

Project End Evaluation Report



Figure 1 A Women FDG Conducted in Village Faqir Abdullah UC Faqir Abdullah

Project Title: Improving Health and Education Services in Migration-Prone Union Councils of Umerkot

MEAL Department CWSA

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Disclaimer

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List of Acronyms

SMC	School Management Committee
VMC	Village Management Committee
CFM	Complaints Response Mechanism
AFP	Act for Peace
PPs	Project Participants
HHs	Households
PKR	Pakistani Rupees
UN	United Nation
LFA	Logical Framework Approach
MEAL	Monitoring Evaluation Accountability Learnings
CHS	Core Humanitarian Standards
SDGs	Sustainable Development Goals
FGD	Focal Group Discussion
KII	Key Informant Interviews
KAP	Knowledge Attitudes, Practices
SMART	Specific, Measurable, Applicable, Relevant, Time-bound
CWSA	Community World Services Asia
INGO	International Non-Government Organization
NGO	Non-Government Organization
PWD	People with Disabilities
GBPS	Government Boys Primary School
GGPS	Government Girls Primary School
PLW	Pregnant and Lactating Women
ECE	Early Childhood Education
ECCE	Early Childhood Care and Education
H&H	Health & Hygiene
PWDs	Persons with Disabilities
MTM	Multi-grade Teaching Methodologies
GD	Government Dispensary
BHU	Basic Health Units
RHC	Rural Health Center
THQ	Taluka Headquarter
DHQ	District Headquarter
MO	Medical Officer
FMO	Female Medical Officer
LHW/V	Lady Health Worker/Visitor
MW	Midwife

1. EXECUTIVE SUMMARY

The project "Improving Health and Education Services in Migration Prone Union Councils (UCs) of Umerkot," implemented by Community World Service Asia (CWSA), addresses the critical challenges faced by vulnerable populations in disaster-prone and migration-affected areas of Umerkot, Sindh, Pakistan. Seasonal migration often disrupts access to essential health and education services, particularly for women of childbearing age, pregnant and lactating women (PLWs), children under five, and persons with disabilities (PWDs). To bridge these service gaps, the project focuses on strengthening health facilities, promoting quality education, and building the capacity of local structures to ensure long-term, community-driven service delivery. Over two completed implementation cycles (July 2022–June 2023 and July 2023–June 2024), and with a third underway through June 2025, the project has consistently met its core objectives: providing preventive and curative healthcare through three fully functional health dispensaries, facilitating access to quality education in safe, child-friendly school environments, and empowering communities through leadership development and capacity-building efforts to reduce displacement risks and address social inequalities in migration-prone areas.

Over the past two years, the project has successfully achieved its core objectives by delivering essential health and education services to vulnerable communities in three Union Councils—Kaplure, Sekhro, and Faqeer Abdullah—of Umerkot, Sindh. Through three fully functional dispensaries (GD Ramsar, GD Jhamrari, and GD Cheelband), a total of 28,934 individuals received general outpatient care, including 2,857 men, 13,770 women, and 12,307 children, all provided with free medicines. The project also delivered antenatal and postnatal care to 5,259 women, family planning services to 4,068 individuals, and health counselling and awareness sessions to 2,675 pregnant and lactating women, including women with disabilities. In addition, 20,305 people (5,524 men, 12,265 women, and 2,516 children) benefited from health awareness activities to improve community knowledge on key health issues. In the education component, 15 schools were selected based on baseline indicators and were equipped with essential materials, furniture, and trained teaching staff. CWSA appointed teachers and enhanced their capacities through specialized Early Childhood Education (ECE) training, positive learning environments, and early grade teaching techniques. These efforts aimed to create inclusive, child-friendly learning spaces, encouraging school attendance and improving educational outcomes. Targeting 30 villages within the three UCs, where frequent displacement disrupts community life, the project takes a comprehensive approach, combining maternal health, disease prevention, primary education, and community empowerment. With a goal to reach approximately 15,000 individuals, the initiative focuses on building sustainable, accessible systems that serve marginalised groups, particularly women, children, and persons with disabilities. Through this integrated model, the project lays the groundwork for long-term improvements in health and education services across migration-prone areas of Umerkot.

This three-year health and education project underwent a comprehensive, mixed-methods evaluation to assess its **relevance** to community needs and stakeholder **alignment**. The study examined the **effectiveness** of interventions in achieving health and education outcomes, the **efficiency** of resource (human, financial, and material) utilisation for optimal value and timeliness, the **impact** on project participant well-being and learning, and the **sustainability** of long-term benefits. Data on community knowledge, attitudes, and practices regarding healthcare and education were collected using both qualitative and quantitative methods to gauge effectiveness, impact, and sustainability. A sampling strategy was implemented to prioritise representativeness, inclusivity, and alignment across health, education, and advocacy. The project engaged 37,100 direct participants (31,350 in health, 5,120 in education, and 630 in advocacy). Attitudes and Practices interviews, Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), OPD records, school enrollment and attendance data, and Teachers KAP study. A total of 260 Parents KAP interviews were conducted, based on a sample of 37 households per village across seven villages. Three FGDs were held—two with mixed-gender groups (men and women) and one with women only. Five KIIs were conducted with officials from the Health and Education Departments and the project manager. These tools were part of the end evaluation study, and findings were triangulated to enhance the credibility of the results. Furthermore, a stratified sampling method was used for village and school selection, ensuring representation by project phase and intervention continuity, with 4 of 15 long-term schools and 3 of 10 newly added schools included. Villages were selected from areas with integrated health and education interventions to ensure comprehensive coverage.

The sampled 260 participants showed a gender distribution of 62% women and 38% men, with 85% of households headed by men. A large majority (94%) of households reported no persons with disabilities within HHs, while 6% included individuals with diverse disabilities. Children aged 6-18 formed the largest demographic group (boys 25%, girls 23.3%), indicating a substantial school-age population. The primary household income sources were non-agricultural wage labor (34%) and agricultural wage labor (29%), highlighting a dependence on daily wage employment.

Relevance: The project directly responded to the needs of migration-affected and underserved communities, with clear alignment to identified barriers in education and healthcare. At baseline, the education sector faced major challenges: limited teacher capacity (only 60% trained in multi-grade teaching and lesson planning; just 17% in inclusive education), zero use of teaching kits, and fragmented school governance. In healthcare, only 6% of respondents lived within 1 km of a facility, and service use was split across public and private providers. The project's focused interventions—teacher training, SMC activation, teaching resource distribution, and improved access to health centers—were well targeted to meet these specific needs.

Coherence: There was strong internal coherence between education and health components, with integrated strategies enhancing community well-being holistically. Interventions complemented each other—for example, as school environments became safer (100% of parents reported children feel safe and happy), health access also became more localized (45% within 1 km of a facility, up from 6%), reinforcing overall stability in migration-prone areas. Coordination among local institutions, particularly through fully operational SMCs (100% functionality by end evaluation), ensured that school governance supported and reinforced the goals of inclusive education and gender parity.

Effectiveness: The project delivered tangible results across its core objectives. Teacher training coverage rose to 100% in all targeted areas (from 60% for multi-grade and lesson planning, and 17% for inclusive education). Use of teaching kits increased from 0% to 100%. Girls' enrollment jumped in one school from 22 to 110. Overall student enrollment rose 40% over three years (from 432 to 603), with newly supported schools enrolling over 100 students from a baseline of zero. Attendance reached up to 99%, and inclusion of children with special needs increased from one to seven. Participatory teaching practices grew, with 31% of teachers integrating role play and storytelling. In healthcare, 100% of respondents exclusively used CWSA-managed facilities, all fully staffed and stocked with quality-assured medicines. Service satisfaction was high—94% were “very satisfied” and 6% “satisfied.”

Efficiency: Resources were used effectively and timely manner to generate high-impact outcomes. Teacher training and kit distribution were completed within the first two years, achieving full coverage by Year 3. Community mobilization was cost-effective: 42 enrollment drives and 52 awareness sessions—averaging over three and four per school—boosted awareness and participation, especially among girls. The transition to local, free health facilities cut travel time and costs, with 45% of households gaining access within 1 km. The consistent supply of free medicines reduced out-of-pocket expenses. These efficiencies enabled the project to deliver broad results within the intended timeline and without excessive resource strain.

Impact: The project contributed to transformative changes in education and healthcare. School enrollment reached 100% in all 260 sampled households—up from 58% at baseline. Girls' safety improved in 90% of cases, and corporal punishment was eliminated entirely. Parental satisfaction with school quality was overwhelmingly positive (84% “Excellent,” 16% “Good”), and behavioral improvements were reported in 97% of children. In health, maternal and child health services received strong approval, with 95% rating them “very good.” Perceptions around gender equality shifted significantly—from 73% of respondents prioritizing boys' education to 97% affirming equal importance for girls. Birth registration also increased sharply, from 53% to 99%.

Sustainability: Project achievements are well positioned to last beyond the intervention period. Institutional gains in education—particularly 100% teacher training in inclusive and multi-grade strategies—have laid a foundation for continued quality improvements. Full SMC functionality across all targeted schools, with increased female representation (from 10% to 24%), promotes local ownership. The sustained use of teaching kits and child-centered methodologies indicates embedded instructional reform. In healthcare, the shift to exclusive use of trusted, nearby CWSA-managed centers signals lasting change in health-seeking behavior. Combined with strengthened parental

engagement, elimination of harmful practices, and improved infrastructure, these gains suggest deep-rooted systems-level change.

The end evaluation study demonstrates significant and transformative progress in educational access, quality, and community engagement within the project's target areas. All 260 households (100%) reported that their school-aged children are now enrolled in school—an increase from 58% at baseline, indicating the project's success in addressing key barriers such as the lack of female teachers, overcrowded classrooms, and insufficient learning resources. enrollment in targeted government schools in the targeted union councils reached 100% by the end evaluation, compared to 97% at baseline, and parental satisfaction with education quality was overwhelmingly positive, with 84% rating it as “Excellent” and 16% as “Good.” by parents. All respondents confirmed that their children now feel safe and happy attending school, with 90% reporting significant improvements in girls’ safety. Corporal punishment and other harmful disciplinary practices were entirely eliminated, as reported by all respondents. Behavioural improvements were noted in 97% of children, with 71% of parents observing greater enthusiasm, happiness, and eagerness to attend school. Community engagement also strengthened, with 97% of respondents aware of School Management Committees (SMCs) operating in their local schools. Perceptions around gender equality in education shifted significantly—from 73% of respondents initially believing boys’ education was more important, to 97% affirming equal importance for girls’ education by end evaluation. Additionally, parental awareness of children’s birth dates increased from 16.7% to 40%, and birth registration through NADRA rose significantly from 53% to 99%, supporting formal school enrollment. These findings highlight the project’s effectiveness, positive impact, and success in fostering a safe, inclusive, and quality-focused educational environment that responds to the needs of vulnerable and migration-affected communities.

The end evaluation confirms significant progress in teacher capacity, school functionality, and community involvement across project-supported schools. By the third year, 100% of teachers had received training in multi-grade teaching, lesson planning, and inclusive education—up from just 60%, 60%, and 17%, respectively, at baseline—demonstrating marked growth in instructional preparedness. All teachers (100%) also reported receiving and actively using teaching and learning resource kits, compared to 0% in the first baseline and 20% in the second baseline. Use of participatory teaching methods evolved, with 31% of teachers integrating role play and storytelling, and others combining these with games, showing a shift toward more dynamic, student-centered approaches. While 74% of respondents initially cited lack of furniture as a significant barrier, this fell to 16% by the evaluation. However, broader infrastructure challenges persisted, with 85% identifying poor conditions as a critical issue, and concerns over the absence of playgrounds rising to 69%. Teacher shortages also increased significantly, with 62% of respondents reporting unavailability of teachers, up from 26% at baseline. School Management Committees (SMCs) are now fully established and functional in 100% of the sampled schools, improving from 90% functionality in newly added schools during the third year. Female representation in SMCs rose modestly from 10% to 24%, reflecting progress, though gaps remain. SMC engagement improved, with 42 enrollment drives and 52 awareness sessions conducted—averaging 3.2 and 4 per school, respectively—specifically promoting girls' education and community involvement. As a result of these efforts, 84% of schools reported student migration into CWSA-supported schools, with 82% attributing this to improved quality and proximity, and 18% to the safer, more positive learning environment. Feedback from 40% of respondents noted increased admissions and stronger parental engagement, while 8% highlighted improved teacher performance and inclusive teaching practices. Notably, girls' enrollment surged from 22 to 110 in one highlighted school, reinforcing the project's success in advancing gender equity and educational access in migration-prone areas.

The study showed a consistent year-on-year increase in student enrollment across all sampled schools, with overall enrollment rising by 40% from Year 1 to Year 3 (432 to 603 students). Attendance rates also improved significantly, with some schools reaching up to 99% by Year 3, reflecting stronger student engagement. Newly adopted schools saw significant enrollment gains—from zero to over 100 students in some cases—indicating successful revitalisation efforts. The inclusion of children with special needs also improved, rising from one to five in new schools, and reaching a total of seven across all targeted schools, demonstrating progress toward inclusive education.

The end evaluation study revealed a notable improvement in community members' healthcare access, utilisation, and satisfaction. While baseline data showed fragmented healthcare-seeking behaviour across private and public facilities,

by Year 3, 100% of respondents reported exclusively using CWSA-managed health centres. Accessibility improved significantly, with 45% now living within 1 km of a health facility, up from just 6% at baseline due to making facilities function nearby, which were not before the project. All facilities were reported as fully staffed and equipped, and 100% of respondents confirmed consistent access to free, quality-assured medicines. Service satisfaction was high, with 94% of participants “delighted” and the remaining 6% “satisfied.” Maternal and child health services received particularly strong approval, with 95% rating them “very good.” The shift to reliable, local, and no-cost healthcare reduced financial stress, improved community health outcomes, and strengthened trust in health services.

At the beginning of the project’s third year, only 21.9% of respondents knew how to register complaints or provide feedback. By the end of the third year, awareness had risen significantly to 97%, reflecting the project's success in establishing and promoting accessible feedback channels. Among those informed, 94% recognized all three available avenues—CFM boxes, phone calls, and face-to-face communication—indicating a strong understanding of the system. Despite high awareness, actual use remained low, with only 4% having submitted feedback. However, 89% of users found the process easy and were highly satisfied with the responses received. These results highlight an effective mechanism in place, with the potential for greater community engagement through increased promotion of its use.

The project faced multiple challenges across logistical, infrastructural, and socio-cultural dimensions. Remote desert terrain and dispersed communities hindered service delivery, transportation, and monitoring, while initial delays in administrative coordination slowed early progress. Poor educational infrastructure, a critical shortage of qualified staff, and non-functional health facilities limited access to quality services. Socio-cultural barriers, particularly around girls' education and low literacy levels, further constrained community engagement. Harsh environmental conditions and seasonal agricultural commitments also affected participation and the delivery of healthcare, especially in emergencies. These factors collectively impacted the project's implementation and sustainability efforts.

The recommendations focus on sustaining core health and education services, strengthening local ownership, and reinforcing institutional linkages. Continued support to government health facilities is essential to maintain service quality through adequate staffing, regular supply chains, and coordination with the District Health Office. In education, targeted schools should receive ongoing support to improve infrastructure, enhance classroom environments, and build teaching capacity. Community structures such as School Management Committees and Village Health Committees should be further empowered to lead local planning, oversight, and mobilization efforts. Close collaboration with government departments is vital to ensure the integration of supported facilities and services into public systems. Finally, culturally sensitive awareness initiatives should continue to promote preventive health, girls' education, and inclusive community engagement.

2. INTRODUCTION

Background of the Project

Community World Service Asia (CWSA) is implementing a three-year integrated project titled “Improving Health and Education Services in Migration Prone Union Councils of Umerkot,” spanning from July 1, 2022, to June 30, 2025, in District Umerkot, Sindh. The project aligns with Act for Peace’s strategic focus on addressing the root causes of displacement by strengthening access to essential services in disaster-prone and migration-affected areas. It aims to improve health and education systems in three targeted Union Councils, focusing on vulnerable populations facing recurring mobility and service disruption. Consistent with CWSA’s evidence-based programming standards, a baseline study was conducted in 2022 to assess the initial status of health and education services before the rollout of project activities. In the project’s final year (2025), ten additional schools were brought under the project’s scope, prompting a second baseline study to evaluate their conditions.

Two end-of-year evaluation studies were conducted at the end of each completed year to track progress and measure results. These studies provided insights into implementation effectiveness, intermediate outcomes, and areas for improvement. Most recently, a final evaluation was conducted during the third year to assess the project’s overall performance against its expected results. This evaluation focuses on the project’s impact, relevance, effectiveness, efficiency, and sustainability, offering an in-depth understanding of how well the interventions addressed the needs of the target communities. The evaluation ensured representation across gender lines and included persons with disabilities, providing a comprehensive and inclusive picture of the project’s results and lessons for future programming.

Purpose of the End Evaluation Study

The end evaluation aimed to assess the outcomes and overall impact of the three-year health and education project, focusing on improvements in maternal and child health, disease prevention, school infrastructure, and community resilience. It evaluated the project’s relevance, effectiveness, efficiency, impact, and sustainability by analysing quantitative and qualitative data. The study identifies key achievements, ongoing challenges, and lessons learned, offering insights for future programming and potential scale-up.

3. METHODOLOGY

A mixed-methods approach was used to assess the project’s outcomes and impact in health and education. Quantitative and qualitative tools captured project effectiveness, sustainability, and community experiences. Quantitative Data: Structured questionnaires were administered to 260 randomly selected households across 7 villages. Respondents included parents, teachers, and school staff. School attendance and enrolment data were also collected from 7 randomly selected schools.

Qualitative Data: Three FGDs (including one women-only group) and five KIIs (with Health and Education Department officials and the Project Manager) were conducted. FGDs were held across diverse community settings; KIIs offered insights into policies and sustainability.

Sampling Strategy: From a total project population of 37,100 (Health: 31,350; Education: 5,120; Advocacy: 630), 260 households were sampled using a 90% confidence level and 5% margin of error. Villages and schools were selected through stratified sampling, ensuring representation from both earlier and newly included intervention sites. *Detailed Methodology is attached as Annexure –C*

4. LIMITATION OF STUDY

- The study was conducted in March during Ramadan, which affected office and school timings, making it challenging to complete targets within the planned timeframe.
- School examinations in early March led to low student attendance after the exams, limiting access to students for school-based data collection.

- The Holi festival occurred during the data collection week, requiring adjustments to the field plan. Enumerators prioritised visits to Muslim community villages, as many non-Muslim households were unavailable due to the celebrations.
- One selected village in the sample had to be replaced due to recent religious tensions that made it unsafe to conduct fieldwork there.
- High temperatures and the challenges of working during fasting hours made it difficult for enumerators to meet daily data collection targets consistently.

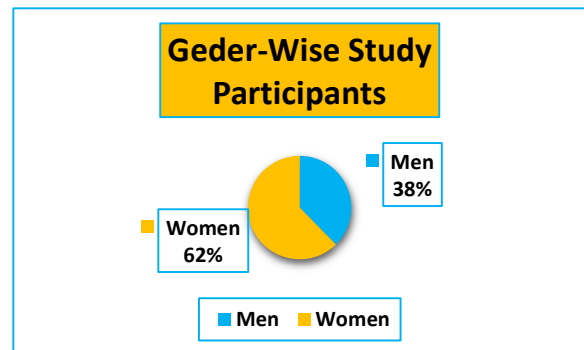
5. FINDINGS (Education Component)

5.1. Section-01 Parent's Knowledge, Attitudes, and Practices (KAP)

Household Characteristics

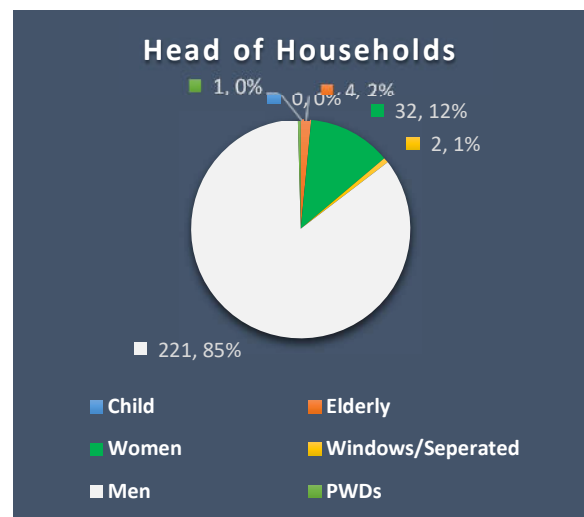
Gender Distribution

The study sample consisted of 260 participants, with a gender distribution of 162 women (62%) and 98 men (38%). This approximately 60:40 ratio reflected the greater availability of women during daytime study hours, as men were more commonly engaged in livelihood activities outside the home. Additionally, women played a more active role as caregivers and were more frequently involved in seeking health services for themselves and their children. Their higher level of engagement with key project components made their participation critical for capturing relevant insights and ensuring the accuracy of the findings.



Head of Households

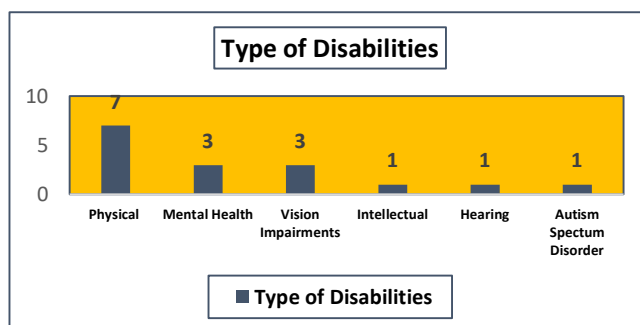
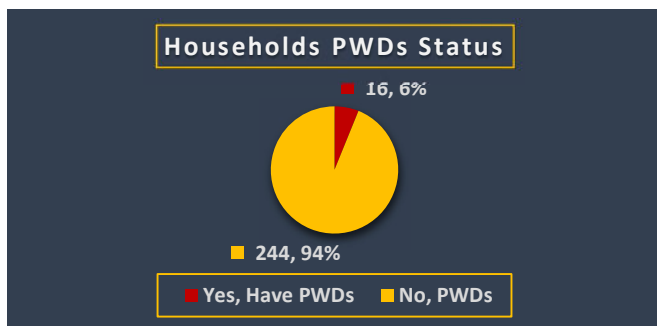
The analysis of household leadership among study respondents showed that 221 households (85%) were male-headed, reflecting traditional gender roles in the Umerkot region. Female-headed households accounted for 32 HHs (12.3%), representing a notable segment often shaped by socio-economic factors such as spousal absence, widowhood, or economic necessity. A small number of households were led by widows or separated individuals (2 households, 0.8%) and persons with disabilities (1 household, 0.3%), pointing to groups that may experience additional vulnerabilities. Furthermore, 4 households (1.5%) were headed by elderly individuals, highlighting unique circumstances that may require age-specific support. These findings underscore the need for inclusive project strategies that consider the varied challenges of non-traditional households to ensure equitable access to health and education services for all.



Persons with Disability (PWDs)

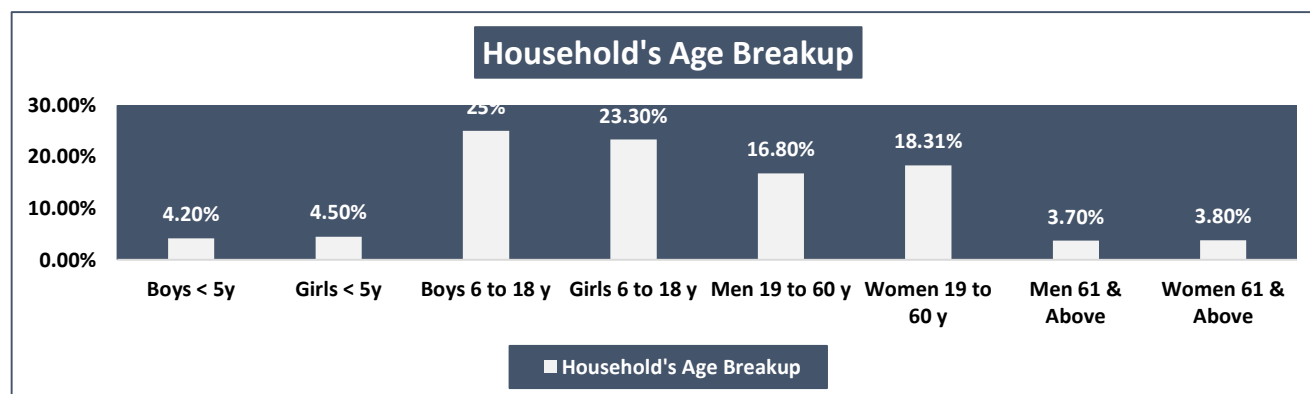
The end evaluation study captured data on persons with disabilities (PWDs) across surveyed households, revealing that 16 out of 260 households (approximately 6%) had at least one member with a disability. Among these, the most commonly reported conditions were physical disabilities (7 individuals), followed by vision impairments and mental health conditions (3 each), and one case each of intellectual disability, hearing impairment, and autism spectrum disorder. While representing a small portion of the total sample, these findings highlight the importance of inclusive planning and targeted interventions to address the specific barriers faced by PWDs in accessing health and education services. In alignment with this, school-level data showed encouraging signs of progress: enrollment of children with special needs increased from one to five in newly adopted schools, and from six to seven in continuing schools, with

all previously enrolled children successfully progressing to the next grade. This growth reflects improved school responsiveness and a strengthened commitment to inclusive education under the project.



Family Age Breakup

The age distribution within household sizes offers crucial demographic insights into the target population. Children aged 6 to 18 years represent the largest groups, with boys constituting 25% and girls 23.3% of the total household population. This indicates a significant proportion of school-age children who are a priority for targeted educational interventions. Younger children under the age of 5 are also a notable demographic, with boys representing 4.2% and girls 4.5%, highlighting a substantial need for early childhood care services across these households. The adult population, aged 19 to 60 years, is relatively balanced, with men accounting for 16.8% and women 18.31%, reflecting a working-age demographic. Meanwhile, the elderly population, aged 61 and above, makes up a smaller share, with men representing 3.7% and women 3.8%. While the proportion of older adults is comparatively lower, it still emphasizes the need for tailored community support services for this group. These findings reinforce the necessity for a comprehensive, multi-faceted approach that addresses the educational needs of children while ensuring the health and well-being of both working-age adults and elderly members of the



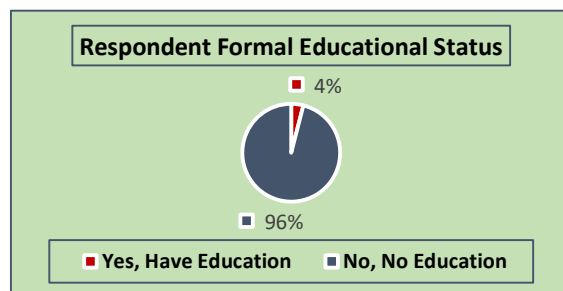
community.

Vulnerabilities (Orphans, chronically ill, and PLWs) in Households

The study findings indicate that all households (100%) reported the absence of orphans. Regarding chronic illness, 258 households (99.3%) stated they had no members suffering from chronic conditions, while only 2 households (0.7%) reported having a chronically ill individual. Though this represents a small proportion, it highlights the need for specialized healthcare and ongoing medical attention for those affected. Addressing the needs of these households is critical to ensuring that the project offers comprehensive health support, particularly for individuals dealing with long-term health challenges. Additionally, the study results show that 54 households (21%) reported having at least one pregnant or lactating woman, while 206 households (79%) did not. This substantial proportion emphasizes the importance of incorporating maternal health services into the project's interventions. The presence of a significant number of pregnant and lactating women underscores the need for targeted healthcare programs, nutritional support, and educational resources aimed at improving maternal and child health outcomes within the community. These findings highlight the essential role of focused interventions to support the health and well-being of mothers and their children.

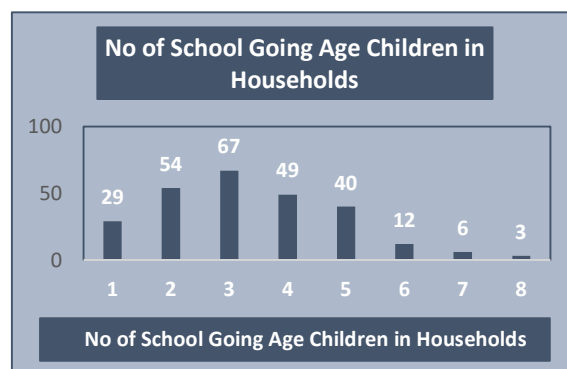
Respondent Educational Status

The study results regarding the educational status of households in the Umerkot UCs reveal that a significant majority, 251 respondents (96%), reported having no formal education, while only 9 respondents (4%) indicated having some level of education. Among those who had some education, the most common level attained was Grade 1-5, reported by 5 out of the 9 respondents. This was followed by Grade 6-8 (Secondary), with 2 respondents, Grade 9-10 (Matriculation) reported by 1 respondent, and Grade 11-12 (Intermediate) also reported by 1 respondent. These findings underscore the limited educational attainment within the community.



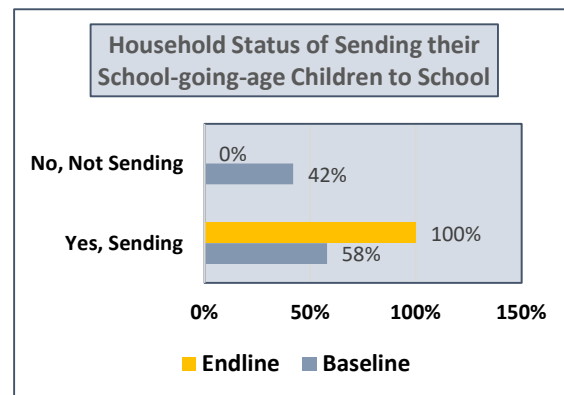
No. of School-Age Children

End evaluation study findings confirmed that all 260 studied households (100%) included school-aged children, reinforcing the continued demand for accessible and sustained educational support within the community. The number of children per household varied significantly: 11% of households had one child, 21% had two, and 26% had three. Larger families were also common, with 19% reporting four children and 15% reporting five. A smaller proportion of households had six (5%), seven (2%), or eight children (1%). This distribution reflects the ongoing need for education services that are flexible and scalable, capable of supporting families with multiple school-going children and ensuring that no child is left behind due to household size or resource constraints.



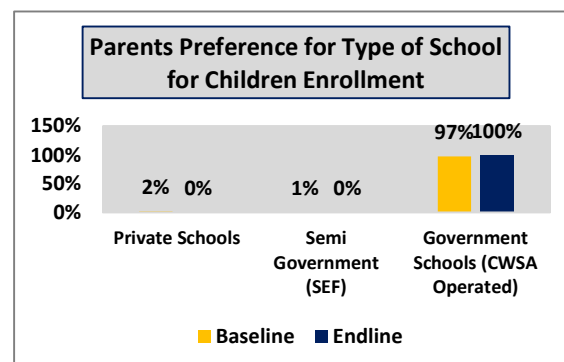
Household Status of Sending their School-going-age Children to School

A comparison between baseline and end evaluation study data reveals a substantial improvement in school attendance among children in the targeted communities. At baseline, conducted in the first year of the project, only 58% of respondents (210 households) reported that their children were attending school, while 42% cited barriers such as the unavailability of teachers—particularly female teachers for girls—as well as limited classroom space and inadequate learning resources. In contrast, the end evaluation findings show that all 260 studied households (100%) now send their school-aged children to school. This remarkable shift reflects both increased community awareness and the effectiveness of project interventions in addressing key access barriers. The universal school attendance observed at the end evaluation underscores a strengthened community commitment to education and signals meaningful progress toward more inclusive and equitable learning opportunities.



Parent's Preference for Type of School for Children Enrollment

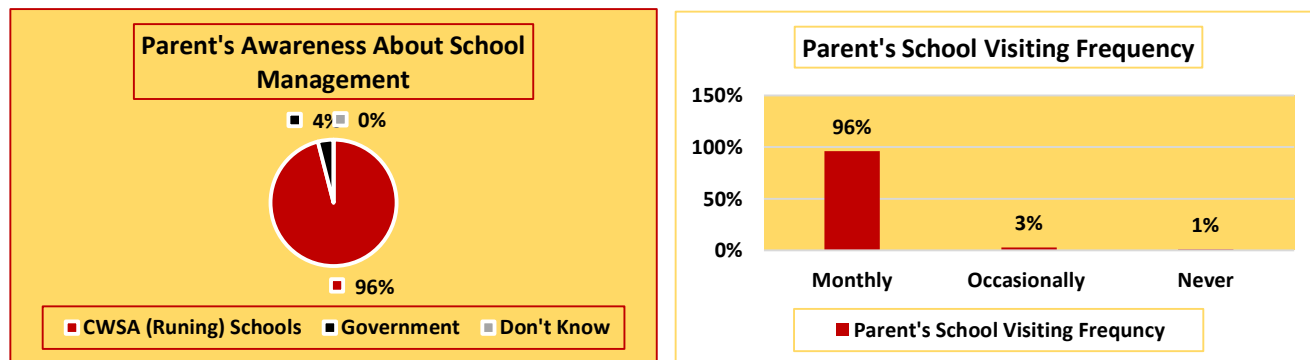
According to baseline data collected during the first year of the project, 97% of respondents who were sending their children to schools reported sending their children to government schools, while 2% opted for private schools, and 1% enrolled their children in semi-government institutions, such as those affiliated with the Sindh Education Foundation. By the end evaluation, all 260 sampled households (100%) reported that



their children were attending government schools. While the shift is minor, it reflects a shift of trust in public education services, likely influenced by improved access, increased teacher availability, and enhanced resource support through the project. This trend also suggests a growing reliance on government schools as the primary provider of education in the intervention areas.

Parents' Awareness of School Management and Engagement in Children's Schools

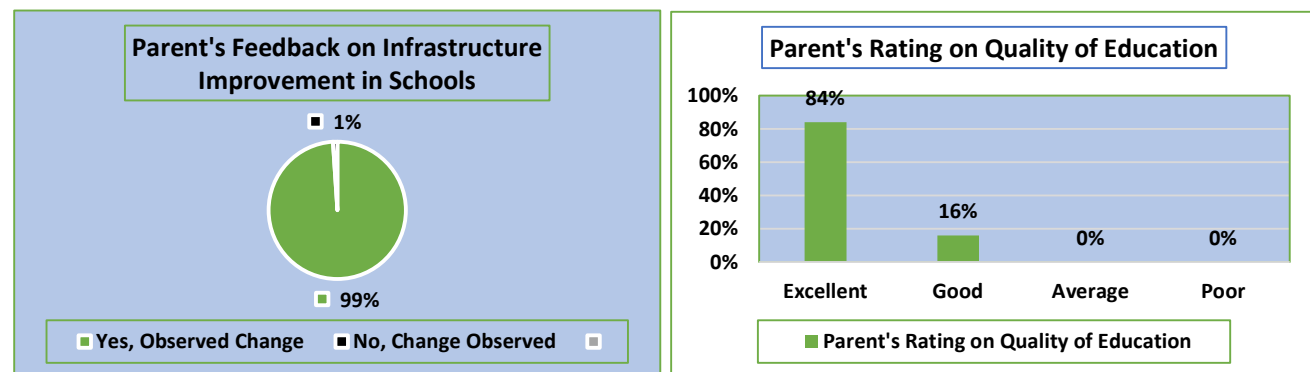
To assess parents' awareness of school management, 250 out of 260 respondents (96%) correctly identified CWSA as the organization operating their children's schools, while only 10 participants (4%) believed the government ran the



schools. Parental engagement was also measured through the frequency of school visits. A significant majority of 249 out of 260 participants (96%) reported visiting their children's school on a monthly basis, 8 (3%) said they visit occasionally, and only 3 (1%) reported never visiting. These findings reflect a strong level of parental awareness and active involvement in monitoring their children's education and school environment.

Improvement in Schools Infrastructure and Education Quality

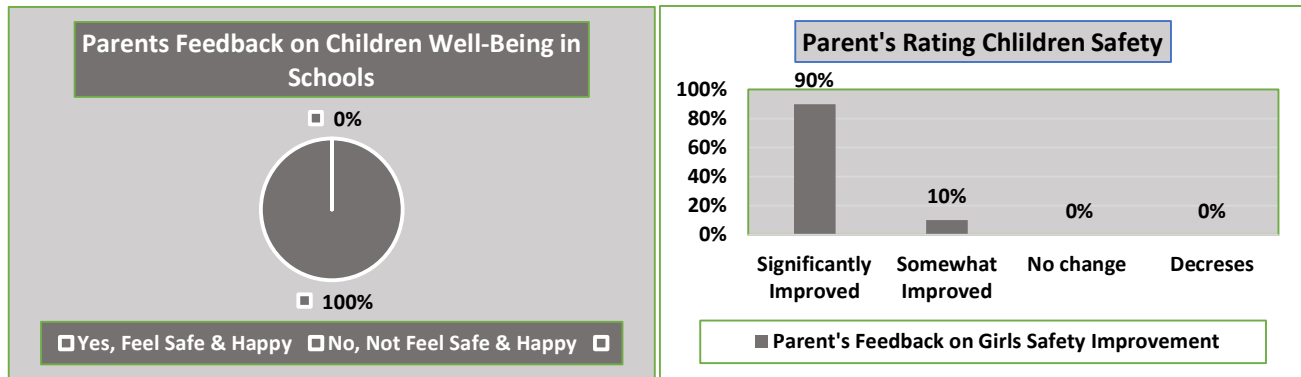
To evaluate perceptions of school improvement, participants were asked whether they had observed any enhancements in their village schools over the past year—such as upgrades to classrooms, toilets, drinking water, furniture, playgrounds, or electricity. An overwhelming majority, 257 out of 260 (99%), confirmed noticeable improvements, while only 3 participants (1%) reported no such changes. When asked to rate the quality of education, 218 respondents (84%) described it as 'Excellent' and 42 (16%) rated it as 'Good'; no one rated it 'Average' or 'Poor.' These results highlight a strong positive perception among parents, indicating that both the physical infrastructure and the quality of education in schools have significantly improved.



Parents' Feedback about Children's Safety and Happiness in Schools

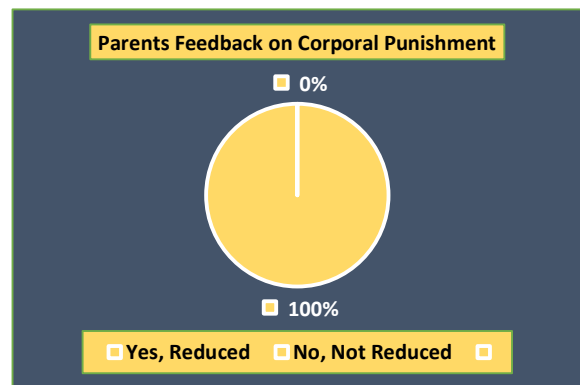
To gauge changes in students' emotional well-being, parents were asked how their children feel while going to school. All 260 respondents (100%) confirmed that their children feel both safe and happy attending school. To assess improvements in girls' safety specifically, parents were asked to reflect on changes over the past few years. A large majority—234 out of 260 (90%)—reported significant improvement, while the remaining 26 (10%) noted some improvement. Importantly, no parent reported a lack of change or decline in safety. Parents were also asked whether

they believe the school provides a safe and supportive environment for their children overall. All respondents (100%) answered yes. These findings indicate a strong and consistent perception among parents that schools have become safer, more welcoming, and better equipped to support both girls and boys in their learning.



Reduction in Corporal Punishment in Schools.

In Pakistan, corporal punishment in schools is generally prohibited under the *Prohibition of Corporal Punishment Act, 2021*, and related laws, which ban all forms of physical punishment in both public and private educational institutions. However, in some rural areas, the practice persists despite legal restrictions. To assess the situation in CWSA-managed schools, parents were asked about the presence of corporal punishment or other harmful disciplinary practices. In response, all 260 parents (100%) reported that no such practices existed. This unanimous feedback reflects a significant shift toward safer, more respectful, and child-centered disciplinary approaches within these schools.



Facilities in Schools

To assess the availability of essential facilities in schools, participants were asked whether drinking water and sanitation services were in place at their village schools. All 260 respondents (100%) confirmed the presence of both safe drinking water and adequate sanitation facilities, including functional toilets. Additionally, to evaluate the adequacy of classroom infrastructure, parents were asked whether classrooms were equipped with basic necessities such as desks, chairs, and blackboards or whiteboards. A substantial majority—255 out of 260 respondents (98%)—reported that classrooms are now adequately furnished, while only 5 respondents (2%)

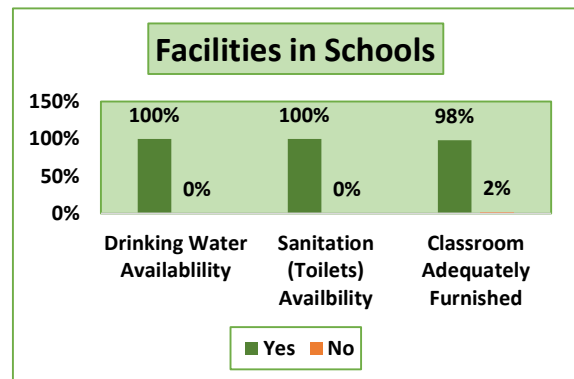


Figure 2 GBELS Haji Sohaib Sand Before CWSA Interventions



Figure 3 GBELS Haji Sohaib Sand after CWSA Interventions

indicated gaps in these provisions. These findings reflect significant progress in the provision of basic school infrastructure, creating a more supportive and enabling environment for students' learning and overall well-being.



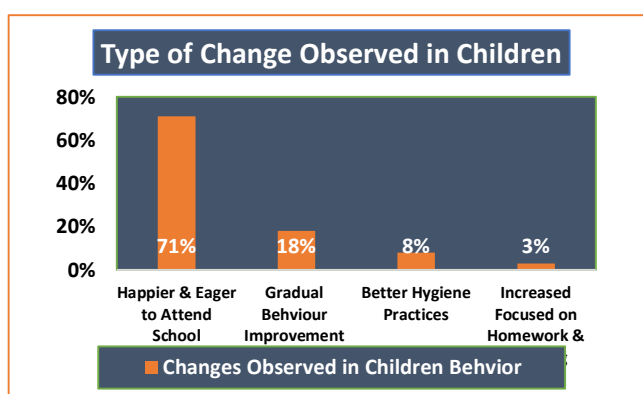
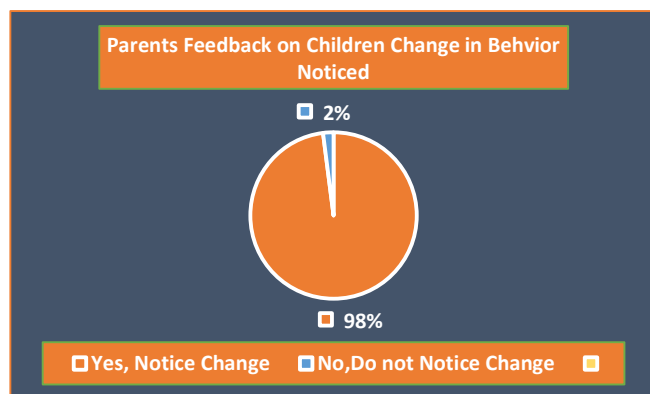
Figure 5 GBPS Lala Bah before Classroom upgradation and Furniture Supply



Figure 4 GBPS Lala Bah after Furniture provision and classroom upgradation

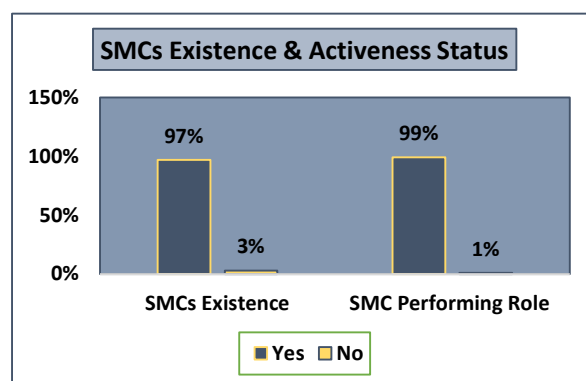
Change in Behavior of Students

To assess the impact of a positive learning environment, parents were asked whether they had observed any changes in their children as a result of recent school improvements. Of the 260 respondents, 253 (97%) reported noticeable positive changes in their children's behavior, while 7 (3%) observed no significant change. When asked to specify the nature of these changes, 186 parents (71%) stated that their children are now happier and more eager to attend school, attributing this to an improved school environment. Additionally, 46 respondents (18%) noted gradual behavioral improvements, 20 (8%) observed better personal hygiene practices, such as children keeping themselves clean, and 8 (3%) reported an increased focus on homework and learning. These findings indicate that enhancements in the school environment have had a meaningful and multifaceted impact on children's behavior, well-being, and engagement with their education.



School Management Committees' (SMCs) Existence and Activeness

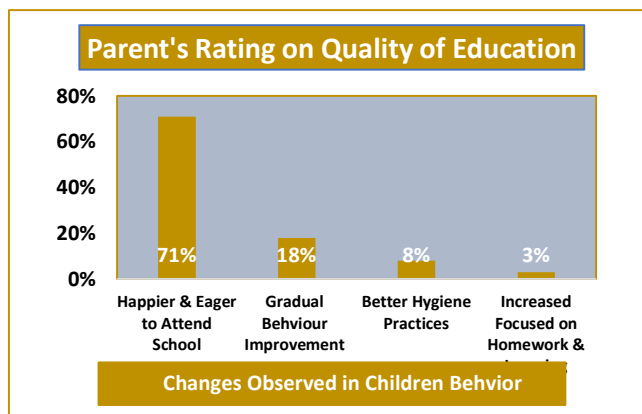
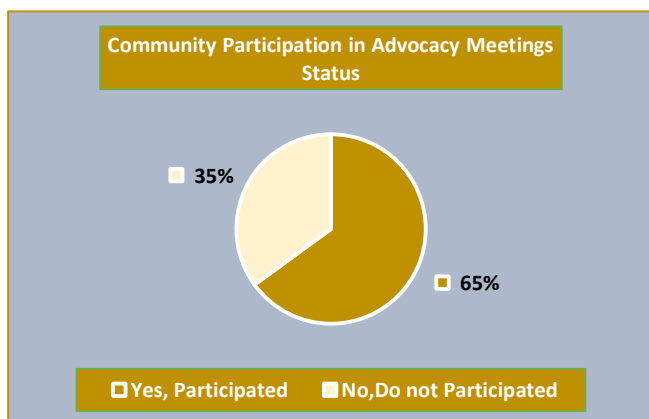
To assess parental awareness of School Management Committees (SMCs), participants were asked whether they knew of any such committee operating in their village schools. A strong majority—252 out of 260 respondents (97%)—confirmed their awareness of the existence of SMCs, while only 8 participants (3%) reported not knowing about them. Those who were aware were further asked whether they believed the SMCs had improved their engagement in school activities through actions such as conducting regular meetings or organizing enrollment drives. Of the 252 informed respondents, 251 (99.6%) stated that SMCs have actively increased their involvement in school improvement efforts,



with only one respondent indicating otherwise. These findings highlight the active presence and meaningful contribution of SMCs in enhancing school governance and supporting better educational outcomes in the villages.

Community Participation in Advocacy Meetings

To assess community engagement in advocacy efforts for school improvement, participants were asked whether they or members of their community had taken part in any advocacy activities related to education. Of the 260 respondents, 169 (65%) reported participating in such initiatives, while 91 (35%) indicated they had not. Those who had engaged in advocacy were further asked about the nature of their involvement. Among them, 140 (83%) reported participating in community-level advocacy meetings focused on school improvement, 25 (15%) took part in school-level meetings with teachers and school management, and 4 participants (2%) were involved in district-level meetings with District Education Officers to address gaps in school facilities. These findings highlight active community involvement in advocating for better educational services and infrastructure, reflecting a collaborative effort between communities and school management to promote quality education.



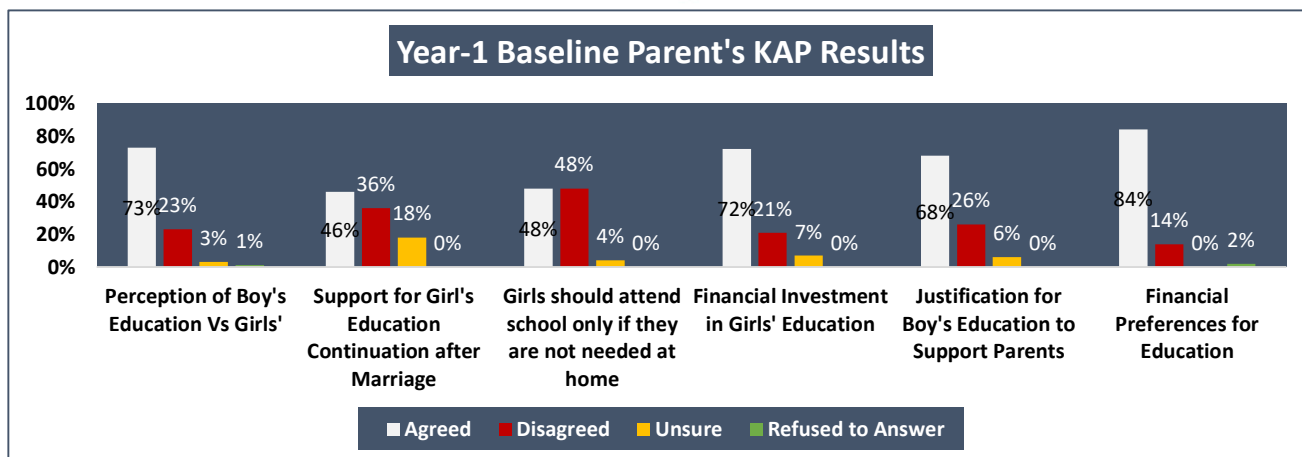
Knowledge, Attitude, and Practices of Parents

Perception of Boys' Education vs. Girls'

To assess shifts in community perceptions regarding gender and education, a comparison was made between baseline and end evaluation study results. In the baseline conducted during the first year of the project, 73% of respondents agreed that boys' education is more important than girls', 23% disagreed, 3% were unsure, and 1% refused to respond. By the end evaluation study, this perception had changed significantly: only 3% (8 respondents) continued to agree with the statement, while a substantial majority of 97% (252 respondents) disagreed, affirming that girls' education is equally important. This drastic shift reflects a major positive change in attitudes toward gender equality in education, indicating the project's strong impact on challenging and transforming traditional gender norms within the community.

Support for Girls' Education Continuation after Marriage

A comparison between the baseline and end evaluation study results reveals a significant shift in community attitudes toward girls' education after marriage. In the baseline, conducted during the initial year of the project, 46% of respondents believed that girls should not continue their education after marriage, while 36% disagreed with this view, and 18% were unsure. By the end evaluation, the perception had changed markedly: 96% (249 respondents) supported the continuation of girls' education after marriage, and only 4% (11 respondents) disagreed. This represents a substantial transformation in mindset, highlighting increased awareness and acceptance of girls' right to education at all stages of life, including after marriage. The shift reflects the project's strong influence in promoting gender equity and challenging deeply rooted social norms.



Conditional Support for Girls' Education

A comparison of baseline and end evaluation findings reveals a significant positive shift in parental attitudes toward girls' right to consistent education. In the baseline study, conducted during the first year of the project, 48% of respondents agreed with the notion that girls should attend school only if they are not needed at home, 48% disagreed, and 4% were unsure. By the end evaluation study, this perception had changed significantly—98% (254 respondents) disagreed with the idea that girls' schooling should be conditional on household needs, while only 2% (6 respondents) still agreed. This marked change highlights a growing recognition among parents of the importance of uninterrupted education for girls, regardless of domestic responsibilities, signaling a major shift in traditional attitudes and an encouraging step toward gender equality in education.

Financial Investment in Girls' Education

A comparison between baseline and end evaluation data shows a positive trend in community attitudes toward financial support for girls' education. In the baseline study, 72% of respondents agreed that girls should receive the same level of financial assistance as boys, while 21% disagreed, and 7% were unsure. By the end evaluation study, agreement with this principle had risen to 89% (232 respondents), while disagreement dropped to 11% (28 respondents), with no respondents expressing uncertainty. This increase in support reflects growing recognition of the importance of equal investment in girls' education and signals a shift toward more equitable attitudes within households and communities regarding educational opportunities for boys and girls.

Justification for Boys' Education to Support Parents

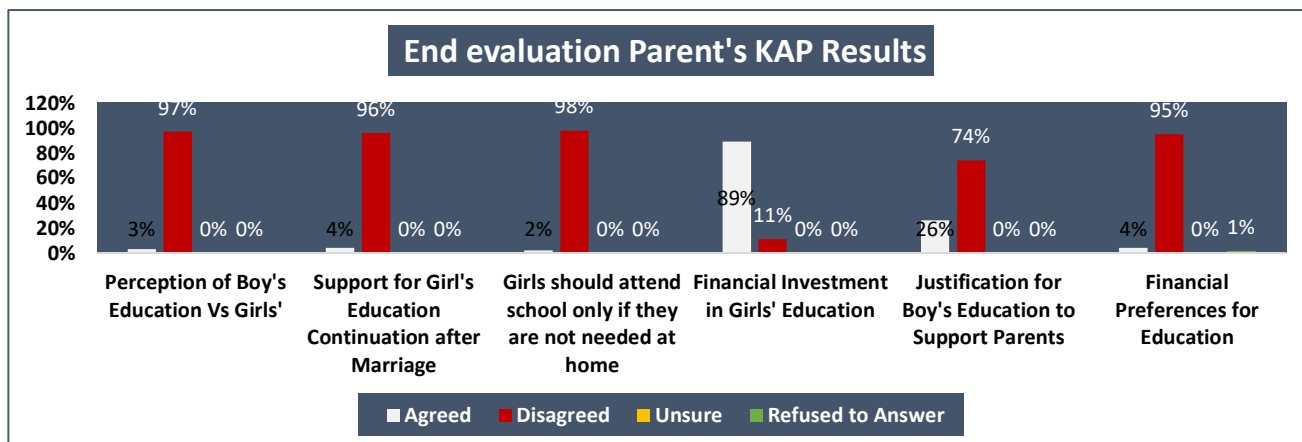
A comparison of baseline and end evaluation findings reveals a notable shift in perceptions regarding the role of education in relation to gender and future caregiving. In the baseline study, 68% of respondents agreed that boys should be more educated than girls to ensure they can care for their parents in old age, while 26% disagreed with this view and 6% were unsure. By the end evaluation study, only 26% (67 respondents) continued to support this belief, while the majority—74% (193 respondents)—disagreed. This significant change indicates a growing acceptance of gender equality in education and a diminishing bias that ties educational value to traditional gender roles, particularly the expectation that only sons will support parents in later life.

Financial Preferences for Education

The comparison between baseline and end evaluation findings shows a significant transformation in parental attitudes toward prioritizing girls' education in the face of financial constraints. In the baseline study, 84% of respondents stated they would prioritize boys' education over girls' if resources were limited, while only 14% said they would choose to support girls, and 2% declined to answer. In contrast, the end evaluation study results show a major shift in perspective: 95% (248 respondents) agreed that, even with limited financial resources, they would prefer to send their daughters to school rather than their sons. Only 4.5% (11 respondents) disagreed, and one respondent refused to answer. This change reflects a strong and encouraging shift toward gender equality in educational decision-making, indicating that communities increasingly recognize the value of educating girls, even in challenging economic conditions.

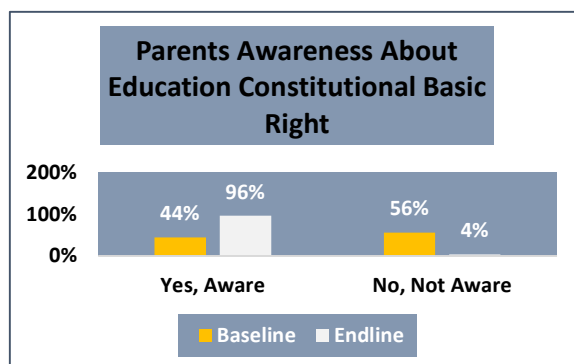
Education for Children with Disabilities

Data collected on perceptions regarding the education of children with disabilities, the end evaluation findings offer valuable insight into current attitudes. A strong majority—80% (208 respondents)—expressed agreement that children with disabilities should attend school, while 20% (52 respondents) disagreed. These results indicate a broadly supportive stance toward inclusive education; however, the notable proportion of respondents who disagreed underscores the need for continued awareness-raising and advocacy to promote equal educational opportunities for all children, regardless of ability.



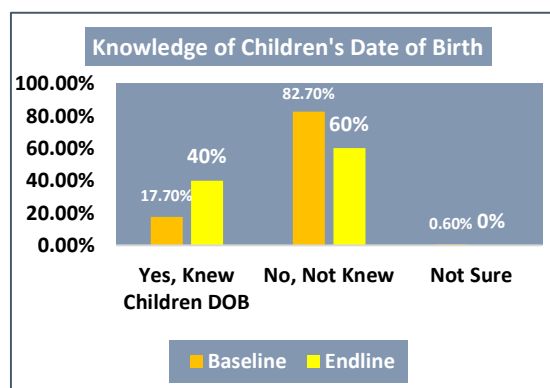
Awareness of Education as a Basic Human Right

A comparison of baseline and end evaluation data reveals significant progress in community awareness regarding the constitutional right to education in Pakistan. In the baseline study, only 44.2% (151 respondents) were aware that education is a basic human right under the Constitution, while 55.6% (190 respondents) were unaware, and 0.3% (1 respondent) answered "Don't know." By the end evaluation, awareness had increased substantially, with 96% (250 respondents) affirming their knowledge of this right. Only 9 respondents indicated they were not aware, and one respondent remained unsure. This significant improvement highlights the effectiveness of community engagement and awareness initiatives implemented during the project, contributing to a stronger understanding of education as a legal and fundamental entitlement.



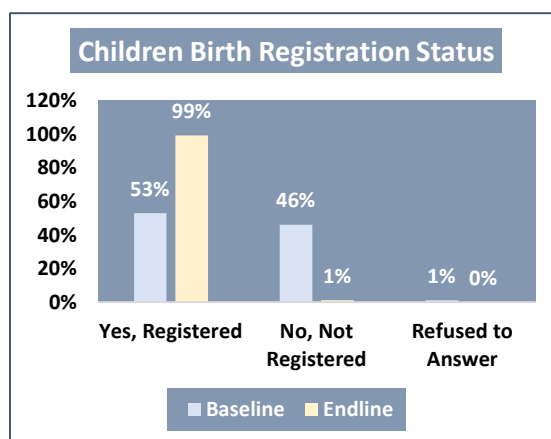
Knowledge of Children's Date of Birth

A comparison of baseline and end evaluation data reveals a moderate yet important improvement in parental awareness of their children's dates of birth, which is essential for school documentation and formal enrollment. In the baseline study, only 16.7% (57 respondents) knew their child's date of birth, while a significant 82.7% (283 respondents) did not, and 0.6% (2 respondents) were unsure. By the end evaluation, awareness had increased to 40% (106 respondents), although 60% (154 respondents) still reported not remembering the exact date. While this marks a positive shift, the data also indicates that further efforts are needed to improve record-keeping practices and parental understanding of the importance of accurate birth documentation for accessing education and related services.



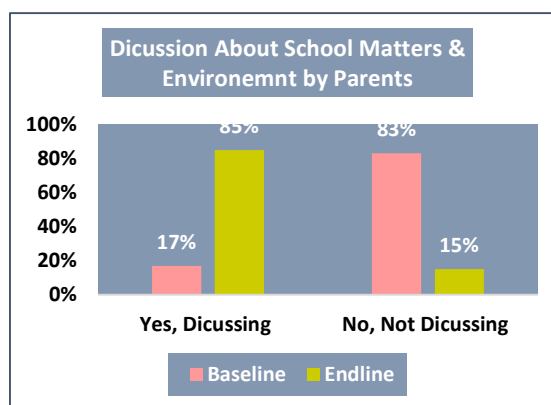
Registration of Children's Births

In the baseline study conducted in the first year, only 53% of respondents reported that their children's births were registered with in union council office affiliated with NADRA online, while 46% stated that their children were not registered, and 1% refused to answer the question. In contrast, the end evaluation study showed a significant improvement, with 99% (258 respondents) confirming that their children's births were registered and that the B-form was available. Only 1% (2 respondents) reported that their children's births were not registered. This reflects a substantial increase of 46 percentage points in birth registration over the study period, alongside the elimination of non-responses. The data indicates notable progress in raising awareness and facilitating access to birth registration services within the community.



Discussions about School Environment and Performance

In the baseline study conducted during the first year of the project, 83% of respondents reported that they had never discussed their children's school environment, educational needs, or performance with them, while only 17% indicated having such discussions. By the end evaluation study, this trend had shifted significantly, with 85% (222 respondents) confirming that they now engage in conversations with their children about school-related matters, including the environment, homework, and other school issues. Only 15% (38 respondents) reported not having these discussions. This marks a notable behavioral shift, indicating increased parental involvement and communication regarding children's education throughout the project.



5.2. Section-02 Teachers' KAPs

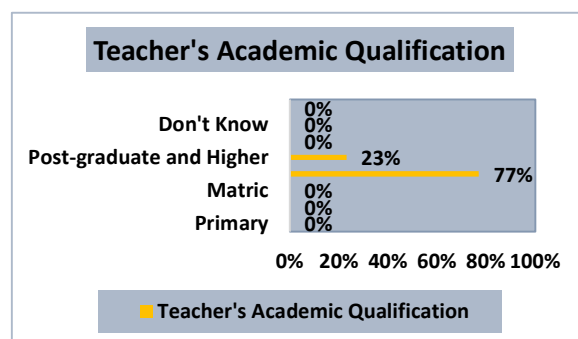
Note: According to the study design, 14 teachers were scheduled to participate in interviews. However, during the data collection process, only 13 were available at the selected schools, as the government had recently transferred one teacher. As a result, interviews were conducted with 13 teachers instead of the planned 14.

Teachers' Profile-Gender of Teachers

The study data on teacher gender distribution shows that the majority of teaching staff in the study sampled schools are male, with 12 out of 13 teachers (92%) being men and 1 (8%) being women. While male teachers currently make up most of the workforce, the presence of even a few female teachers is a positive step toward diversity. Increasing the number of women in teaching roles could further strengthen support for female students and contribute to a more balanced and inclusive learning environment over time.

Educational Qualification of Teachers

In terms of educational qualifications, most teachers in the sampled schools hold a Bachelor's degree, with 77% (10 out of 13) reporting this level of attainment. Additionally, 23% (3 teachers) have completed post-graduate or higher studies, reflecting a group with advanced academic backgrounds. No teachers reported having only primary, middle, or matric-level education, and all provided clear responses. This overall profile suggests a well-qualified teaching staff, which can positively contribute to the quality of instruction and support provided to students.



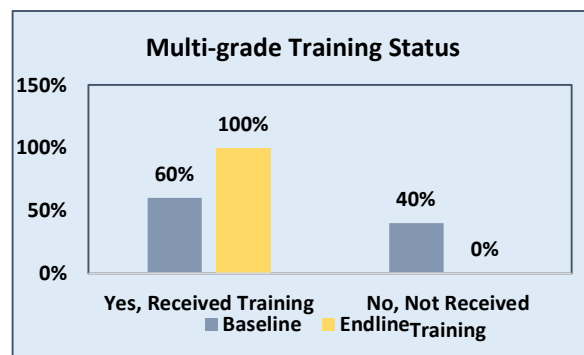
Multi-Grade Teaching

Teaching in Multi-Grade Classrooms

No data on multi-grade teaching was collected during the first-year baseline. However, in the second baseline—conducted at the beginning of the project's third year, during the adoption of 10 additional schools—findings showed that 93% of teachers were teaching multi-grade classes, while 7% were not. In the end evaluation study, 100% of the teachers (13 out of 13) reported being involved in multi-grade teaching. This reflects the widespread use of multi-grade classroom practices across the sampled schools and suggests it has become a common and accepted approach in these learning environments.

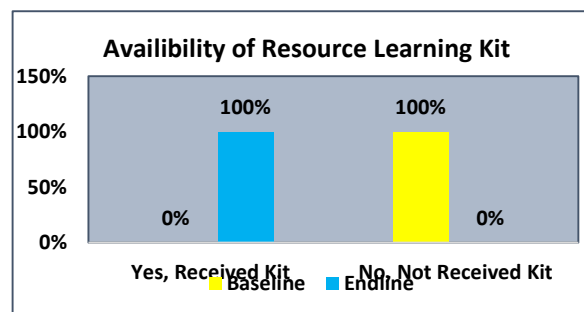
Training on Multi-Grade Teaching

No data on multi-grade teaching was collected during the first-year baseline. In the second baseline, conducted at the start of the project's third year alongside the inclusion of 10 additional schools, 60% of teachers (9 respondents) reported having received training in multi-grade teaching, while 40% (6 respondents) had not. This pointed to a need for broader access to specialized training. By the time of the end evaluation study, all 13 teachers (100%) confirmed they had received training in multi-grade teaching methodologies. This marks significant progress in equipping teachers with the skills needed to effectively manage multi-grade classrooms.



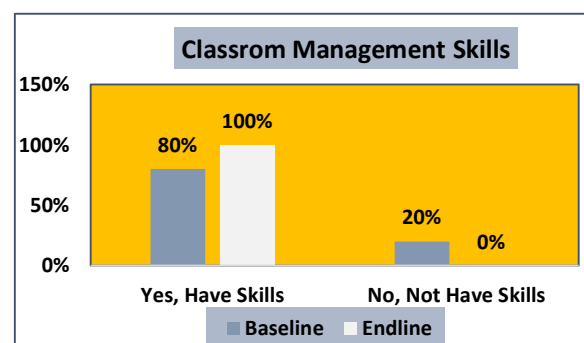
Availability of Resources for Multi-Grade Teaching

In the first-year baseline of the project, all teachers reported that they had not received any teaching and learning resource kits. However, in the end evaluation study, 100% of teachers confirmed that they had been provided with learning kits by the CWSA and had access to use them in their classrooms. This improvement reflects a positive step toward better equipping teachers with the necessary tools to support and enhance their teaching practices.



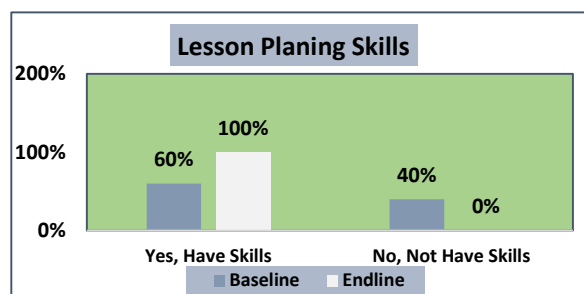
Classroom Management Skills

No data on classroom management skills was collected during the project's first-year baseline. In the second baseline, conducted at the start of the third year with the inclusion of 10 additional schools, 80% of teachers reported that they understood how to manage classrooms effectively, while 20% indicated they did not. This showed a generally strong level of confidence among teachers, with some still needing support. By the end evaluation study, all teachers (100%) reported having classroom management skills, reflecting clear progress in strengthening teaching capacity.



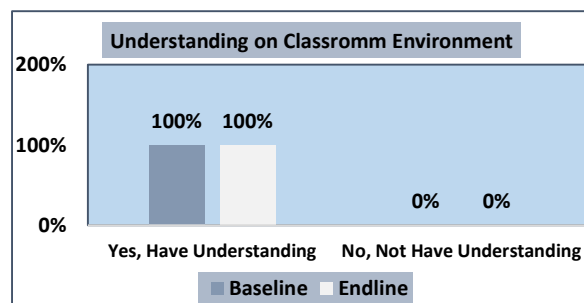
Lesson Planning Skills

At the start of the project's third year, during the baseline study, 60% of teachers reported having an understanding of lesson planning, while 40% did not. This highlighted that although a majority were familiar with the concept, a notable portion still lacked this essential skill. By the time of the end evaluation study, all teachers (100%) reported that they had learned and now understood how to develop lesson plans, showing clear progress in building teachers' planning and instructional preparation skills.



Understanding of Classroom Learning Environment

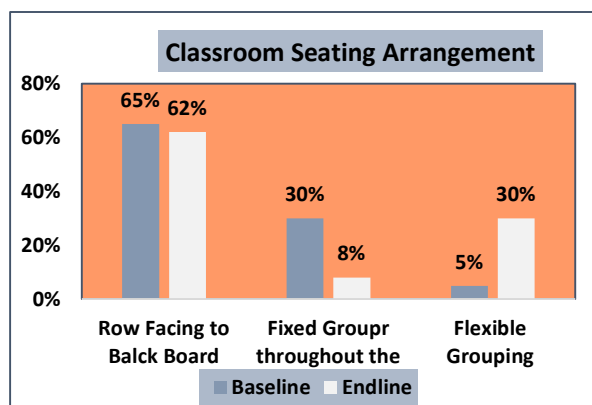
As in the baseline study, all teachers engaged in the end evaluation (100%) reported having a clear understanding of the classroom learning environment. This consistent result is a positive indicator of their ability to create and maintain a supportive and effective space for student learning, contributing to overall classroom engagement and academic progress.



Positive Learning Environment

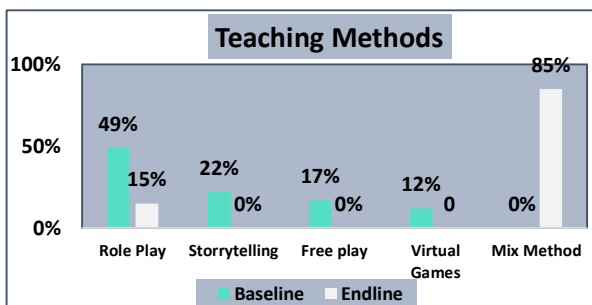
Classroom Seating Arrangements

In the baseline study conducted at the start of the project, teachers were asked how they foster a positive learning environment through classroom seating arrangements. At that time, 65% reported arranging students in rows facing the blackboard, 30% preferred keeping students in fixed groups throughout the day, and the remaining 5% used flexible group seating that changed with different lessons. In the end evaluation study, 62% of teachers continued to use the traditional row arrangement, while 8% reported using group seating all day, and 30% adopted a more dynamic approach—organizing students into groups based on the lesson. This shift indicates a gradual move toward more flexible and student-centered seating practices that can support collaborative and interactive learning.



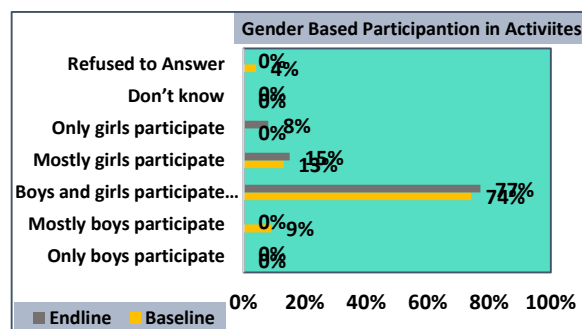
Teaching Methods

Baseline findings show that teachers in the selected communities were already incorporating participatory methods in their teaching. At that stage, 48.83% used role plays, 22% used storytelling, 17% engaged students in free play, and 12% incorporated virtual games as teaching tools. In the end evaluation study, participatory methods remained a strong focus, with a shift toward more integrated approaches. The majority—31%—reported using a combination of role play and storytelling. Another 15% used only role play, while another 15% reported using a mix of role play, virtual games, storytelling, and physical games. Additionally, 8% used role play and virtual games; 8% used role play, virtual games, and physical games; another 8% combined role play, storytelling, and physical games; 8% used virtual games and storytelling; and the remaining 8% used virtual games and physical games. These results highlight a growing trend among teachers to adopt varied and interactive methods to engage students in the learning process.



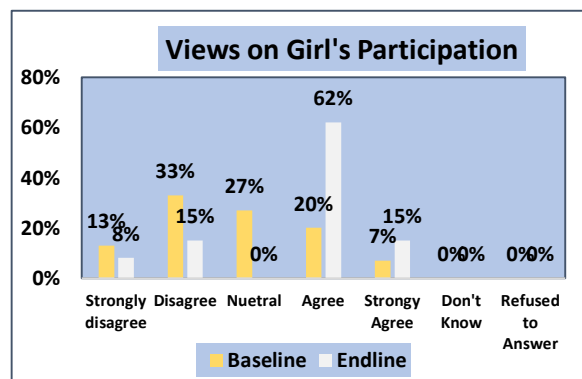
Gender Based Participation in Activities

In the baseline study, when asked about the participation of boys and girls in group activities, 74% of teachers stated that both participated equally, 13% said mostly girls participated, 9% reported that boys participated more, and 4% chose not to respond. In the end evaluation study, the majority—77%—again reported equal participation between boys and girls, showing a slight increase from the baseline. Additionally, 15% noted that mostly girls participated, and 8% stated that only girls participated in group activities. The comparison suggests a stable or slightly improved perception of gender balance in group participation, with a continued emphasis on inclusivity and opportunities for both boys and girls to engage equally in classroom activities.



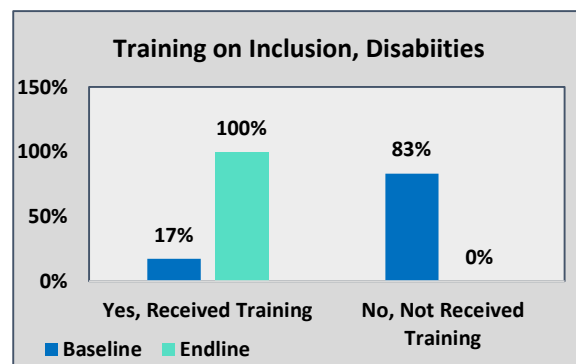
Views on Girls' Participation

No data was available on this topic in the initial baseline. However, in the second baseline conducted at the start of the project's third year, teachers were asked whether they believe that participation in class activities should be encouraged for all students, regardless of gender. Responses were mixed: 20% agreed, 26.7% were neutral, 33.3% disagreed, 13.3% strongly disagreed, and 6.7% strongly agreed. This variation reflected differing attitudes toward gender-inclusive classroom engagement. In the end evaluation study, responses showed a notable shift. A majority—62%—agreed with the statement, 15% strongly agreed, 15% disagreed, and 8% strongly disagreed, with no neutral responses recorded. This change suggests that teachers now hold more defined views, with a growing number supporting inclusive participation. It also points to the importance of continued efforts to reinforce the value of equal engagement for all students, regardless of gender.



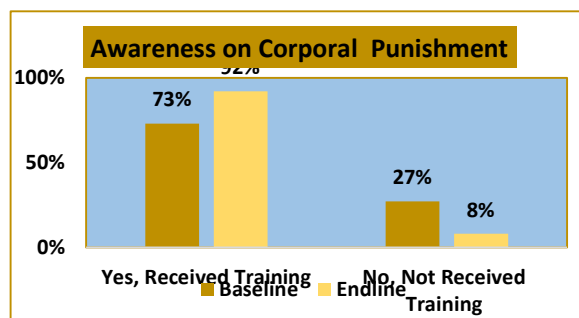
Training on Including Students with Disabilities

According to the initial baseline findings, teachers were asked about the training they had received related to inclusion and disability. Only 17% reported having received any training on inclusive education, while the vast majority—83%—had not received any such training. This highlighted a clear gap in teacher preparedness to support children with diverse needs. By the end evaluation study, however, all teachers (100%) confirmed that they had received training on the inclusion of children with special characteristics. This marks a significant improvement in teacher capacity to foster inclusive classrooms and support all learners effectively.



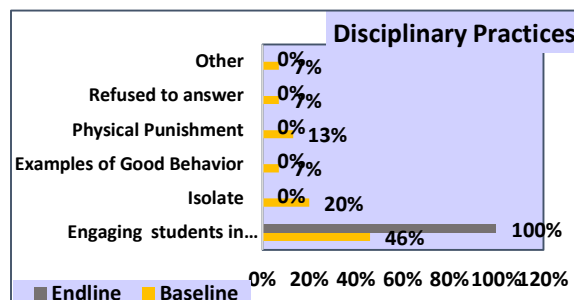
Awareness of Corporal Punishment

According to the baseline data, 73.3% of teachers indicated they were aware of corporal punishment, while 26.7% said they were not. This suggested a general awareness of the issue, but also highlighted the need for further education on appropriate discipline practices. In the end evaluation study, awareness had increased, with 92% of teachers reporting they were aware and familiar with corporal punishment, while only 8% still indicated a lack of awareness. This improvement reflects progress in raising awareness among teachers, though continued efforts may be needed to ensure full understanding and alignment with child-friendly, non-violent discipline approaches.



Disciplinary Practices

In the baseline study, teachers reported using a range of disciplinary methods to manage student behavior. Nearly half (46%) said they engaged students through curricular and extra-curricular activities to encourage positive behavior and learning. Other methods included isolating students (20%), using examples of good behavior (6.7%), and, in some cases, physical punishment (13.3%). One respondent (6.7%) chose not to answer. These findings reflected a mix of constructive and traditional disciplinary approaches, with some practices in need

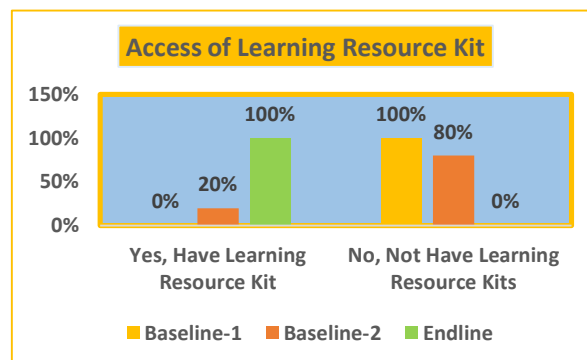


of reform. By the end evaluation study, there was a clear shift in approach. All teachers (100%) reported using student engagement through curricular and extra-curricular activities as their primary method for promoting positive behavior and discipline. This marks a strong move toward more supportive, student-centered classroom management practices.

Learning Resource Kit

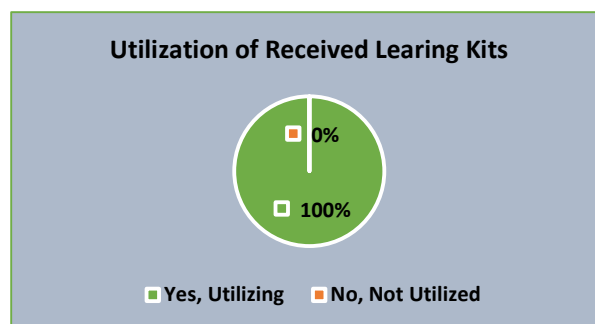
Access to Resource Learning Kits

In the first baseline, all teachers reported that they had never received any teaching and learning resource kits, highlighting a complete absence of such materials in the study sampled schools. By the second baseline, conducted at the start of the project's third year during the inclusion of 10 new schools, 20% of teachers reported having received a resource kit from an NGO, while the remaining 80% had still not received any. This pointed to limited distribution and access to essential teaching resources at that stage. In the end evaluation study, a significant improvement was observed—all teachers (100%) confirmed that they had received a teaching and learning resource kit. When asked about the source, all respondents reported that the NGO CWSA provided the kits. This marks substantial progress in resource availability and support for teachers, enabling more effective and engaging classroom instruction.



Utilization and Usefulness of Kits

Regarding the utilization and usefulness of the resource kits, all teachers (100%) reported that they are actively using them in their classrooms, particularly with ECCE (Early Childhood Care and Education) students. They shared that the kits are highly effective in helping young learners grasp concepts more easily, stay engaged, and enjoy the learning process through interactive and play-based activities. This unanimous feedback highlights the positive impact of the kits on both teaching practices and early childhood learning experiences. All teachers (100%) confirmed that the resource kits provided to them contained a wide range of essential items to support early learning in ECCE classrooms. The items included exercise books, colored pencils, and color chalk for chalkboards, alphabet and number charts, basic shape templates or books, and picture books for early readers. Teachers also reported the availability of basic math manipulatives such as counters, blocks, and charts, along with wooden letter blocks, Pakistan maps, and a world globe. Additional educational materials included weather charts or posters, a classroom calendar featuring days, months, and weather, parts of the body charts, math signs and multiplication table charts, A–Z wooden letters, number flashcards, and fruit and vegetable puzzles. To support classroom organization and hygiene, the kits also included floor mats, waste bins, and plastic baskets. Teachers found these materials to be comprehensive and highly useful for enhancing student engagement and learning.



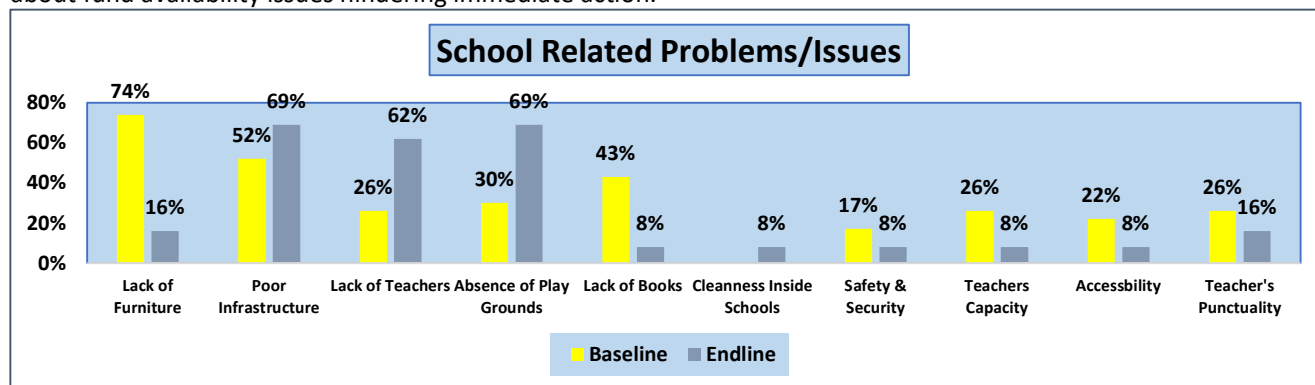
to them contained a wide range of essential items to support early learning in ECCE classrooms. The items included exercise books, colored pencils, and color chalk for chalkboards, alphabet and number charts, basic shape templates or books, and picture books for early readers. Teachers also reported the availability of basic math manipulatives such as counters, blocks, and charts, along with wooden letter blocks, Pakistan maps, and a world globe. Additional educational materials included weather charts or posters, a classroom calendar featuring days, months, and weather, parts of the body charts, math signs and multiplication table charts, A–Z wooden letters, number flashcards, and fruit and vegetable puzzles. To support classroom organization and hygiene, the kits also included floor mats, waste bins, and plastic baskets. Teachers found these materials to be comprehensive and highly useful for enhancing student engagement and learning.

School Related Problem

A quantitative baseline study revealed significant infrastructure challenges, with 74% of respondents citing a lack of furniture (desks, chairs, cupboards, and tables) as the biggest impediment to enrolling new students despite sufficient numbers. Other substantial concerns included the absence of boundary walls (52%), inadequate drinking water and building conditions (52%), and a lack of books (43%). Additionally, 30% reported no playground space and issues with school cleanliness, while 26% of teachers mentioned both limited teacher capacity and punctuality. Accessibility was a concern for 22%, and safety and security were noted by 17%. The end evaluation study indicated a shift in these challenges, with poor overall infrastructure emerging as the most pressing issue (68%). While the lack of furniture decreased significantly (16%), the unavailability of teachers increased to 62% due to increase in enrolment, and the absence of a playground remained a major concern (69%). Lack of books (8%) and cleanliness (46%) persisted, while safety and security (8%), teacher capacity (8%), and accessibility (8%) saw notable improvements. Teacher punctuality

decreased slightly to 16%. This comparison highlights a shift from a primary concern about furniture to a broader issue of poor infrastructure and growing teacher shortages despite improvements in safety, teacher capacity, and accessibility.

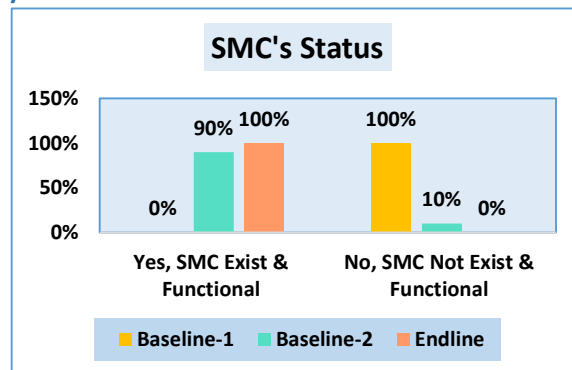
In the baseline study (first year of the project), when asked about raising infrastructure concerns with relevant authorities, 83% of respondents indicated they had done so through both written and verbal communication. Alarming, 96% of those who reported their concerns stated they had received no response from the district authorities, with only 4% reporting a positive response. A notable 17% of respondents admitted they had not reported their concerns to any relevant authority. The end evaluation study revealed a positive shift in reporting, with 92% of respondents stating they had shared their issues and concerns with authorities, leaving only 8% who still did not report. Furthermore, the nature of the response from authorities also improved significantly. All 92% of respondents who reported raising concerns indicated they had received a response, with the majority expressing a commitment to resolve the issues at the earliest. However, a small fraction (8% of those who received a response) were informed about fund availability issues hindering immediate action.



School Management Committee

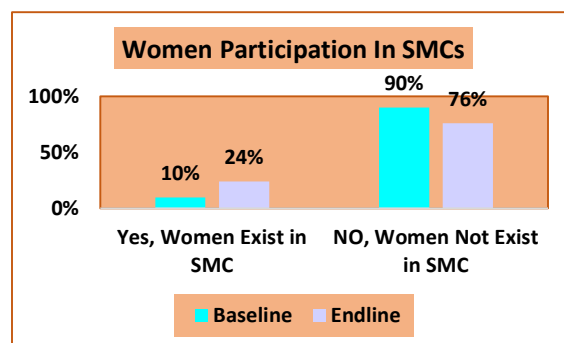
School Management Committees (SMCs) and Their Functionality

During the second baseline study, conducted at the start of the project's third year in 10 newly adopted schools (as no baseline data was available for the initial 15 schools regarding SMC existence and functionality), the data revealed that 90% (9 out of 10) of these schools had established School Management Committees (SMCs), while 10% (1 school) did not. Among the schools with SMCs, 90% (9 out of 10) reported their committees to be functional, with the remaining 10% (1 school) indicating a lack of functionality. This initial assessment of the new schools suggested a high prevalence of SMC establishment but also highlighted instances where these committees were not operating effectively. By the end evaluation study, a significant improvement was observed, with 100% of the targeted schools reporting the existence and full functionality of their School Management Committees.



Women Participation in SMCs Structure

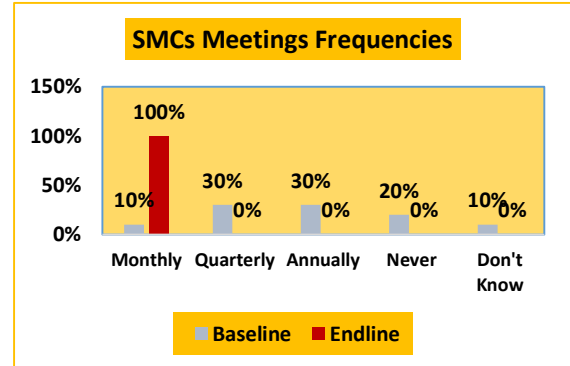
The Baseline Study highlighted a significant lack of female representation in developed School Management Committees (SMCs). Out of the targeted schools, only 10% (1 out of 10) reported having women participating in their SMCs. A substantial majority of active SMCs, 80% (8 out of 10), lacked female members, while 10% (1 out of 10) of schools did not have an active SMC at all. The end evaluation data indicated a modest increase in female participation; however, women were represented in only 24% (3 out of 13) of the SMCs, meaning that 76% of the committees still reported an absence of female



members. This suggests a limited improvement in gender inclusivity within school management structures over the project period.

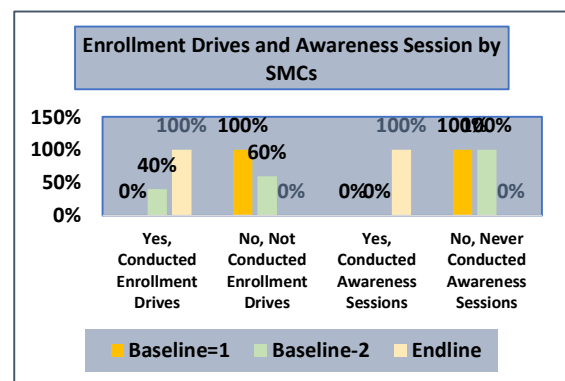
Frequency of SMC Meetings

The baseline study revealed significant inconsistencies in the frequency of School Management Committee (SMC) meetings. A substantial 30% (3 schools) reported meetings occurring only once or twice annually, while another 30% (3 schools) held meetings quarterly. Only 10% (1 school) indicated monthly meetings, and concerning, 20% (2 respondents) stated that their SMCs never convened. An additional 10% (1 school) were unaware of their SMC's meeting frequency. This wide variation in meeting schedules suggested inconsistent engagement across schools, potentially hindering the SMCs' capacity to provide effective and regular support for school initiatives. In contrast, the end evaluation data showed a complete standardization and improvement, with all 100% of schools reporting that SMC meetings were now conducted on a consistent monthly basis.



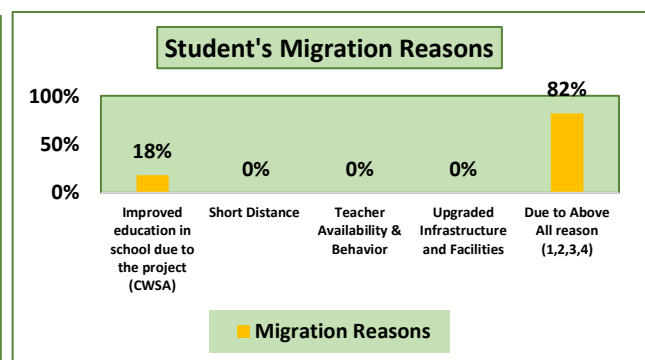
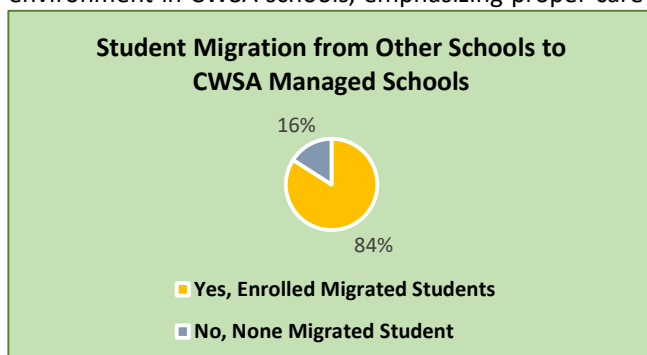
Enrollment Drives and Awareness Sessions

The baseline study revealed a significant gap in the proactive engagement of School Management Committees (SMCs) in key areas of school development. A substantial 60% (6 out of 10) of SMCs reported never having conducted enrollment drives in coordination with the District Education Department, while the remaining 40% (4 out of 10) had only undertaken such drives once. Notably, efforts to promote girls' education were entirely absent, with 100% of the study sampled school SMC representatives reporting no awareness sessions focused on this critical issue. These findings indicated that while SMCs were largely present and functional, their activities in crucial domains like student enrollment and gender equity in education were severely limited or non-existent. The end evaluation data demonstrated a complete turnaround, with all 100% of schools reporting that their SMCs had actively conducted both enrollment drives and community awareness sessions for educational improvement. Cumulatively, 42 enrollment drives were carried out, averaging 3.2 drives per school, and 52 awareness sessions were conducted, averaging 4 sessions per school SMC.



Student Migration from other Schools

To assess the impact of school improvements, the end evaluation study explored student migration to CWSA-managed schools. A significant 84% of schools (11 out of 13) reported experiencing student migration following the implemented improvements, while 16% indicated no such observation. When asked about the reasons for this migration, 82% of the reporting schools attributed it to both improved education quality resulting from the project and the shorter distance to CWSA-managed schools. The remaining 18% highlighted the perceived better learning environment in CWSA schools, emphasizing proper care



and the absence of punishment as key factors attracting students from other institutions. These findings strongly suggest that the improvements implemented in CWSA-managed schools have positively influenced parental choice and student enrollment.

Feedback Provided by the School Staff (Teachers)

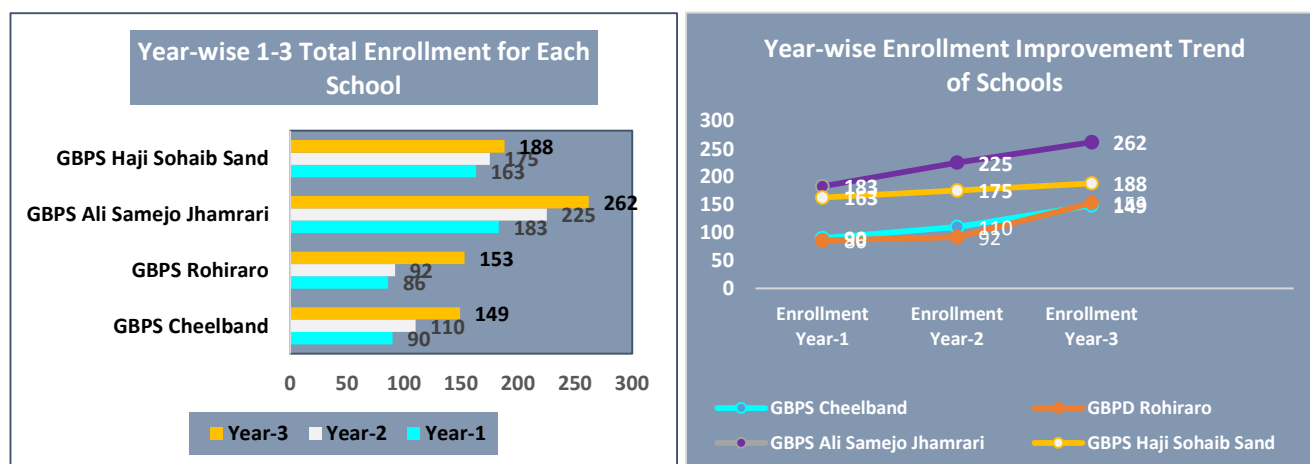
After the interviews, respondents provided valuable feedback on the observed changes. A significant 40% noted a positive trend in increased overall student admissions, coupled with greater parental engagement in their children's education and a specific rise in girls' enrollment. Respondents highlighted positive shifts in student attitudes, with 8% mentioning that children now attend school with enthusiasm and actively participate in play-based learning. Teacher improvement was also recognized by 8%, who credited training for enhanced teaching abilities, including the capacity to educate children with disabilities. A notable success in girls' education was emphasized by 8%, citing a substantial increase in enrollment from 22 to 110 girls, who now attend school happily and show a strong interest in their studies. Another 16% corroborated the increase in overall enrollment and regular attendance alongside positive developments in teacher training and growing parental interest. For 8% of respondents, the establishment of the CWSA School itself was a significant development, particularly in providing access to girls' education, leading to increased enrollment and improved educational engagement among all children, supported by greater parental involvement. Finally, 8% of interviewees did not provide any specific feedback.

5.3. Section-03 Enrollment & Attendance at Schools

The project supported 25 schools in total. During the first two years, only 15 schools were selected for implementation. In the third and final year, 10 additional schools were included, while support continued for the original 15. As noted in the sampling section, the study sample included schools from both groups—four from the initial phase and three from the newly added schools—to capture insights from both perspectives.

Enrollment of Schools (15-Continued Under Implementation Schools from Year 1-3)

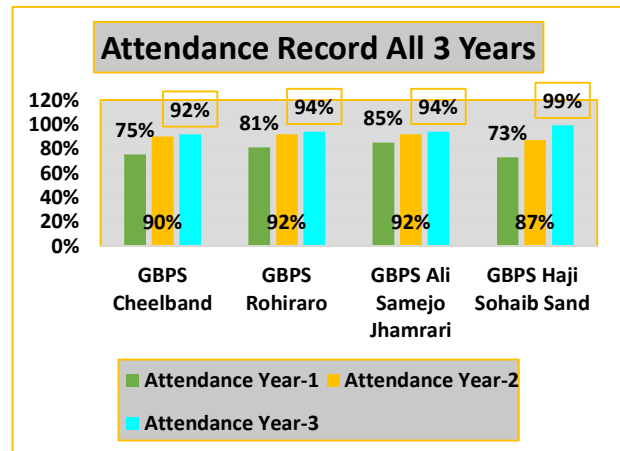
In the end evaluation study, an enrollment tracking tool was designed to collect enrollment data for all three years from each school's permanent records. Analysis showed that all four sampled schools (100%) experienced consistent



year-on-year growth in student enrollment. For example, at GBPS Cheelband, enrollment from ECE to Grade 5 increased from 90 in Year 1 to 110 in Year 2—a 22% rise. In Year 3, it further grew to 149, marking a 35% increase from the previous year. At GBPS Rohiraro, enrollment rose from 86 in Year 1 to 92 in Year 2 (a 7% increase), and then jumped significantly to 149 in Year 3, a 61% increase over Year 2. At GBPS Ali Samejo Jhamrari, the Year 1 enrollment was 183. It increased to 225 in Year 2 (23% growth), and further to 262 in Year 3 (a 16% increase). Finally, at GBPS Haji Sohaib Sand, enrollment went from 163 in Year 1 to 175 in Year 2 (7% growth), and then to 188 in Year 3, again a 7% increase. Across all four schools, the data showed a steady upward trend in enrollment, highlighting the positive impact of the program. Overall, the cumulative enrollment across the four schools increased from 432 in Year 1 to 492 in Year 2—a 14% rise. By Year 3, the total reached 603, marking a 23% increase over Year 2. These consistent upward trends indicate the positive impact of the program on school enrollment.

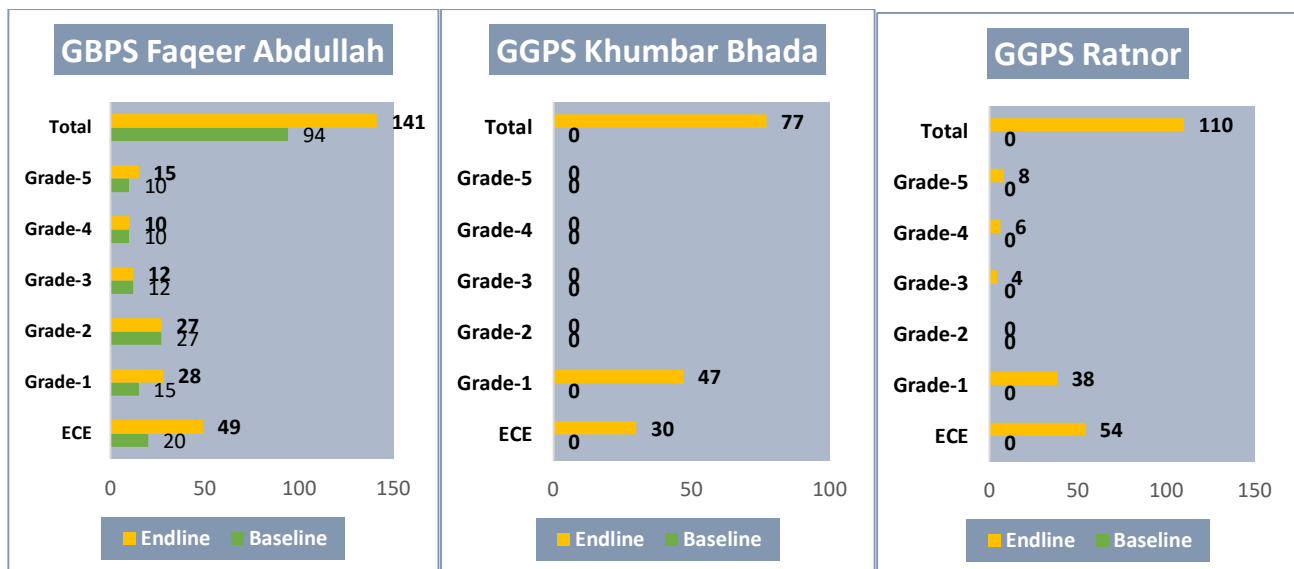
Attendance Trend in Schools (15-Continued Under Implementation Schools from Year 1-3)

According to the baseline study conducted in the first year of the project, overall attendance across the selected schools was low, averaging just 53%. To monitor progress, student attendance data was collected annually over the three-year period. The findings showed a consistent improvement in attendance across all four sampled schools, indicating stronger student engagement and increased participation. At GBPS Cheelband, attendance rose from 75% in Year 1 to 90% in Year 2, reaching 92% in Year 3. GBPS Rohiraro improved from 81% in Year 1 to 92% in Year 2, and further to 94% in Year 3. GBPS Ali Samejo Jhamrari reported 85% attendance in Year 1, increasing to 92% in Year 2 and 94% in Year 3. GBPS Haji Sohaib Sand showed the most notable progress, with attendance rising from 73% in Year 1 to 87% in Year 2, and reaching an exceptional 99% in Year 3. These steady gains in attendance reflect the program's positive impact—through improved school facilities, enhanced teacher capacity, and a more supportive learning environment—making schools more attractive and encouraging regular student attendance.

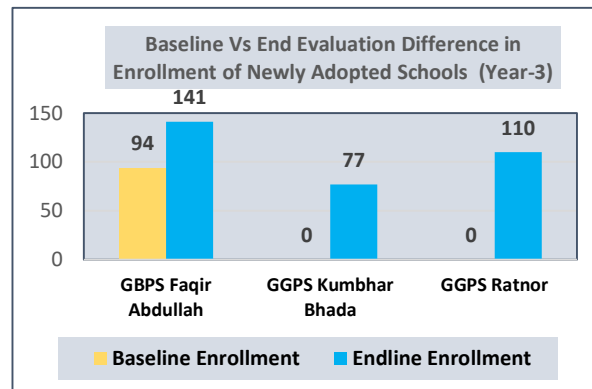


Schools Selected in Year 3 (Last Year)

Enrollment data for the newly adopted schools in Year 3 were also collected as part of the end evaluation study. This data was compared with figures from the baseline conducted at the start of Year 3, prior to the schools' inclusion in the project. At GBPS Faqeer Abdullah, baseline enrollment was 94 students (ECE: 20, Grade 1: 15, Grade 2: 27, Grade 3: 12, Grade 4: 10, and Grade 5: 10). By the end evaluation, enrollment had increased to 141 students (ECE: 49, Grade 1: 28, Grade 2: 27, Grade 3: 12, Grade 4: 10, and Grade 5: 15), reflecting substantial growth, particularly in ECE and Grade 1. GGPS Kumbhar Bhada had no enrolled students at baseline, as the school was non-functional prior to its adoption by the project. By end evaluation, enrollment had reached 77 students (ECE: 30, Grade 1: 47), showing a significant turnaround. Similarly, GGPS Ratnor had zero enrollment at baseline. By end evaluation, the school recorded 110 students (ECE: 54, Grade 1: 38, Grade 3: 4, Grade 4: 6, Grade 5: 8). This increase, including enrollment in higher grades where there was previously none, suggests not only new admissions but also student migration from other schools, likely due to improved facilities and learning environments. The cumulative end evaluation data confirms that all three newly adopted schools (100%) experienced significant enrollment growth, clearly indicating the success of the project in revitalizing underperforming or non-functional schools.



Special Children While baseline data on children with special needs were not available for the 15 schools continuing from earlier project phases, enrollment records collected during the end evaluation study provided some useful insight. Across the first and second years, six children with special needs were enrolled in the sampled schools. In the third year, one additional child joined an ECE class, bringing the total to seven. Records also showed that the six previously enrolled children were promoted to the next grade, indicating their continued participation in education. These observations suggest ongoing efforts by the schools to support the inclusion of children with special needs.



Regarding the inclusion of children with special needs, baseline data from the three newly adopted schools in Year 3 showed the presence of only one child with special characteristics across all three schools. By the time of the end evaluation study, this number had increased to five, reflecting the inclusion of four new children with special needs. This growth from baseline to end evaluation highlights a positive shift in school management practices, with greater emphasis on inclusive education. The data suggests that, following the intervention, schools became more responsive and better equipped to accommodate children with diverse learning needs, demonstrating a clear improvement in inclusion efforts under the project.

5.4. Section-04 Student Experiences & Feedback about Schools & Environment

As part of the end evaluation, a student feedback tool was developed to directly capture students' experiences and perspectives on key aspects of their education, including school performance, teacher behavior, gender equality, and overall learning quality. A total of 35 students from grades 4 and 5—five from each participating school—were selected, ensuring gender representation with 60% girls and 40% boys. Informed consent was obtained from all students, their parents, and teachers prior to participation. The findings reflected strong positive outcomes: 100% of students reported enjoying school more than before, with 83% highlighting "learning new things" as the most enjoyable aspect of their day. All students indicated improvement in literacy—40% credited regular practice, 37% cited teacher support, and 23% mentioned both. Additionally, 71% noted significant gains in reading and writing, and 80% reported feeling safe at school, largely due to attentive teachers. On gender inclusion, 66% stated that teachers actively encourage girls to participate, and 100% affirmed equal treatment of boys and girls. To further improve the school experience, students suggested increased access to playgrounds (46%) and learning materials (20%). These insights offer valuable evidence of a supportive, inclusive, and evolving learning environment. Further a Detailed Annexure-2 with title Students Experiences & Feedback about the School & Environment is attached in the end of the report. *A detailed findings report is attached as Annexure- D in the end of this report.*

6. HEALTH COMPONENT FINDINGS

As part of the project, support was extended to operate three government dispensaries (GDs) that were recommended by the District Health Department during the planning phase. At the time of the baseline assessment, all three identified GDs—Cheelband in Union Council Faqeer Abdullah, GD Ramsar in UC Kaplore, and GD Jhamrari in UC Sekhro—were found to be non-functional. Before the intervention, community members had to travel long distances to urban centers or other areas to access basic health services, which often caused delays in treatment and additional financial burden. To address this gap, Community World Service Asia (CWSA) took over the management of these facilities, appointed qualified staff, and reactivated operations. Each dispensary was made functional two days a week, offering free outpatient (OPD) consultations and essential medicines. During the end evaluation assessment, patient feedback was collected from seven randomly selected villages across the all. As part of the end evaluation, a student feedback tool was developed to directly capture students' experiences and perspectives on key aspects of their education, including school performance, teacher behavior, gender equality, and overall learning quality. A total of 35

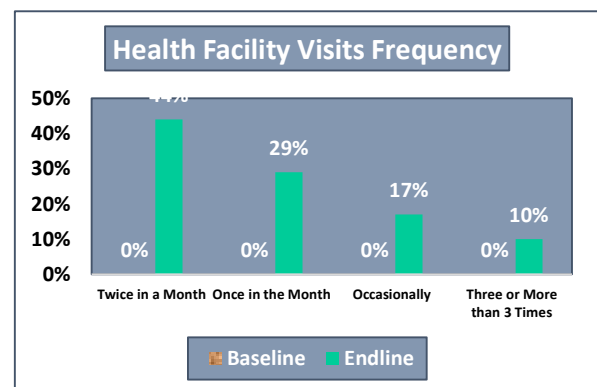
students from grades 4 and 5—five from each participating school—were selected, ensuring gender representation with 60% girls and 40% boys. Informed consent was obtained from all students, their parents, and teachers prior to participation. The findings reflected strong positive outcomes: 100% of students reported enjoying school more than before, with 83% highlighting “learning new things” as the most enjoyable aspect of their day. All students indicated improvement in literacy—40% credited regular practice, 37% cited teacher support, and 23% mentioned both. Additionally, 71% noted significant gains in reading and writing, and 80% reported feeling safe at school, largely due to attentive teachers. On gender inclusion, 66% stated that teachers actively encourage girls to participate, and 100% affirmed equal treatment of boys and girls. To further improve the school experience, students suggested increased access to playgrounds (46%) and learning materials (20%). These insights offer valuable evidence of a supportive, inclusive, and evolving learning environment. three union councils. Additionally, OPD service data from all three dispensaries were reviewed to assess service delivery and utilization. The intervention significantly improved access to primary healthcare for remote and underserved populations. Furthermore, in response to the needs of communities located far from the established health facilities—and in alignment with the project's objectives—monthly medical camps were organized across the intervention areas. One camp was held each month consistently throughout the year, providing essential healthcare services to underserved and remote communities. This ensured regular access to medical support for populations that would otherwise face significant barriers in reaching health services.

Health Facility Preference

In the baseline study conducted during the first year of the project, healthcare-seeking behavior among community members was divided across various sources: 29% reported visiting private clinics, 27% sought care at the Taluka Headquarter (THQ) hospital, 23% used District Headquarter (DHQ) services, 11% accessed Basic Health Units (BHUs), and 10% turned to nearby dispensaries. This fragmentation highlighted limited access to consistent, quality healthcare within the local area. By the time of the end evaluation study in the third year, a significant shift had occurred—100% of respondents (260 out of 260) reported seeking care at CWSA-managed health facilities. This change reflects increased community trust in the quality, reliability, and accessibility of services provided under the project. Importantly, the aim was never to shift the burden of primary healthcare away from government systems, but rather to complement and support them. The uptake of services at CWSA-run dispensaries demonstrates the value of responsive, efficient, and patient-centered care. To promote long-term improvement, we are actively coordinating with government health authorities to present these dispensaries as *model facilities*—demonstrating what effective, community-focused primary care can look like. The goal is to inspire improvements in government-run facilities by setting practical, replicable standards for service delivery.

Frequency of Visit to Health Facilities

No baseline data was specifically collected regarding the frequency of visits to health facilities. However, in the end evaluation study, respondents were asked about how often they seek medical services. The majority—44% (115 out of 260)—reported visiting a health facility twice a month. This was followed by 29% (75 respondents) who said they go once a month, while 17% (44 respondents) mentioned visiting occasionally. The remaining 10% (26 respondents) reported visiting three or more times per month. These findings provide insight into the community's engagement with healthcare services and suggest a regular pattern of utilization by most households.



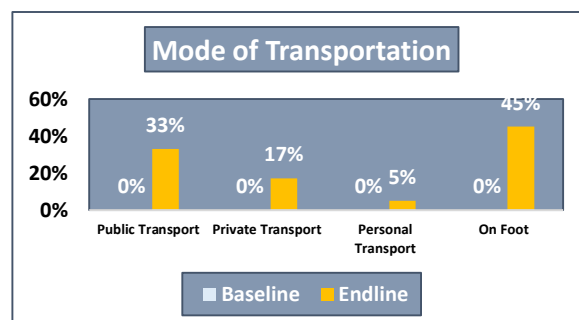
Distance of Health Facilities (Accessibility)

At the baseline stage, due to the non-functionality of nearby health facilities, which were later managed and operationalised by Community World Service Asia (CWSA), 69% of respondents reported that the nearest health facility was located more than 5 kilometers from their village. An additional 13% reported a distance of 3 to 5 kilometers, 12% cited 1 to 2 kilometers, and only 6% said a facility was within 1 kilometer. As a result of this limited access, many community members had to travel to towns or urban centers to seek basic health services, often facing delays, higher costs, and added hardship, particularly for women and children. By the time of the end evaluation

assessment, a significant improvement in physical access to healthcare had been recorded. A majority—45% (117 out of 260 respondents)—reported that a health facility was now located within 1 kilometre of their residence. This was followed by 33% (87 respondents) who reported a distance of 8 to 12 kilometres, 14% (37 respondents) citing 3 to 5 kilometres, and 7% (19 respondents) indicating a distance of 1 to 2 kilometres. This shift reflects a substantial improvement in local healthcare accessibility, largely due to the reactivation and support of previously non-functional government health facilities by the project. It highlights the project's role in reducing travel burdens and bringing essential health services closer to remote and underserved communities.

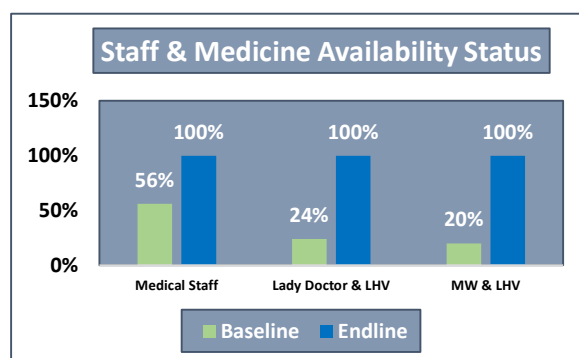
Mode of Transport Used to Access Health Services

The data collected on the mode of transport used to access health services. However, in the end evaluation study, respondents shared how they typically travel to health facilities. The majority—45% (116 out of 260)—reported travelling on foot, as the facilities are now within a short distance. This was followed by 38% (99 respondents) who used public transport and 15% (39 respondents) who relied on private transport such as rented bikes or rickshaws. Only 2% (6 respondents) reported using personal vehicles. These findings reflect improved proximity to health services and a reliance on affordable and accessible transport options within the community.



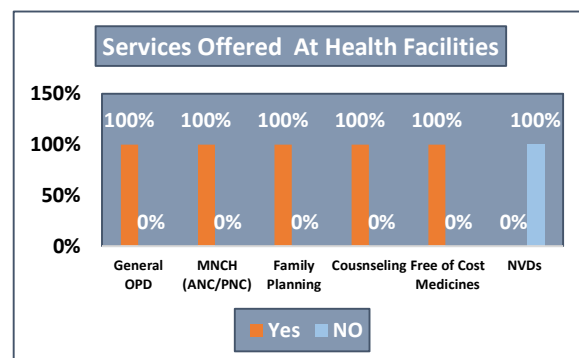
Availability of Staff, Medicine & Equipment at Health Facilities

In the baseline study, when respondents were asked about the availability of staff and essential medicines at their nearby dispensaries, 56% reported that no medical staff were available to provide health assistance. Another 24% mentioned the presence of a Lady Health Visitor (LHV) and a lady doctor, while 20% stated that a midwife and an LHV were available. In sharp contrast, the end evaluation study showed a complete turnaround, with 100% of respondents (260 out of 260) confirming that their health facilities were fully equipped with medical staff—including doctors, LHVs, and technicians—as well as essential medicines and equipment at CWSA-managed health facilities. This reflects a significant improvement in the availability and reliability of healthcare services at the community level.



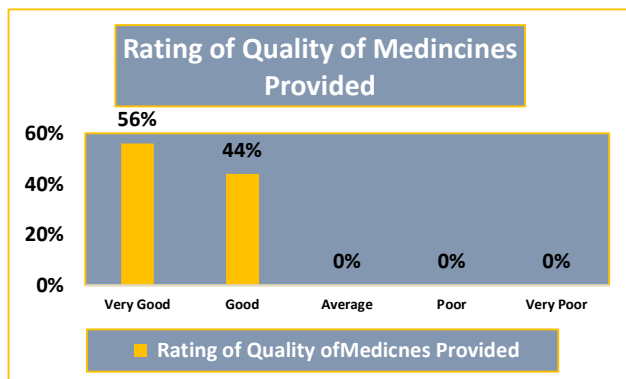
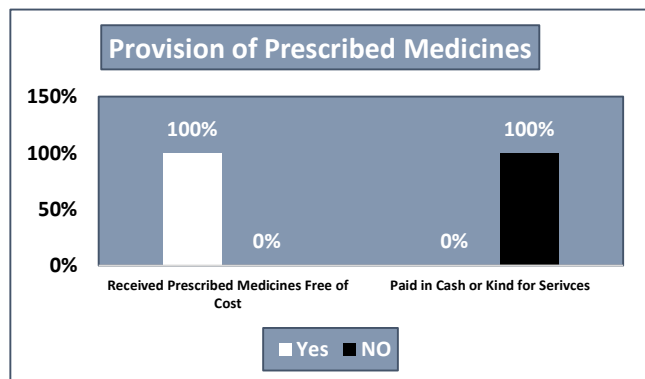
Services Offered at CWSA Managed Health Facilities

In the end evaluation study, participants were asked about the types of services offered at CWSA-managed health facilities. All 260 respondents (100%) confirmed that the facilities provided a full range of services, including General OPD, MNCH services (antenatal and postnatal care), family planning, counseling, and free-of-cost medicines. However, when asked about normal vaginal delivery (NVD) services, none of the respondents reported that such services were available within the health facilities. This indicates that while a broad spectrum of outpatient and maternal health support is accessible, delivery services remain an unmet need within these facilities.



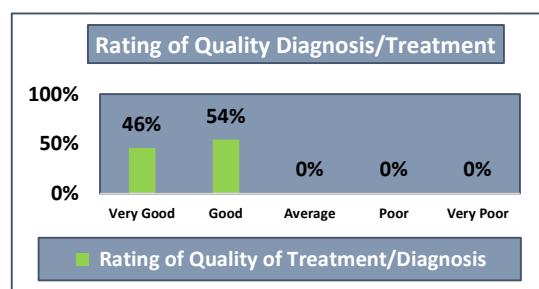
Provision of Free of Free-of-Cost Prescribed Medicines

When asked about the provision of free-of-cost prescribed medicines, all 260 respondents (100%) confirmed that they consistently received their medications without any charge. Furthermore, no respondent reported ever having to pay in cash or kind for medicines at CWSA-managed health facilities. When the same participants were asked to rate the quality of the medicines provided, the majority—56% (145 respondents)—rated them as ‘Very Good’, while the remaining 44% (115 respondents) rated them as ‘Good’. Notably, none of the participants rated the quality as ‘Poor’ or ‘Very Poor’, indicating a high level of satisfaction with the medicine quality provided through these facilities.



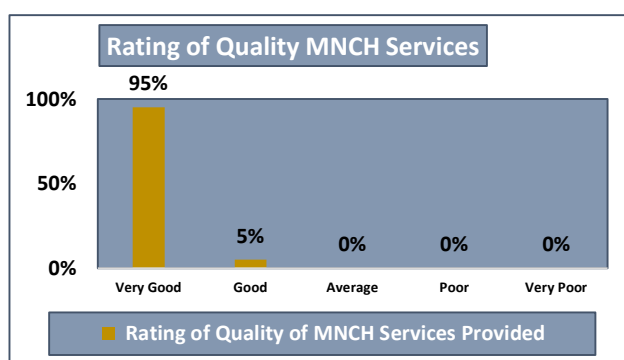
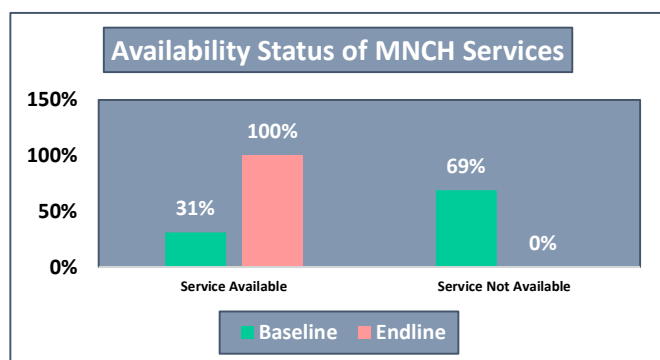
6.1. Quality of Treatment/Diagnosis

To assess participant feedback on the quality of treatment, diagnosis, and fairness at CWSA-managed health facilities, respondents were asked to rate their experience using a scale ranging from ‘Very Good’ to ‘Very Poor.’ The majority—54% (141 respondents)—rated the quality of services as ‘Good,’ while 46% (119 respondents) rated it as ‘Very Good.’ Notably, none of the participants rated the services as ‘Average,’ ‘Poor,’ or ‘Very Poor,’ reflecting a strong overall satisfaction with the healthcare services provided.



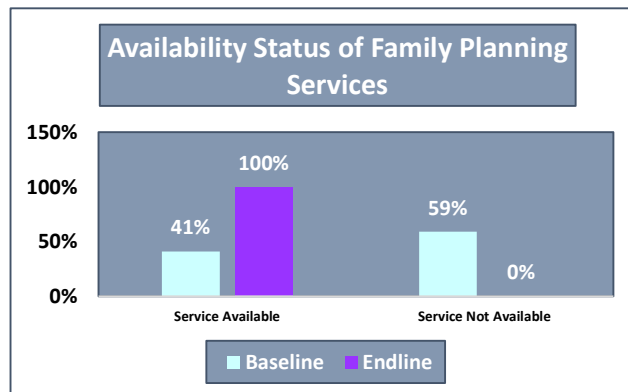
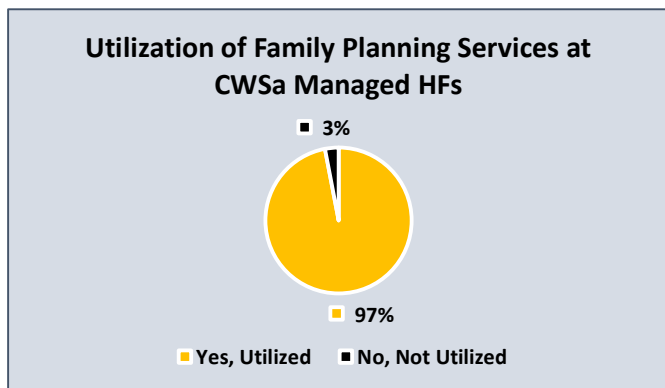
Availability, Utilization & Quality of MNCH Services

In the baseline study, 69% of respondents reported that MNCH (Maternal, Newborn, and Child Health) services were not available at their nearby health facility or dispensary, while only 31% confirmed the availability of such services. In contrast, the end evaluation study showed a significant improvement, with 100% of respondents confirming that MNCH services were available at CWSA-managed health facilities. To assess service utilization, participants were asked whether any woman from their household had accessed MNCH services at these facilities. In response, 240 out of 260 respondents (92%) reported that someone from their household had utilized the services, while 8% (20 respondents) said no one had. Among those who accessed MNCH services, 227 respondents (95%) rated the quality as ‘Very Good,’ and the remaining 13 (5%) rated it as ‘Good,’ reflecting a high level of satisfaction with the services provided.



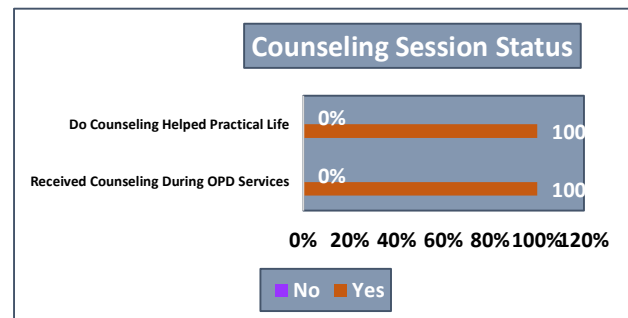
Utilization of Family Planning Services & Availability of Methods

In the baseline study, 59% of respondents reported that family planning services were not available at nearby health facilities, while 41% confirmed their availability. By the end evaluation, all 260 respondents (100%) reported that family planning services were available at CWSA-managed health facilities. Regarding utilization, 97% (251 respondents) said they had used these services, while 3% (9 respondents) had not. Among those who accessed the services, all confirmed the availability of CoC pills, Depo injections, and condoms, with no reports of other methods such as IUCDs, Jadelle, or TL being offered. This reflects a clear improvement in access and uptake, though method diversity remains limited.



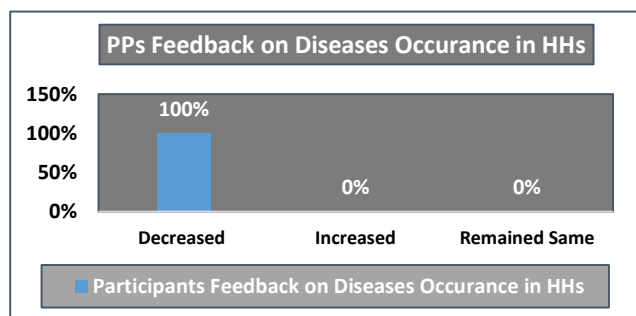
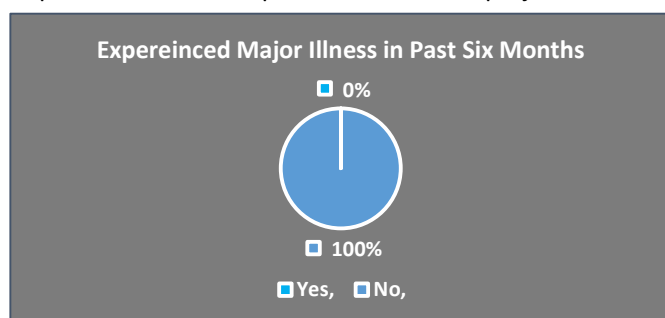
Provision of Counseling during General OPD

Providing counseling during OPD services was part of the health services delivered under the project. To assess this component, participants in the end evaluation study were asked whether they received counseling during their OPD visits. All 260 respondents (100%) confirmed they had been provided with counseling sessions on various health topics, including HIV/AIDS, COVID-19, hygiene and sanitation, communicable diseases, and family planning. This highlights that, alongside clinical care, the project emphasized improving community awareness. To evaluate the impact of these sessions, participants were further asked whether the counseling had helped improve their household's overall health. All respondents (100%) reported that it had, noting that they applied the knowledge in practical ways to benefit their families' well-being.



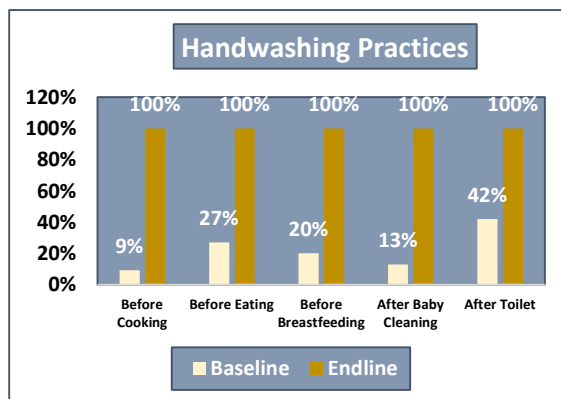
6.2. Impact of the Health Services

To assess the impact of the provided health services, participants in the end evaluation study were asked whether they or any member of their household had experienced a major illness in the past six months. All 260 respondents (100%) reported that they had not faced any major illness during that period. To further understand disease patterns, participants were asked to compare the frequency of illness in their households over the past few years to the present. All respondents again unanimously reported a decrease in the occurrence of illness. Additionally, when asked about any recent disease outbreaks in their area, 259 out of 260 participants (99.7%) stated that no outbreaks had occurred, with only one respondent reporting a measles outbreak in their locality. These responses suggest a positive health impact of the services provided under the project.



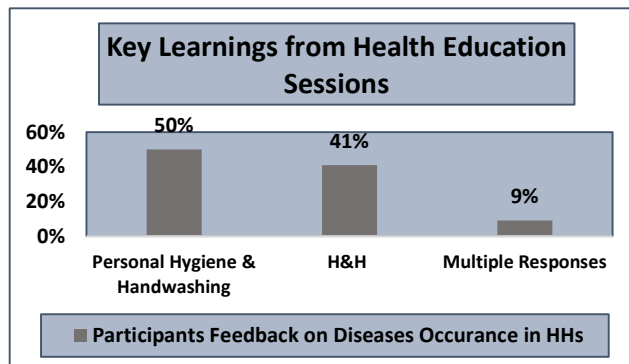
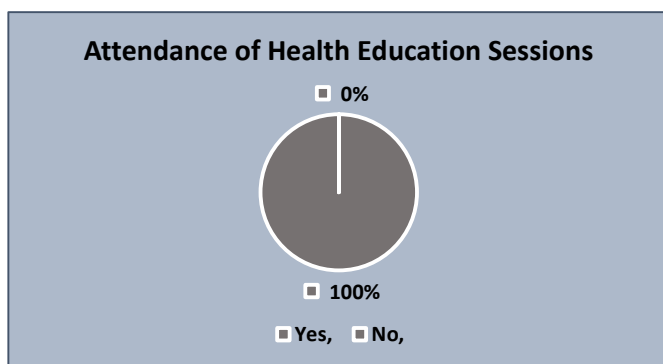
Handwashing Practices

In the baseline study conducted during the first year of the project, handwashing practices were limited and inconsistent. When asked about the timing of handwashing, 42% of respondents reported doing so after defecation, 27% before eating, and 13% after cleaning a baby, 9% before breastfeeding, and another 9% before cooking. However, in the end evaluation study, all 260 respondents (100%) reported practicing handwashing at all key moments, including before cooking, before and after eating, after defecation, after baby cleaning, and before breastfeeding. This marks a significant improvement in hygiene practices, reflecting increased awareness and adoption of proper hand hygiene behaviors across the community.



6.3. Health Awareness Session & Its Impact

As part of the project's efforts to raise awareness in the target communities, health awareness sessions were conducted. To evaluate the effectiveness of these sessions, participants were asked whether they had attended any health-related awareness activities. All 260 participants (100%) reported their participation. When asked to identify



their key takeaways, the majority, 130 participants (50%), highlighted personal hygiene and handwashing practices as their primary learnings. A further 107 participants (41%) cited health and hygiene, along with handwashing, as their key insights. The remaining participants shared multiple responses, including topics such as breastfeeding, vaccination, household cleanliness, and disease prevention. This indicates that the sessions successfully conveyed essential health knowledge, particularly in hygiene practices, which can lead to improved health outcomes and behavior changes within the communities.

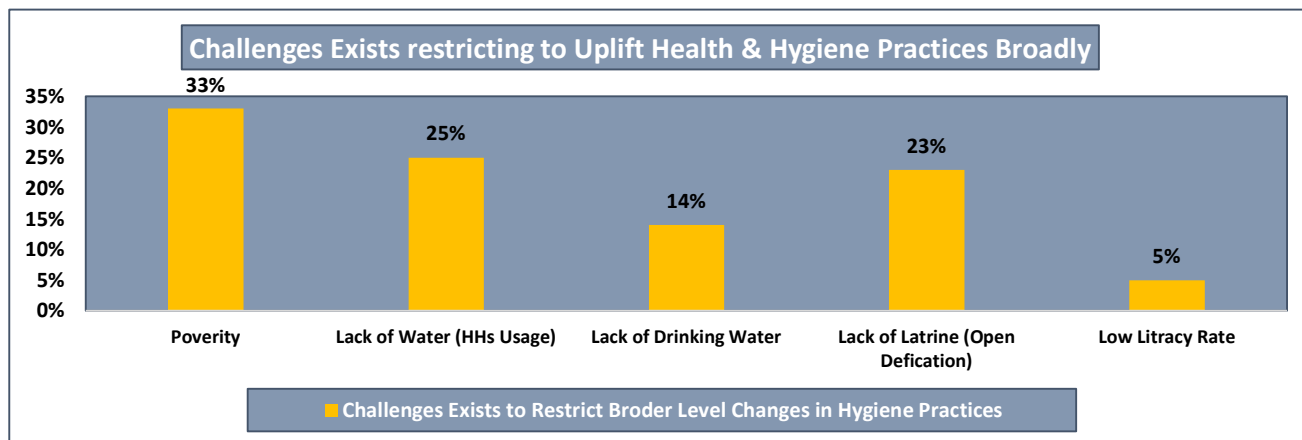
Knowledge Improvement

To assess the improvement in community knowledge as a result of the health education awareness program, participants in the end evaluation study were asked whether their understanding of disease prevention had improved due to the program. All 260 participants (100%) confirmed that their knowledge of disease prevention had increased. To further evaluate the adoption of new practices following the awareness sessions, participants were also asked if they had incorporated any new health or hygiene practices as a result of the intervention. Again, all 260 participants (100%) reported adopting various practices. Specifically, 179 participants (69%) indicated that they had adopted handwashing practices, 46 participants (18%) reported improvements in household cleanliness, 30 participants (11%) stated they had improved personal hygiene, 4 participants (2%) mentioned adopting baby care practices, and 1 participant reported building a washroom in their household. These findings suggest that the program has had a significant impact, leading to both increased knowledge and tangible improvements in health and hygiene practices within the community.

Challenges Exists restricting to Uplift Health & Hygiene Practices Broadly

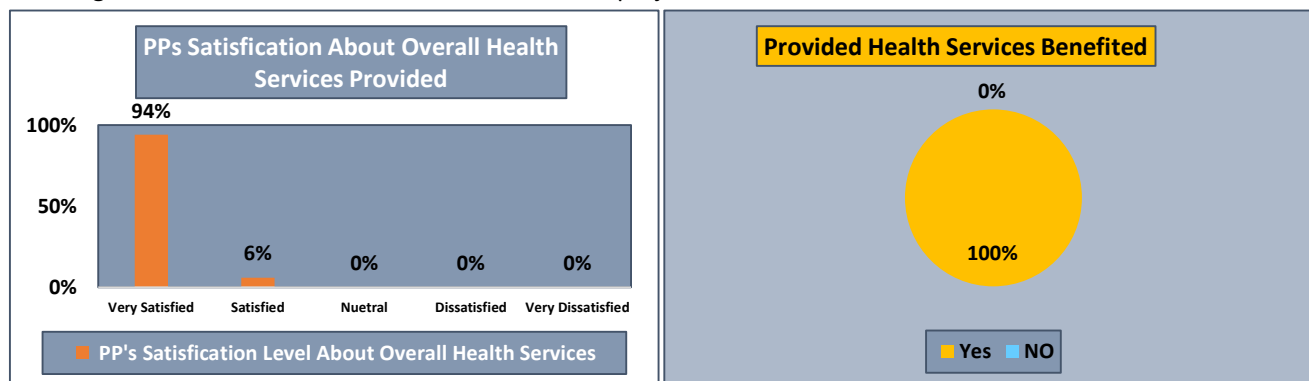
During the end evaluation study, participants were asked to share the challenges they face in improving health and hygiene practices on a wider scale within their communities. A portion of respondents, 85 (33%), mentioned that

poverty remains a key difficulty, making it harder for families to consistently follow hygiene practices. Another 66 participants (25%) shared that limited access to water for household use presents a significant challenge. Additionally, 59 participants (23%) pointed out that open defecation still occurs in some areas, mainly due to gaps in sanitation infrastructure at the household and community levels. A total of 37 participants (14%) noted the lack of available drinking water, and 13 (5%) mentioned that low literacy levels among community members can make it more difficult to understand and adopt health-related information. These insights highlight areas where continued support and community-based efforts could further strengthen progress in health and hygiene practices.



Satisfaction Status of Participants about Overall Health Services Provided

To assess participants' satisfaction with the overall health services provided through the project, they were asked to rate their level of satisfaction. In response, 245 out of 260 participants (94%) stated they were "very satisfied," while the remaining 15 participants (6%) reported being "satisfied." Notably, none of the participants expressed dissatisfaction with the services. Participants were also asked how the provided health services had benefited them and their families. All 260 respondents (100%) shared that the services were helpful in multiple ways—most notably by reducing financial burdens through access to free healthcare, improving their overall health and knowledge, enhancing their awareness and practices related to health and hygiene, and saving time and effort previously spent traveling to distant healthcare facilities. These responses reflect a high level of satisfaction and positive impact resulting from the health services delivered under the project.



6.4. OPD Performance Year-wise

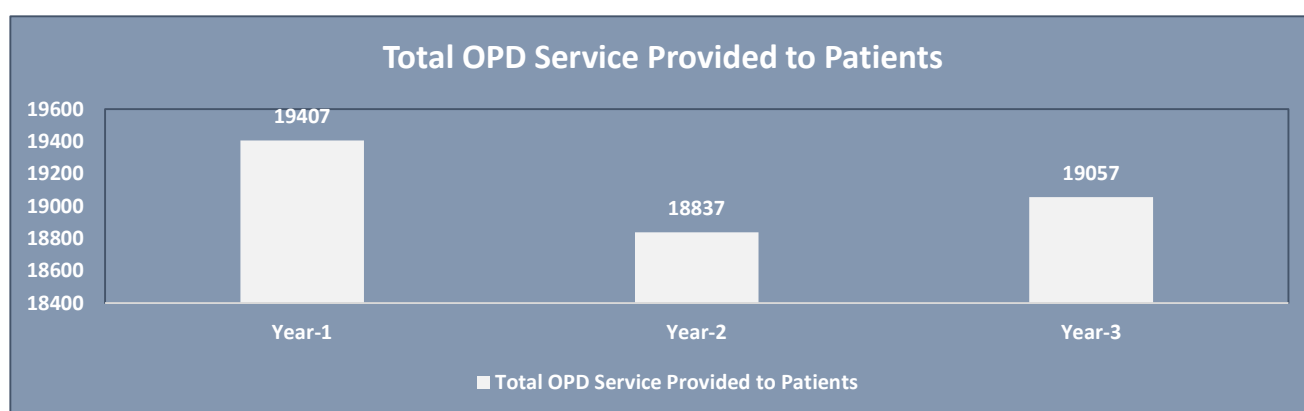
To evaluate the scope and effectiveness of health services, OPD data was collected across three consecutive years. The findings show consistent service delivery with notable improvements in outreach, preventive care, and maternal and child health.

In Year 1, a total of 19,407 individuals received OPD services. These included treatment for AURI/ARI (3,602 cases), malaria (61), skin diseases (1,407), and diarrhea (1,885). Preventive and reproductive health services were well-utilized, with 2,070 individuals accessing family planning, 2,201 receiving antenatal care (ANC), and 818 postnatal care (PNC) services. The program also recorded 50 normal vaginal deliveries (NVDs) and managed 343 UTI cases. Nutrition

screenings were substantial, with 2,509 women and 1,304 children screened. Services for children under five were a strong focus, with 2,826 children receiving general OPD care.

In Year 2, 18,837 patients were served. While overall numbers were slightly lower, several key indicators improved. Malnutrition screenings increased, reaching 2,711 women and 1,506 children, showing enhanced early detection efforts. Referrals more than doubled to 555, indicating stronger identification of cases needing specialized care. The number of children under five seen in OPD also rose sharply to 3,865, reflecting improved pediatric service delivery. Family planning (2,008), ANC (1,621), and PNC (619) services continued at high levels.

By Year 3 (up to March 2025), the program had served 19,057 patients, marking a rebound in total OPD utilization. Several categories showed clear growth: AURI/ARI cases rose to 4,693, skin disease cases jumped to 2,151, and children's malnutrition screenings increased again to 1,613. General OPD visits by children under five remained high at 3,842, indicating consistent outreach to this critical age group. Preventive services were maintained with 1,308 family planning consultations, 1,123 ANC visits, and 472 PNC services. Referrals remained strong at 510, reinforcing the system's ability to detect and escalate complex cases.



Overall, the data reflects a stable and responsive healthcare program with improvements in early screening, maternal and child health, and case referrals. The consistent rise in child-focused services and malnutrition screening highlights strengthened community engagement and health awareness. The system's ability to maintain service levels across three years, especially in critical areas, is a positive indicator of its resilience and impact.

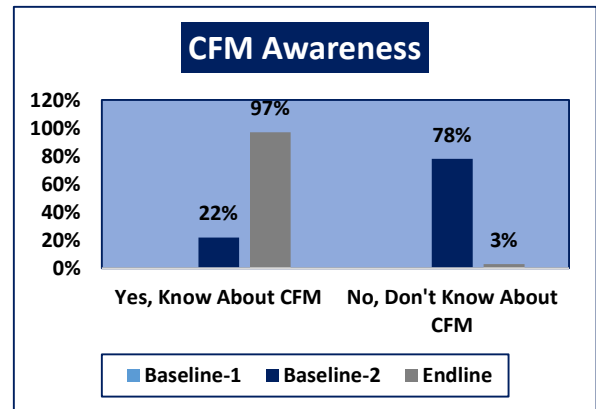
Year-Wise OPD Record				
S#	Diseases	Year-Wise OPD		
		Year-1	Year-2	Year-3
1	AURI/ARI	3602	3221	4693
2	Malaria	61	39	6
3	Skin Diseases	1407	1166	2151
4	Diarrhea	1885	1051	1018
5	Family Planning	2070	2008	1308
6	ANC	2201	1621	1123
7	PNC	818	619	472
8	NVDs	50	33	22
9	Urinary tract infection UTI)	343	442	420
10	Women Malnutrition Screening	2509	2711	1879
11	Children Malnutrition Screening	1304	1506	1613
12	Referrals	331	555	510
13	0 to 5 years (children) General OPD	2826	3865	3842
Sub-Total		19407	18837	19057
Total		57,301		

7. COMPLAINT AND FEEDBACK MECHANISM (CFM)

Awareness of Complaint and Feedback Mechanisms (CFM)

While no data on community feedback mechanisms (CFM) was available at the project's initial stage, a baseline study conducted at the start of the third year provided a clear picture of the situation. At that time, 78.1% of respondents (267 out of 342) reported they did not know how or where to register complaints or provide feedback, while only 21.9% (75 respondents) were aware of the process. This highlighted a significant gap in community awareness and access to feedback channels. In the end evaluation study, the same question was repeated to assess any change in awareness. The results showed a remarkable improvement: 97% of respondents (253 out of 260) stated they were aware of the CFM, with only 3% (7 respondents) indicating they were not.

This significant shift demonstrates the project's success in raising awareness and strengthening community engagement by making complaint and feedback mechanisms more visible and accessible.

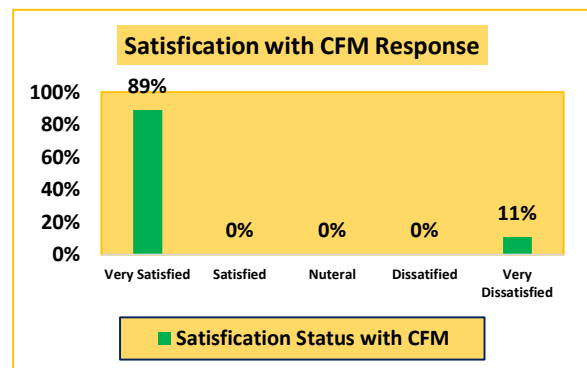


Channels for Registering Complaints

Among respondents who were aware of how to register complaints, further questions were asked to assess their knowledge of specific CFM (Complaint and Feedback Mechanism) channels. Of the 253 informed respondents, 94% (239 individuals) reported awareness of three available channels—CFM box, phone calls, and face-to-face communication. 5% were aware of phone calls and face-to-face channels, while only 1% mentioned awareness of the CFM box alone. These findings indicate not only increased awareness of the CFM overall but also a strong understanding of the multiple avenues available for submitting complaints or feedback.

Utilization of CFM

Respondents who were aware of the CFM were also asked whether they had ever used it to register feedback or complaints. Out of 253 individuals, only 9 (4%) reported having used the system, while 96% (249 respondents) said they had not used it. This reflects a high level of awareness but relatively low utilization of the mechanism. Those who had used the CFM were further asked to rate its ease of use. Of the 9 users, 8 (89%) found it easy to use, while 1 respondent (11%) gave a neutral response. When asked about satisfaction with the response received through the CFM, 8 out of 9 users (89%) reported being very satisfied, while 1 respondent (11%) expressed dissatisfaction. These results suggest that while the system is functioning well for those who engage with it, efforts may be needed to encourage greater utilization among the wider community.



Feedback, Complaints, and Requests for Assistance Received During the Project

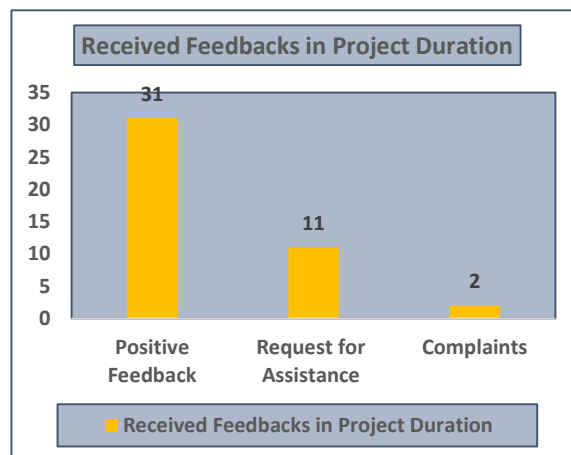
Throughout the project period, the CWSA team received a variety of feedback from the community, reflecting both appreciation and opportunities for improvement. A total of 31 positive feedback entries were recorded, commending the team's efforts in delivering integrated health and education services. Community members specifically acknowledged the value of having accessible support and the dedication shown by project staff.

In addition to the positive feedback, 11 formal requests for assistance were received. Most of these requests related to the need for health services in areas located far from the currently operated health facilities. These requests

highlighted service gaps in remote or underserved communities and were documented and reviewed for possible action within the scope of the project.

Two complaints were officially registered during the project period—both concerning the health component and specifically related to staff behavior at health facilities. Upon receipt, each complaint was processed through the project's accountability and feedback system, investigated thoroughly, and resolved with appropriate corrective measures. Both complainants confirmed their satisfaction with the resolution process, indicating trust in the project's responsiveness and commitment to service quality.

A detailed table of feedback, RFAs & Complaints is attached as Annexure-E below in the report.









8. SUMMARY OF THE KEY INFORMANT INTERVIEWS (KIIs)

Key Informant Interviews with education and health department officials, as well as the CWSA Project Manager, affirmed the strong relevance, effectiveness, and efficiency of the Umerkot intervention. Education stakeholders reported improved girls' enrollment, strengthened school governance through active School Management Committees, and enhanced teaching practices. The project demonstrated efficient resource use, with targeted investments in materials, training, and community mobilization. Health officials highlighted expanded maternal and child healthcare, revitalized government dispensaries, increased immunization coverage, and a 151% achievement of OPD targets by March 2025. Collaborative planning between CWSA and local departments ensured streamlined implementation and avoided duplication. Year One faced initial delays due to restrictive school selection criteria and MoU approval bottlenecks but quickly adapted through revised processes. Year Two saw more systematic execution, including strategic reallocation of resources to manage overspending on fuel and training while maximizing community benefits. Underspending in areas like hygiene kits and advocacy created space for extended outreach. In Year Three, project activities progressed on schedule and within budget, with strong signs of institutional integration—such as school adoption in the Annual Development Plan and teacher postings by government authorities. Sustained community engagement and high-level participation in health and education initiatives reinforced program ownership. While public sector budget constraints pose long-term sustainability challenges, the project's adaptive management, alignment with district priorities, and increasing government co-investment present a credible pathway for continued impact and scale-up.. *Detailed interview interpretations are attached as Annexure-F in the report.*

9. KEY CHALLENGES

- ✚ The remote, scattered desert geography made transportation, school identification, and consistent service delivery logistically complex and resource-intensive.
- ✚ Most schools lacked basic facilities such as boundary walls, classrooms, and sanitation; health centers operated with minimal space and equipment, hindering quality service provision.
- ✚ A critical gap in qualified female teachers, healthcare staff, and vaccinators limited effective and consistent delivery of education and health services.
- ✚ Socio-cultural norms continued to restrict girls' access to education, requiring ongoing, context-sensitive community engagement strategies.
- ✚ Extreme heat and agricultural cycles, especially during monsoon season, affected both implementation schedules and community participation.

10. RECOMMENDATIONS

-  Continue supporting the previously non-functional government dispensaries by ensuring essential staffing, supplies, and coordination with the District Health Office to facilitate a smooth transition into the public health system.
-  Prioritise the identification, training, and mentoring of community-based individuals, especially women, to serve as health workers and teaching aides, while offering practical retention incentives for qualified professionals in remote areas.
-  Implement essential, cost-effective improvements in schools and health facilities, such as boundary walls, shaded areas, sanitation, and learning space enhancements, to ensure safe, functional, and inclusive environments.
-  Strengthen School Management Committees and Village Health Committees through capacity-building and active engagement, enabling them to manage resources, monitor services, and advocate for local needs.
-  Align project-supported facilities and interventions with government plans and budgets, advocating for their inclusion in Annual Development Plans and formal staffing by relevant departments.
-  Launch locally tailored awareness efforts—timed around seasonal realities and rooted in cultural norms—to promote girls’ education, preventive health practices, and increased community participation.

11. ANNEXURES

Annexure A -Tools



Parents KAP
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Student Date
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Teachers KAP Data
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Annexure B -Attendance and enrolment data



Attendance &
Enrollment tool year 3

Annexure C – Detailed Methodology



Annexure C Detailed
Methodology.docx

Annexure D – Detailed Findings on Student Experiences & Feedback about Schools & Environment



Annexure D Detailed
Findings on Student E

Annexure E – Detailed Table of the Feedback, RFA & Complaints



Annexure E Detailed
Table of the Feedback

Annexure F – Detailed Findings of Key Informant Interviews (KIIs)



Annexure F Detailed
Findings of Key Inform

Annexure G – Detailed Table of Outcome Targets Vs Achievement.



Annexure G Detailed
Table of Outcome Tar