mostly focused is female 70% female and 30% male centers.</td>
<td>Positive impact on society especially on women and marginalized groups Demand created Brought 125000 children in the mainstream of education. This brought positive change in the life of the society</td>
</tr>
</tbody>
</table>

Components of CSOs interventions

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Project Components</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Establishment of Adult / literacy centers</td>
<td>6022</td>
</tr>
<tr>
<td></td>
<td>Computer Centers Established</td>
<td>109</td>
</tr>
<tr>
<td>S</td>
<td>Enrollment and Learners</td>
<td>126700</td>
</tr>
<tr>
<td></td>
<td>Quality education</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Computer Training</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Data base management</td>
<td>1</td>
</tr>
</tbody>
</table>

Reference (Primary Data of Survey)

Literacy: definition: age 15 and over can read and write

Male: 63%
Female: 36% (2005 est.)

Definition: This entry includes a definition of literacy and Census Bureau percentages for the total population, males, and females. There are no universal definitions and
standards of literacy. Unless otherwise specified, all rates are based on the most common definition - the ability to read and write at a specified age. Detailing the standards that individual countries use to assess the ability to read and write is beyond the scope of the *Factbook*. Information on literacy, while not a perfect measure of educational results, is probably the most easily available and valid for international comparisons. Low levels of literacy and education in general, can impede the economic development of a country in the current rapidly changing, technology-driven world. (Reference [http://www.indexmundi.com/pakistan/literacy.html](http://www.indexmundi.com/pakistan/literacy.html))

CSOs have made some contribution in promoting literacy in the province of Balochistan. Above provided survey figures shows the numbers that CSOs have contributed in promotion 3% male literacy and 1% female literacy. CSO has intervened in hard and soft components for promoting literacy.

**Outcome and Output of CSOs in Local Govt. Capacity Building**

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Hard or Soft</th>
<th>Project Components</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Govt Capacity Building</td>
<td>H</td>
<td>Development of training material on CCB Functioning</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>printing and dissemination of printed material</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>Capacity building of CCBs and concerned government officials</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training to the Representatives of UC Secretaries on Project Cycle Management</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Planning &amp; Scheduling of the PCM trainings</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training on Formation and mobilization of CCBs</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workshop for CCBs, Cos, Nazims and Govt Officials</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CCB Formation</td>
<td>25</td>
</tr>
</tbody>
</table>

CCB Mobilization started at the grass roots level; awareness building missions culminate in detailed agreements with Unions within a target District. CSOs played provided trainings on the role of capacity building of key local government actors at these levels. Local COs were mobilized to carry out capacity building activities at the community level, leading to formulation of Citizen Community Boards (CCBs) and skills for Project Cycle Management (PCM) at the Union level.
Local CSOs were also enlisted to support implementation and to monitor community interventions at the union level. The active involvement of women in CCB mobilization activities is assured through requiring a minimum of 1/3 representation, as well as allocation of small grant funds for women councilors. The targets set for registration of CCBs also include registration of at least one woman’s or mixed CCB per union. In order to create a demonstration effect, which incentives women to develop future projects, Donors provided approved proposals with grant funding.


Almost all CSOs have focused local government capacity building. Numbers of donors have hired the services of an implementing partner to provided training to Nazims, Naib Nazims and councilors of all levels.

CCB Formation, training on proposal writing, project Cycle management and budgeting and planning etc training on all aspect has been imparted to that community level organization.

**Outcome and Output of CSOs in Mother Child Health Care**

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Hard or Soft</th>
<th>Project Components</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Child Health Care</td>
<td>B</td>
<td>Providing Health Facility (Medicine) treatment to Afghan Refugees and local population. 25 patients/Day</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>H</td>
<td>BHU Labor rooms construction</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Camp</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Awareness about the importance of mother and child health among stakeholders</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To ensure ready access to appropriate medical facilities</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>To mobilize and sensitize the community for active participation in project interventions</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improving awareness and access to maternal and child health services through four quarters of the project</td>
<td>4</td>
</tr>
</tbody>
</table>

There are multiple donors coming under agreement with its IPs for intervention of mother and child health care. The donors are some time supporting through health department and directorate and some time intervening directly through its IPs.
According to the data of HMIS from health directorate following are the health institutes

<table>
<thead>
<tr>
<th>Institutes</th>
<th>Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary Hospital</td>
<td>04</td>
</tr>
<tr>
<td>DHQ Hospital</td>
<td>25</td>
</tr>
<tr>
<td>Civil Hospital</td>
<td>11</td>
</tr>
<tr>
<td>RHC</td>
<td>92</td>
</tr>
<tr>
<td>BHU</td>
<td>554</td>
</tr>
<tr>
<td>Civil Dispensaries</td>
<td>581</td>
</tr>
<tr>
<td>MCH Centers</td>
<td>93</td>
</tr>
<tr>
<td>TB Clinics</td>
<td>23</td>
</tr>
<tr>
<td>Leprosy</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>1396</td>
</tr>
</tbody>
</table>

As it can be seen from the graph above that most the beneficiaries are of mother child health care because health facilities are availed throughout the provincial health centers.

<table>
<thead>
<tr>
<th>Baby Boy</th>
<th>Mother and Baby Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>3071</td>
<td>941170</td>
</tr>
</tbody>
</table>

Outcome and Output of CSOs in Non Formal Education

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Project Components</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Formal Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Training Curriculum Development;</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Non-formal education centers of children</td>
<td>82</td>
</tr>
<tr>
<td></td>
<td>Learning Centers</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mobilization of communities to form Parent Education Committees (PECs)</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Providing monitoring and supervision support to PECs for effective operation of the community schools</td>
<td>5</td>
</tr>
<tr>
<td>S</td>
<td>Advocacy</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Trainings to Working children</td>
<td>700</td>
</tr>
<tr>
<td></td>
<td>Establishment of ECE centers</td>
<td>59</td>
</tr>
</tbody>
</table>
Education (Primary Education) establishment of schools

During the FGD and the in-depth meetings with CSOs, it was pointed out by the CSOs that their interventions increased the schools in the area, either that is CFS or established through the community support process. The establishment of schools increased the enrollment and reduced the numbers of out of the school children. The ultimate effect of this intervention went to the community, where HDI increased and brought the school age children in to the main stream. This would decrease the unemployment in the area and would increase trained human resources. Education of course decreases the poverty and will bring out the community from the vicious cycle of poverty. Educated and trained human resources produce more as compared to uneducated and is required in other places. The enrolled children may be appointed as teachers after completing the required criteria. They also decrease the diseases as they family members get educated and learn about the illnesses.
This establishment of school created awareness in the community and it work as continuous re-enforcement model for the same community. It also worked as a good activity for that specific village and gave raise to positive thinking.
On the other hand, the school also provided the children with their basic right of education and they can serve the nation at their best. The teacher appointed in the schools brought some useful knowledge and increased the exposure of the students. The appointment of the teachers at schools empowered the community economically. This directly and indirectly effected the community and increased the literacy rate in the area. The opening of girls schools and appointment of female teachers increased the enrollment of girls and gave easy access to girl to reach schools.
Training of the Teachers
Many CSOs had invested in the training of the teachers, which increased the skills of the teacher to teach in better way. The teachers got acquainted with different methods and can transfer many things in little time. It also helped to decrease the dropout from schools as the trained teachers provide conductive environment to the students. The training to the teacher increased their knowledge created interest for him in syllabus and completed the curriculum in the stipulated time.
The community is mostly reluctant to send their girls in the presence of a male teacher and their fore the dropout was much in girls. The appointment of the female teachers solved this problem and increased the ratio of girls at schools. This helped the teachers to learn the child psychology and enriched the teachers to run the school management in better way. It increased the community participation in the PTSMCs, which helped the teachers solve different problems at community level.

**Teaching aid**

Different CSOs have provided the teaching aid to schools, which on one hand provided the schools with necessary items but on the second hand made the atmosphere a conducive for students. The case of joyful learning and Child friendly schools are concerned. Learning through activity creates interests in the students and promotes creative thinking in the students. Many schools lacked the teaching aid before the intervention which handicapped the teachers, the teacher were not willing to teach in the absence of the required material. The teaching aid included the reading writing material, charts, black boards etc. the parents who send their children to school are mostly poor and cannot afford the reading and writing material, therefore the dropout increases, the provision of the books sustains the children at school and their study of their children does not become a burden on them. The parents happily send their children to schools when the books are provided, so different CSOs have carried out this assignment.

**Enrollment campaigns**

Many organizations have worked to create awareness in the community and increase the enrollment. They had run enrollment campaign through the province and in Quetta; they enrolled more than 40 thousand children in the school. They had prepared this strategy in collaboration with the district Government and the Education Department, where they had built the capacity of the officers, who were involved in the process. They campaign was launched Quetta and they went from door to door to create awareness and bring the out of school children to school. They maintained the required registers in the school.
On one side the capacity of the staff was enhanced and the send hand the enrollment increased in the school. This also worked as a tool to attract the teachers to schools and the learning process started.

Extension of schools
Investment in the system
Assessment and Monitoring of the schools

Outcome and Output of CSOs in Primary Education

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Areas</th>
<th>Output</th>
<th>Outcome / impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey, Establishment and up gradation of schools</td>
<td>Quetta and Balochistan</td>
<td>17 home school, 23 CSP Schools 59 school survey for ECE, up gradation of primary to middle, middle to high and missing facilities 75 new private primary and low cost CSP Schools established 67 school operators and 342 school teachers trained Launched advocacy campaign in education and identified gaps Prepared education plans with district government Established 12 computer centers 44556 children enrolled and identified 50 locations</td>
<td>Increased the number of CSP schools from 745 to 2300 and enrollment reached to 82000 children to 264000 children Teachers trained on methodology and curriculum It resulted in increase in literacy rate from 1.5% to 8.9% Female teacher employed increased the girls enrollment Increased the direct and indirect beneficiaries to 315436</td>
</tr>
<tr>
<td>Training of schools operators and teachers</td>
<td>Quetta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy campaign and computer literacy centers</td>
<td>Quetta / Ziarat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted the government in enrollment campaign</td>
<td>Quetta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identification of potential locations for opening of feeder schools</td>
<td>Quetta</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Components of CSOs interventions

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Hard or Soft</th>
<th>Project Components</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Hard</td>
<td>DEMIS Development &amp; Implementation</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>Up-gradation of primary schools to middle level or High</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establishment of Community schools</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improving existing infrastructure</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision of Hygiene Kits</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision of Missing Facilities</td>
<td>318</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Developing Centers /Promote Schools</td>
<td>232</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision of Safe Drinking Water</td>
<td>275</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Study Material Provision</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision of FALAHEE Material</td>
<td>280</td>
</tr>
<tr>
<td></td>
<td>Soft</td>
<td>PTSMCs Formation</td>
<td>202</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capacity building of PTSMCs</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teachers training</td>
<td>5030</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Up-gradation of primary schools to middle level;</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Conduct FGD</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enrollment in number of schools</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School Sanitation Hygiene Education Training</td>
<td>530</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Survey</td>
<td>330</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Survey Report</td>
<td>1</td>
</tr>
</tbody>
</table>

### School Level

<table>
<thead>
<tr>
<th>School Level</th>
<th>Frequencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary School (Govt)</td>
<td>10637</td>
</tr>
<tr>
<td>Middle School (Govt)</td>
<td>953</td>
</tr>
<tr>
<td>High School (Govt)</td>
<td>594</td>
</tr>
</tbody>
</table>

Reference BEMIS Education Directorate
### Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

#### Intervention
Health education and provision of health services
Sanitation

Water provision

#### Areas
- Bolan
- Quetta
- Kharoot Abad
- Pashtoon Bagh
- Quetta (Hazara Town)
- Slbi UC Talli
- Zarinda Ziarat
- Quetta Pajpai
- Barkhan / Musa Khel

#### Output
12 Health Centers with ambulance service
6 Computer centers in Quetta
60,000 sq feet Street Payment
40% population
4 GBV centers established.
100 Pit Latrines construct.
50 Medical camps organized.
10 schools water and sanitation.
25 hand pumps
60 Hygiene sessions
Rehabilitation of Drinking Water Supply Schemes
Health and Hygiene Education
Provision of Health and Hygiene Kids
Construction of 100 pit Toilet

#### Outcome / impact
- Educational skill and Health services provided.
- Improved the living condition of community empowered women
- Improved the Life and Living Conditions of 2000 families
- Knowledge increase
- Improve water and sanitation situation in Targeted Areas

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Hard or Soft</th>
<th>Project Components</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care</td>
<td>B</td>
<td>Consultative Workshops for development of plans of actions for children;</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>Information Collection, review and analysis Research</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To provide healthy environment for school children through rehabilitation of Water and Sanitation facilities in primary schools</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To provide primary health care services and raises awareness in the field of health and hygiene</td>
<td>300</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstration of latrines and improved solid waste disposal systems.</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Camps</td>
<td>50</td>
</tr>
</tbody>
</table>
Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

According to the data of HMIS from health directorate following are the health institutes

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<td>Civil Hospital</td>
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</tr>
<tr>
<td>RHC</td>
<td>92</td>
</tr>
<tr>
<td>BHU</td>
<td>554</td>
</tr>
<tr>
<td>Civil Dispensaries</td>
<td>581</td>
</tr>
<tr>
<td>MCH Centers</td>
<td>93</td>
</tr>
<tr>
<td>TB Clinics</td>
<td>23</td>
</tr>
<tr>
<td>Leprosy</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>1396</td>
</tr>
</tbody>
</table>

**Water and Sanitation at Schools level**
The majority of the Government school lacks this facility and has not latrines and safe drinking water. Access to safe drinking water is most serious problem. It brought different diseases in the children like water born diseases, skin problems and sight problems in the children.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Hard or Soft</th>
<th>Project Components</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATSAN</td>
<td>B</td>
<td>To provide health and hygiene education especially to the women and children in the selected geographical areas 1500 HH kits distributed</td>
<td>1500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Karez rehabilitated</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>H</td>
<td>Construction and rehabilitation of water schemes</td>
<td>206</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Water Quality Test Conduct</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hand Pump repair</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transition Latrine and repair</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hand Pump Installation and repair</td>
<td>241</td>
</tr>
<tr>
<td></td>
<td></td>
<td>washing Hand Latrine</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latrine Construction</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlined Water courses built</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Flood protection structures construction</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sailaba Bandaat Spate irrigation structures built</td>
<td>803</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pit Latrine and soakage pit latrine sites</td>
<td>130</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rain Harvesting Pond</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WATSAN facility to BHUs</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>Wind mill installed for water fetching</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Operation and Maintenance trainings</td>
<td>100</td>
</tr>
<tr>
<td>Activity</td>
<td>Cost (Rs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water Protection Training</td>
<td>700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bio Sand Filters installed and maintenance</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Latrine construction</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To assess the impact of activities on target population</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training of decision makers of PHED on use of PHED GIS in Planning, monitoring and management of water supply schemes.</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness raising, advocacy for adoption of improved health and hygiene practices; capacity building of Govt and LG officers</td>
<td>30, 25, 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Impact of CSO’s intervention received from Communities

<table>
<thead>
<tr>
<th>Please share benefit to community by the intervention s of CSOs</th>
<th>Any change due to that intervention</th>
<th>Any success story</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong>&lt;br&gt;1 There was not any school in the village and all the children especially the girls remained out of school and the parents could fulfill their basic need. Now the school has been provided by NGOs and all the children have been enrolled in the schools and receiving education.</td>
<td>The there has been a positive change in the attitude of the people towards the education. The literacy rate and enrollment has been increased. The girls enrollment is satisfactory. Its direct effect is on the life style of the houses. The educated children understand the benefits of sanitation and expiry dates of the medicine.</td>
<td>Girl’s enrollment increased and the polio drops are not denied in the villages. Our people did not accept the development by NGOs and that is accepted now. (Murda Karez Jillani khan Essa zai)</td>
</tr>
<tr>
<td>2. 5 to 9 years children spent their times in the streets and they are enrolled in the schools now. The work of NGOs for children’s education has increased the awareness in the parents to educate their children. The parents have been mobilized especially for girl’s education. 3 Society working in the field of education has provided teachers to many schools and reading writing materials. Drop out decreased</td>
<td>They are provided with better trainings in the schools and change in the attitude has been observed. This created awareness in the children not to go for any drugs or waste their times in negative activities.</td>
<td></td>
</tr>
<tr>
<td><strong>Water and Sanitation</strong>&lt;br&gt;1 Water channels have been established by the NGOs and enough water is available to households now. Clean water was not available and the households brought water from water sources.</td>
<td>Enough clean water in the house is available. The households do not go to the water sources now. The water is clean. This has saved the time and women do not need to make many efforts for water.</td>
<td>Students have been benefited and material is provided quality of education improved and drop out decreased.</td>
</tr>
<tr>
<td>2 In killi Ahtar Muhammad there was no water for drinking facility and the women fetched the water from pond. Which created many diseases in the community? Now the tank been provided by Taraqee foundation and distributed through pipes to households.</td>
<td>The households do not fetch water from ponds and clean water is easily available in the houses, it saved the time of the community and decreased the times as well.</td>
<td>The pipes are provided by the community to their households and sens of ownership is created. (Murda Karez Jillani khan Essa zai)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clean water decreased diseases and decreased the distance for bringing water. Women do not out for water now. (Rogheni 2 )</td>
</tr>
</tbody>
</table>
3. Open defecation in Barshor created different diseases in community and it was due to lack of community awareness. Human sheet travelled to community through different sources. After the intervention of SMART, the awareness has been created in the community and the attitude of community towards the open defecation has been changed. The community has constructed latrines at homes.

**Literacy**

The community was uneducated and could not write their names and could not do basic calculations. After doing the literacy course, they can write their names and can do basic calculations easily. They understand the dates of expiry of medicines. They can keep the basic calculation of their business.

**Health**

BRSP working with community in health sector has provided medicines to RHC. They look after the women health. The IMR has been decreased and the health of the mother is improved. The health education in the said area has created awareness in the mothers.

**Local Govt. Capacity Building**

After election of Local Government, I was elected as Nazim and I did not know my duties and functions. I was provided a training by IDO on my basic functions and I understood the function 50%. I came to know as what shall be done and what sections of ordinance apply to my duties.

| People constructed latrines at homes and left the defecation in open spaces | The community stopped open defecation in the open spaces and removed the solid waste from public spaces. This improved the health of community to some extent. The human sheet is not mixed to water | This basic course helped them to learn sign and can write their names now. It helped in their business now. They can sign checks instead of finger print. They read newspaper now. | They can read newspaper and now they like their children to get education (Murda Karez chamani) | They have survived the lives of pregnant women. The medicines provided are specially used in the said cases. This decreased the IMR and MMR in the rural area. | The lives of pregnant women are improved and the children are safe. The health education to mother has created awareness. | I came to know as what shall I do being a nazim and how the development of the U.C shall be prepared. I also understood the ADP and sector plans. I was told the priority sectors in the district | Even there were no development budget, but my emphases was always on the education and the funds received from KPF was spent properly. |
| After election I was elected as chairman of the education monitoring committee, but I did not understand the process of monitoring. We were provided with training by NCHD, where we came to know all the relevant sections of monitoring. | A major change that occurred was in my attitude, as I thought like an inspection team, but my role was not like this. I were there to facilitate the education offices and identify the problems. | I prepared the quarterly work plan and shared some problems with the council. Though the problems were not solved, but they are shared with the higher authorities. |
Focused Group Discussion on Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

Arranged by: AGRP-B

Venue: Boy Scout Head Quarter Hali Road Quetta
Date: August 10th, 2010

Facilitated by Syed Rasheed Shah (Consultant of the study) and Azizullah Aziz HRDS AGRP-B
Time 10:00 AM to 2:30 PM

A focused group discussion was held at Boy Scout Headquarter on dated August 10th, 2010 to assess the impact of the CSOs role in the improved PSDM in District Quetta. This workshop was arranged by AGRP-B project, which is a joint venture of Planning and Development Department Government of Balochistan and UNDP. The workshop a part of the Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta conducted by Rasheed Shah the consultant hired by AGRP-B.

35 CSOs working in Quetta District in different sectors in service delivery to community were invited; in which 29 attended the FGD and the other hand the officers from different government departments were also invited.

The basic objective of the FGD was to assess the impact of the CSOs role in the improved public service delivery in education (specially, primary education, non formal education, literacy), health (primary health care and mother and child health care) and Local Government (water and sanitation and trainings provided in the devolution to elected representatives and GLAs).

The discussion was started with the Holy name of Allah and Muhammad zaman RPA AGRP-B recited the verses of the Holy Quran and was chaired by Ahmed Ali Durrani Director Literacy and Non Formal Education Social Welfare Department. He opened the FGD with his appreciation remarks for AGRP-B and highlighted the role of the CSOs in the service delivery. He emphasized on the need that the CSOs shall deliver the services with real impact on the community.
Sheryar Taj the National Project Manager AGRP-B introduced the project and the objectives of the study, and said that AGRP-B is a joint Project of P&DD in the province with the technical assistance of United Nations Development Program to improve public services delivery. The project aims at

i) Strengthening and alignment of provincial and local government institutions to implement devolution and related governance reform;

ii) Improvement in access to information for effective decision making, planning and monitoring at provincial and local government levels; and

iii) Strengthening of participatory local governance mechanism.

He further explained that the study being carried out by Rasheed Shah (the consultant) focuses the role of CSOs and the impact of the services on the community in different sectors as stated above. He requested the CSOs that they shall show the impact of their interventions on the community and bring the gaps in the interventions faced during the implementation, while suggesting the way forward for future.

Later the consultant was requested for his comments, who explained the process being followed during the course of the study. He told that they had conducted the meeting with the relevant government departments and leading CSOs working in Quetta and tried to assess the role of the CSOs. Later the groups were formed for group work with the aim to assess the role of CSOs and its impact, gaps during the implementation and were forward for future.

**Participants of the FGD**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name</th>
<th>Organization</th>
<th>S.No</th>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Irfan Ali</td>
<td>SCDO</td>
<td>3</td>
<td>Junaid Ahmed</td>
<td>TEAM</td>
</tr>
<tr>
<td>2</td>
<td>Zia Rehman</td>
<td>BEF</td>
<td>4</td>
<td>Noorullah</td>
<td>SMART</td>
</tr>
<tr>
<td>3</td>
<td>Ahmed Noor</td>
<td>NCBP</td>
<td>5</td>
<td>Shabir Ahmed</td>
<td>Social Aid</td>
</tr>
<tr>
<td>6</td>
<td>Noreen BiBi</td>
<td>SCSPEB</td>
<td>7</td>
<td>Dr. Mujeeb</td>
<td>SEEP</td>
</tr>
<tr>
<td>8</td>
<td>Sana Durrani</td>
<td>TWO</td>
<td>9</td>
<td>Ahmed Ali</td>
<td>SWD</td>
</tr>
<tr>
<td>10</td>
<td>Mukhtar Chalngri</td>
<td>SPO</td>
<td>11</td>
<td>Salahuddin</td>
<td>SWD</td>
</tr>
<tr>
<td>12</td>
<td>Allah Biux</td>
<td>SWD</td>
<td>13</td>
<td>Farzana</td>
<td>DANESH</td>
</tr>
<tr>
<td>14</td>
<td>Musrat Khan</td>
<td>NFE/Lit</td>
<td>15</td>
<td>Sharif Haider</td>
<td>NFE/Lit</td>
</tr>
<tr>
<td>16</td>
<td>Abdul Ahad</td>
<td>NFE/Lit</td>
<td>17</td>
<td>Aamad Ali</td>
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<tr>
<td>18</td>
<td>Ghulam Murtaza</td>
<td>BRSP</td>
<td>19</td>
<td>Akhtar khilji</td>
<td>AGRP-B</td>
</tr>
<tr>
<td>20</td>
<td>Irfan Alamgir Khan</td>
<td>OCSD</td>
<td>21</td>
<td>Syed Qurban</td>
<td>BEEJ</td>
</tr>
<tr>
<td>22</td>
<td>M Minhass</td>
<td>Social Aid</td>
<td></td>
<td>M Aslam</td>
<td>Social Aid</td>
</tr>
</tbody>
</table>
The participants were divided in to four groups to assess the role and impact of their services in the community.

### Group A

Group A was assigned Education Primary Education Sector

Minutes Recorder

Akhtar Muhammad Khilji IT Specialist AGRP-B

Group leader Zia ur Rehman BEF

Participants

<table>
<thead>
<tr>
<th>CSOs Name</th>
<th>CSOs Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCSPEB</td>
<td>NCHD</td>
</tr>
<tr>
<td>SPO</td>
<td>Social Aid</td>
</tr>
<tr>
<td>BRSP</td>
<td>BEF</td>
</tr>
<tr>
<td>SEEP</td>
<td>KWS</td>
</tr>
</tbody>
</table>

### Intervention

<table>
<thead>
<tr>
<th>Areas</th>
<th>Output</th>
<th>Outcome / impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey, Establishment and up gradation of schools</td>
<td>17 home school, 23 CSP Schools</td>
<td>Increased the number of CSP schools from 745 to 2300 and enrollment reached to 82000 children to 264000 children Teachers trained on methodology and curriculum It resulted in increase in literacy rate from 1.5% to 8.9%</td>
</tr>
<tr>
<td>Training of schools operators and teachers</td>
<td>59 school survey for ECE, up gradation of primary to middle, middle to high and missing facilities</td>
<td></td>
</tr>
<tr>
<td>Advocacy campaign and computer literacy centers</td>
<td>75 new private primary and low cost CSP Schools established</td>
<td></td>
</tr>
<tr>
<td>Assisted the government in enrollment campaign</td>
<td>67 school operators and 342 school teachers trained</td>
<td></td>
</tr>
<tr>
<td>Identification of potential locations for opening of feeder schools</td>
<td>Launched advocacy campaign in education and identified gaps Prepored education plans with district government Established 12 computer centers</td>
<td></td>
</tr>
<tr>
<td>Quetta and Balochistan</td>
<td>44556 children enrolled and identified 50 locations</td>
<td>Increased the direct and indirect beneficiaries to 315436</td>
</tr>
</tbody>
</table>
Gaps:

- Poor infra structure and access to schools
- Lack and access to information and data
- Worse Law and order situation
- No provincial and district education plans
- High staff turn over
- Poor community mobilization
- Lack of partnership with and between the government and NGOs
- Budget constraints

Way Forward

- Preparation of Education plan at provincial and district level
- Financial support for institutional strengthening
- Building the strategic partnership between the government and NGOs
- On job, mentoring for teachers, PECs and PTSMCs
- Participatory monitoring
- Peer learning
- Strengthening of HR system in NGOs
- Using of local resources and local solutions
- Establishment of quality standards/certification of NGOs for access to donor support
- Provision of budgetary allocation for third party evaluation of the projects
- Robust of community mobilizations

Group B

Group B was assigned Health (PHC, MCHC), and Water and Sanitation

Minute Recorder
Syeda Batool IT Assistant AGRP-B

Group leader
Allah Bux

Participants

<table>
<thead>
<tr>
<th>CSOs name</th>
<th>CSOs Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEACE</td>
<td>Social Aid</td>
</tr>
<tr>
<td>TF</td>
<td>BEEJ</td>
</tr>
<tr>
<td>NCPB</td>
<td>DANESH</td>
</tr>
<tr>
<td>SEEP</td>
<td>SPO</td>
</tr>
<tr>
<td>BSDS</td>
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</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Areas</th>
<th>Output</th>
<th>Outcome / impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
## Assessment Study of the Impact of CSOs Role in Improved PSDM in District Quetta

### Health education and provision of health services

- Sanitation
- Water provision

### Bolan
- Quetta
- Kharoot Abad
- Pashtoon Bagh
- Quetta (Hazara Town)
- Slbi UC Talli
- Zarinda Ziarat
- Quetta Pajpai
- Barkhan / Musa Khel

### 12 Health Centers with ambulance service
- 6 Computer centers in Quetta
- 60,000 sq feet Street Payment
- 40% population
- 4 GBV centers established.
- 100 Pit Latrines construct.
- 50 Medical camps organized.
- 10 schools water and sanitation.
- 25 hand pumps
- 60 Hygiene sessions
- Rehabilitation of Drinking Water Supply Schemes
- Health and Hygiene Education
- Provision of Health and Hygiene Kids
- Construction of 100 pit Toilet

### Educational skill and Health services provided.

### Gaps:
- Unified mobilization policy strategy is not available. In all mobilization pattern is different.
- Political interference.
- Poor coordination among the services delivery organization.
- District Database is not available.(Mandatory)
- Right integrity/right area of specification. Affects the impact of project.
- Means oriented beneficiaries.

### Way Forward
- Unified social mobilization strategy at province and country level.
- Political interference varies from area to area.
- Regulatory authority / coordination Meetings.
- Mandatory, District Database publication should be maintained.
- Research Learning institute at University Level
Group C

Group C was assigned Non Formal and Literacy Sector

Minute's recorder  Muhammad Zaman

Group leader  Sana Durrani

Participants

<table>
<thead>
<tr>
<th>CSOs name</th>
<th>CSOs Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>TWO NFE Department Literacy Department</td>
<td>NCHD OCSD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Areas</th>
<th>Output</th>
<th>Outcome / impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of Adult Literacy Centers</td>
<td>Quetta (TWO Sibi (OCSD) NCHD Quetta L&amp;NFE (All over Balochistan))</td>
<td>60 Centers established by OCSD Learners 1500 10 Centers Established by Two Learners 200 120 Centers established by the NCHD Learner 2854 5842 Centers established by LNFE Deptt. Learners 125000 Graduated by CSO 4554 by L&amp;NFE (125000) (Achievement 70%) mostly focused is female 70% female and 30% male centers.</td>
<td>Positive impact on society especially on women and marginalized groups Demand created</td>
</tr>
</tbody>
</table>

Gaps:

1. Non availability of qualified teachers especially female teachers
2. Overlapping
3. Tribal conflicts over the location of the center
4. Religious environment
5. Lack of Suitable space
6. Sustainability
7. Lack of coordination among the working organizations and government relevant agencies
8. Weak feedback from the community
9. Political conflict and influence
10. Lack of motivation
11. Lack of capacity building of the relevant staff
12. Lack of ownership by the community
13. Lack of resources
14. Monitoring problems

**Way Forward**

1. Utilization of government school building/other facilities
2. Respect of the teachers during monitoring
3. Post literacy program
4. Strengthening of the literacy department up to uc level
5. Literacy & Non-formal teachers training institute
6. Networking
7. Resource center based on 10 literacy centers
8. Stipend to learners
9. Increase honoraria of teacher
10. Development of strong monitoring mechanism

**Group D**

Group D was assigned the task to see the ordinance 1960 and its rules 1961 and suggest changes for smooth functioning of the CSO under the said ordinance.

Minutes Recorder
Dr Aftab Ahmed  AGRP-B
Group leader  Irfan Ali

Participants

<table>
<thead>
<tr>
<th>CSOs name</th>
<th>CSOs Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWD</td>
<td>SMART</td>
</tr>
<tr>
<td>SCDO</td>
<td>SPO</td>
</tr>
<tr>
<td>AGRP-B</td>
<td></td>
</tr>
</tbody>
</table>

Changes suggested in the ordinance and rules in VSWO 1961
Recommendations | Regarding Amendments in VSWA, s Regis. And Cont. Ordinance 1961
1. The VSWA’s Ordinance 1961 should be reviewed the light of current requirements and demands for VSWA’s registration and control after every five years.

2. Registration process should be simple and easy, and shall be free from the complexions.

3. There should be orientation workshops for registration procedure of VSWA’s.

4. The conditions of the affidavit strictly be implemented with special focused on one and five.

5. To avoid the ambiguity of the word voluntary social welfare agencies.

**1961 ORDINANCE**

1. The subject ordinance should be amended, reviewed and a provincial version in the light of 18th constitutional amendment should be promulgated.

2. At the time of registration, all sectors, areas for implementation of the interventions should clearly identified by VSWA, however in case of any addition or extension approval of the social welfare department should be obtained.

3. Alien and foreigners should not be allowed to register VSWA’s unless, otherwise it is provided in the best interest of the country.

4. Balochistan Social Welfare Council should be made functional at provincial and divisional levels, and regular meetings of the council should be held.

5. A clear and transparent role social welfare department for monitoring and control of VSWA interventions should be notified by the government of Balochistan.