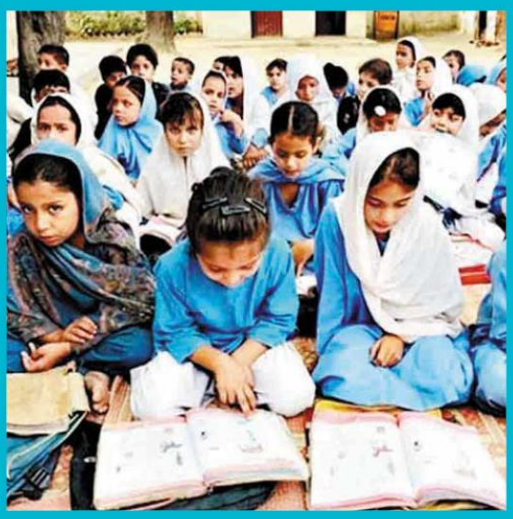
BARGAD

CHILD PROTECTION & WELFARE BUREAU

unicef for every child

# Report on Mapping and Assessment of Alternative Residential Care Facilities in Punjab

August 2022



A Study by Child Protection Welfare Bureau with technical and financial support by UNICEF Pakistan

The 'Mapping & Assessment of Residential Care Facilities in Punjab, Pakistan' has been commissioned by UNICEF's Child Protection team, in collaboration with the Child Protection & Welfare Bureau. This assignment has been carried out in 2021-22 by Bargad, an NGO from Lahore with technical cooperation from Development and Empowerment of Women (DEW) Consultancy Service Private Limited. A technical working group (TWG) has also been established to guide and support adaptation of the standard study protocols for ensuring reliable and contextually appropriate data collection and analysis. The TWG comprised of representatives of different line departments, members of Child Rights NGOs, and academia from Punjab.

The Protocols and Tools for a National Census and Survey on Children in Residential Care was published by UNICEF in 2020 and is a comprehensive methodology and set of data collection tools that allows countries to collect standardized and robust data on residential care facilities and children living in residential care. The content of the tools and questionnaires include previously tested and validated measures that generate data across a number of key indicators, including many of those required to monitor progress towards internationally agreed-upon commitments such as the Sustainable Development Goals.

For more information on the standard protocols and tools, please visit here.

Bargad/ DEW. 2022.
MAPPING & ASSESSMENT OF Residential CARE FACILITIES IN PUNJAB, PAKISTAN
2021/22, Findings Report. Punjab, Pakistan: Bargad/ DEW.

## INTRODUCTION

This report is based on the 'Mapping & Assessment of Residential Care Facilities in Punjab, Pakistan' conducted in 2021-22, commissioned by UNICEF and undertaken by Bargad and Development and Empowerment of Women (DEW). The survey provides statistically sound and internationally comparable data essential for developing evidence-based policies and programmes, and for monitoring progress toward national goals and global commitments relating to the residential care of children.

The Mapping & Assessment of Residential Care Facilities in Punjab, Pakistan (2021-22) had two primary objectives:

1. Conduct a census and mapping of all residential care facilities in the province of Punjab (both registered and unregistered), and
2. Conduct a thorough enumeration of child populations (including basic characteristics such as age and sex) living in alternate residential care facilities;
3. Assessment of alternate RCFs in relevance with residential and living conditions to suggest recommendations and implications for reforms and improvements.

This report presents the results of the mapping and assessment conducted between October 2021 to October 2022. Chapter 2 is on methodology, including sample design and implementation. From Chapters 3 through 11, all results are presented in eight thematic chapters. In each chapter, a brief introduction of the topic and the description of all tables as well as an interpretation and significance of the results, are followed by the tabulations. Chapter 12 summarizes the main findings, connects the findings to the provincial context and policies on children in alternative care, and suggests recommendations and implications of the findings for care reform and systems strengthening in Punjab, Pakistan.

**Summary table of census and survey implementation and population**

| Census and Survey sample and implementation (Tools used for Quantitative and Qualitative assessment | | | |
|---|---|---|---|
| **Census frame** | December, 2021 | **Questionnaires** | • Facility Questionnaire<br>• Facility Observation Checklist<br>• Facility Roster<br>• Verification Count and Record Review<br>• Child Listing<br>• Key Informant Interviews<br>• Focus Group Discussions |
| **Interviewer training and pilot** | December, 2021 | **Fieldwork** | January to March, 2022 |
| **Census and Survey sample** | | | |
| Facilities | | | |
| - Identified | | | 105 |
| - Eligible | | | 105 |
| - Completed | | | 98 |
| - Facility Completion Rate (Per cent) | | | 93.3[1] |
| - Facility Response rate (Per cent) | | | 93.3 |

[1] Out of 105, 7 refused to share any data

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LIST OF ABBREVIATIONS

## ACRONYMS

| | |
|---|---|
| **RCFS** | Residential Care Facilities |
| **CPWB** | Child Protection and Welfare Bureau |
| **CRC** | Convention on the Rights of the Child |
| **CSO** | Civil Society Organizations |
| **D. G. KHAN** | Dera Ghazi Khan |
| **DEW** | Development and Empowerment of Women |
| **FGDS** | Focus Group Discussions |
| **KIIS** | Key Informant Interviews |
| **MICS** | Multiple Indicator Cluster Surveys |
| **NGO** | Non-Government Organization |
| **SWD** | Social Welfare Department |
| **TWG/RG** | Technical Working Group/Reference Group |
| **UN** | United Nations |
| **UNICEF** | United Nations Children's Fund |

## ACKNOWLEDGEMENTS

This meaningful research was made possible with the vision and resources of UNICEF Pakistan. Bargad and DEW would like to express our gratitude to all those who participated in this study. We would like to show appreciation to CP&WB, especially Chairperson Ms. Sara Hamad and Mr. Shafique Retyal, and the Social Welfare Department.

As well as the team responsible for the production of this report and the ongoing support of the project Reference Group. Bargad and DEW extends its appreciation to Zahida Manzoor and Susan Andrew at UNICEF Pakistan for their technical guidance throughout the assessment. The team is also acknowledging and appreciating the extra ordinary support extended by Ms. Sabiha Shaheen ED Bargad, Mr. Shahbaz Ahmad and Mr. Sarfarza Saadi, Mr. Abo Hassan, Mr. Pervaiz Ahmad and all his data collection team. A Reference Group (RG)/ a Technical Working Group (TWG) was also formed including representation from government line departments, Child rights focussed NGOs working in Punjab, and members of academia to guide this assignment. The valuable contribution of this group is highly appreciated.

Bargad and DEW emphasizes the utility of the findings in this report and urge policymakers, donors and all actors involved in the provision of alternative care to children to utilize these findings to support in promoting and protecting the rights of children to live with their family (or in a family-like environment).

# 1 METHODOLOGY

## 1.1 INTRODUCTION

Given importance of children living in alternate Residential Care Facilities (RCF), UNICEF in collaboration with the Child Protection and Welfare Bureau Punjab commissioned the census and mapping of all Residential Care Facilities in Punjab along with enumeration of child population living in these facilities and assessment of RCFs in relevance with residential and living conditions. The initiative was implemented by Bargad, an NGO from Lahore and Development and Empowerment of Women (DEW), a consultancy service during September 2021 to July 2022 . To secure greater acceptability and ownership of this assessment and to seek support from different stakeholders involved with child rights and welfare across Punjab, a Reference Group (RG)/ a Technical Working Group (TWG) was also formed during the last quarter of year 2021, which included representation from government line departments, Child rights focussed NGOs working in Punjab, and members of academia to guide this assignment. Terms of Reference for the TWG/ RG, and membership was also finalised by the RG/ TWG which was formally chaired by the Chairperson CP&WB – Punjab or a staff designated by the Chairperson during her absence. During the process, draft targeting criteria, assessment methodology, tools to conduct the assessment were all shard with the TWG/RG members to secure their inputs. Further the reference group meetings were also invited to update its members on the progress, challenges, study limitations, and finally to share the main findings of the study.

For training the data collection team on the tools, protocols, approach and methodology and the use of android base application, two training workshops were organized by Bargad/ DEW. The workshops had an elaborated schedule of sessions. The first workshop was organized in Lahore dated December 21-23, 2021, at Bargad Office. All data collection supervisors engaged for this assignment from the nine divisions of Punjab and the Data Collection team of all the districts of Gujranwala Division [2]participated in the workshop. After this training, the tools and application were both piloted in the Gujranwala Division only, with the aim to ascertain critical feedback from the different stakeholders including key government officials within Gujranwala division and to capture the experience of the data collection team before a full-scale rollout.

The second training workshop was conducted in Multan dated January 10-12, 2022, at Avalon Hotel. The agenda was revised and adjusted based on the learnings acquired during the pilot phase. Respective government officials from Southern Punjab were invited in the workshop as an orientation about this assessment, and UNICEF's Child Protection Officer as well as Bargad/DEW's Team Leader introduced the assignment and its objectives to the government officials in Multan. During this second training workshop once again all supervisors participated and contributed to training the data collection team members appointed from the remaining eight divisions of Punjab. Findings of the Gujranwala pilot phase were also shared with the participants, and the issues that the data collection team faced in different districts of Gujranwala, were also discussed to collectively devise the solutions to overcome such issues. As a result, all data collection team members were provided with authority letters issued from CP&WB, endorsement letters issued by other departments including Social Welfare and Special Education Departments, printed photo ID cards of Bargad & DEW, standard banners / posters with logos of DEW, Bargad, CP&WB, printed copies of all questionnaires and protocols and a uniform power point presentation for stakeholder consultation meetings.

It was agreed during the Multan workshop, that the data collection team would conduct stakeholders' consultation meeting in every district headquarter as opposed to divisional stakeholder consultations. This

[2] Reason to select Gujranwala division for pilot testing is that it had the highest number of RCFs i.e. 18 in Punjab and better learning could be acquired before conduct the study at a full scale across the province

decision was considered critical for ensuring that district-wise list of residential care facilities was drawn as the first step, based on the targeting criteria agreed and endorsed by the RG/TWG in Lahore. Therefore, Bargad / DEW data collectors conducted those 36 stakeholder consultations in all district headquarters and invited key district level stakeholders (government and civil society representatives) and through their informed inputs the district level lists were developed, before the commencement of the data collection visits to the Residential care facilities. These stakeholder consultation meetings supported the team to map a total of 105 residential care facilities, meeting the study criteria (explained in further detail in next section of the report). As the next step, the data collection team started visiting the facilities for completing their data collection as per the approved, and contextualised protocols. The data collection followed the principles of voluntary and unpaid participation of the institutions. Field visits to the facilities were scheduled based on the prior appointments, so that a dedicated time and convenience of the facility in-charge or representative was obtained to avoid multiple visits. A total of seven institutions/ residential care facilities that met the targeting criteria refused to participate in the data collection process, and therefore by the end of March 2022, team was able to complete data collection in 98 facilities.

Team also conducted 119 key informant interviews with a diversified range of key and relevant stakeholders. These mainly included facilities representatives, local and international NGOs, relevant government agencies and researchers. Informed consents were obtained before conducting the key informant interviews. Additionally, four focus group discussions (two in rural and two in urban settings separately with men and women) were also held to learn the qualitative aspects of alternative residential care; mainly 1) push and pull factors, 2) monitoring & inspection, 3) registration, renewal and licensing, 4) capacity building and 5) minimum care standards. Divisional Supervisors hired for the assignment conducted the FGDs and district-based data collectors participated as the note takers, verbal consent forms were read aloud at the beginning of each FGD. Members were assured that their names, designations etc. would be maintained strictly confidential and their anonymity would be maintained throughout the process, and therefore they could express their views and opinions.

Team involved in data collection included 9 female data collection supervisors, , and 42 male data collectors locally selected from each of the 36 districts of Punjab. All of these have prior experience of studies and assessments across different districts of Punjab. This team reported to the Data Collection Manager, that further reported to the Team Leader for this assignment. The Team leader had the technical support from the Co-Team Lead – Quality Assurance Manager, Data Analyst, Coordination Officer, and Android App Developer. The data collection spanned over the period of 3 months starting from January 1st, 2022, to March 31st, 2022.

## 1.2 OPERATIONAL DEFINITIONS AND INCLUSION CRITERIA

The TWG agreed upon “operational definitions” that clarified exactly what types of facilities were to be included in the census. There were several considerations for deciding what kind of facilities would specifically qualify as providing residential care in Punjab province. The UN Guidelines’ definition of a residential care facility was very inclusive, meaning that a wide range of facilities may qualify as providing residential care. UN Guidelines define residential care as care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities[3]. In some cases, facilities that provided education or healthcare services including boarding schools or religious homes, mental health facilities or those that provided care to children with disabilities, might also qualify as residential care facilities.

[3] Guidelines for the Alternative Care of Children (Resolution adopted by the General Assembly on 18 December 2009)

The *operational definitions* developed for the study were born from efforts to develop clear, concise and detailed definitions of a residential care facility and residents that could be applied across contexts for the purposes of implementing the data collection exercise. Operational definitions also removed ambiguity and supported standardisation within and between data collection exercises.

The study then was conducted with following *operational definitions* that were drafted to align with definition of residential care set forth in the UN Guidelines and to match the contextual realities and situations in Punjab:

1. Residential care facility: a non-family-based group setting with paid or unpaid staff where some children live and receive care. More specifically the following were included or excluded into this considering Punjab's context:
    a. Included:
        i. All such facilities that are managed and run by the government and have clear and specific purpose of providing children with residential care regardless of their duration of stay with them. These mainly include those facilities managed and run by Department of Social Welfare and Child Protection & Welfare Bureau.
        ii. All such facilities that are run by any non-governmental organization and are registered with the government as a residential care facility for children.
        iii. All such facilities that are run by non-governmental organizations though may not be formally registered.
        iv. All drop-in centres that provide residential care regardless of children's duration of stay with them.
        v. Any emergency crisis centres run or managed by government or non-governmental organizations.
        vi. All *madaris* that are established or registered as orphanages or residential care facilities.
    b. Excluded:
        i. Borstal Institutes: They are being excluded from the scope of this study mainly as such institutes generally are managed and governed under different types of legislations and similarly there are different systems for managing and monitoring them. Currently, the province of Punjab does not have many borstal institutes established.
        ii. Juvenile Detention Centres: The scope of the study and resources did not allow to stretch to this level; however, they should be included, as and when any relevant study on juveniles is conducted. This is also to be noted that juvenile justice and respective residential care is comparatively not an ignored area as rest of the residential care institutions; therefore, the current resources are deliberately prioritized to focus on institutions mentioned as "Included" above.
        iii. Boarding Schools: They are not be included as their purpose distinguishes them from care provision institutions. The children in boarding schools in Punjab are generally not those who are without parental care or are forced to be enrolled at such schools due to unavailability of other forms of care. These children generally meet their parents on regular basis and are enrolled in schools only for the purpose of getting better education; but not as such for better residential care.
        iv. *Madaris* established or registered as Educational Institutes: These institutes are not being included as they are generally established or registered as educational facilities with the prime purpose of providing education. There is a mix of these institutions where some provide modern and religious education both; whereas others provide only religious education. Similar to boarding schools, a few among these *madaris* also provide residential arrangements for the children; however, these children also

remain in regular contact with their parents and the purpose of enrolling them into these *madaris* is only education but not the alternate residential care as such.

2. Resident: someone who lives and receives care in a residential care facility.

When it came to determining whether individuals were considered as residents of the facility, the general underlying principle was to consider where the person (in this case, the child) usually lived/resided and received care. The idea was to capture usual residents of the facility; in other words, the 'de jure' population of children living in RCFs.

## 1.3 CENSUS AND SAMPLE DESIGN

A draft initial list including names of the Residential Care facilities was provided by Child Protection and Welfare Bureau Lahore office. Another list was also shared by the Social Welfare Department Punjab. However, both lists only included less than 30 centres, and critical information such as key contact person and the updated phone numbers were also missing. A member of TWG/ RG provided another list with the names of residential care facilities managed by some trusts / NGOs, however, altogether the team could only identify around 34 names from the three lists. Ultimately, team proceeded by organising district-based stakeholders meetings with the most relevant and informed government officials as well as the members of the district based civil society. As a result, complete district-wise lists were compiled, including information about the critical contacts/ physical address/ phone numbers of the residential care facilities. These formal district-based stakeholder consultation meetings were attended by both the data collection officer of Bargad/ DEW in the district and their Divisional Supervisors, and stakeholders' consultation meeting reports included attendance lists, group photos, and a signed list of Residential Care facilities of each district. It was further agreed that the data collection team would seek prior appointments with the RCF in charge for the field visits, and would also meet the most informed staff during the field visit to complete the questionnaires. It was agreed that as per the study design and protocol, team would seek more information about any other RCF that the list drawn at the Stakeholder Consultation Meeting did not include and would discuss it with the local councillors and in-charge of the visited RCFs.

A total of 98 RCFs voluntary participated in the data collection process, of which 41 were government-run facilities, while 57 non-government facilities. Lowest proportion (i.e., 17%) of government-run facilities were reported for Sahiwal division and consequently highest of the non-governmental facilities i.e. 83 percent, while DG Khan division had a similar lowest proportion for non-government facilities and highest proportion of government run facilities. The type of services provided by RCFs on-site include housing and care (100%), early childhood education (71%), primary or secondary education (83%), vocational or skill training (28%), emergency or temporary shelter (19%), health or medical care (64%), religious education (68%) and specialized services for disabled children (13%), among others. The most common combination of services provided by ACFs is reported as residence coupled with educational facilities.The percentage distribution of length of RCFs' operation reflects that most of the RCFs are working for over 20 years. The total children residing in RCFs are 5,762 (boys 4,260 and girls 1,502) which is 12 children living in RCFs per 100,000 population of children living in Punjab. Lastly, 61.2% of the facilities covered were of boys and 16.3% of girls while 22.4% were mixed facilities.

## 1.4 QUESTIONNAIRES

For Quantitative analysis, four questionnaires were used for the data collection:

1) a facility questionnaire to collect information on basic characteristics of the facility; 2) a facility roster to collect basic information on all usual facility residents; 3) a facility observation checklist to collect and verify basic characteristics of the facility; 4) a verification count and record review of facility roster.

While for Qualitative analysis two tools were used for data collection:

1. A questionnaire for Key Informant interviews
2. Guidelines for Focus Group Discussions

The questionnaires/tools included the following modules/topics:

| Modules/Topics Included in Tools of Data Collection | | | |
|---|---|---|---|
| | **Quantitative Analysis** | | **Qualitative Analysis** |
| **1.** | **Facility Questionnaire** | **1.** | **Key Informant Interviews** |
| | Facility characteristics | | Children Situation in the district |
| | Staffing characteristics | | Knowledge about residential care facilities |
| | Water and sanitation | | Availability of children care facilities |
| | Sleep arrangements | | Differences in care by gender and age |
| **2.** | **Facility Roster** | | Referral system to residential care facilities |
| | List of residents | | Perception on residential care facilities |
| | Basic characteristics of residents | | Suggestions for improvement |
| | Roster of exited children | **2.** | **Focus Group Discussions** |
| **3.** | **Facility Observation Checklist** | | Protection risk for children by gender |
| | Physical interior and exterior of the facility | | Support structure for children by gender |
| | Basic amenities | | Availability of residential care facilities |
| | Health and safety issues | | Reasons of sending children to residential care facilities |
| | Materials for children | | Perception on residential care facilities |
| **4.** | **Verification Count and Record Review** | | Information on complaint procedure |
| | Verification Count | | Suggestions for children support |
| | Record Review | | |

The questionnaires were customised and translated into Urdu and were pre-tested as part of the dedicated pilot exercise during December 2021.

## 1.5 ETHICAL PROTOCOL AND RESPONSE PLAN

The study protocol was submitted by UNICEF for ethical review and approved by Ethical Review Board of Health Media Lab in November 2021, and the approval was granted in December 2021. The following documents were submitted for ethical review and approval following UNICEF's procedures for ethical standards in research, evaluation, data collection and analysis:

- Inception Report including research protocols, specific research objectives and questions, methodology and analysis and reporting plans.
- All data collection tools and informed consent documents.
- Written protocols to ensure safety and protection of human subjects, including an outline of potential risks during data collection and management strategies to mitigate these.
- Written protocols for the protection of data.

Written consent was obtained from the Facility Director or other appointed official in the facility to be interviewed and for the facility to take part in the data collection. The consent script explains the purpose of the data collection and relevant details about the interview process, including the fact that the name of the facility

would not be identified or disseminated as part of the findings. Respondents were reassured that the data collection was not an inspection and that the information provided would not affect employment or status of the facility.

As part of the consent process, all respondents were informed of the voluntary nature of participation and the confidentiality and anonymity of information. Additionally, respondents were informed of their right to refuse answering all or any question(s), as well as to stop the interview at any time.

### 1.5.1 DATA COLLECTION METHOD:

Data collection was implemented using Mobile Application. The application was tested as part of the dedicated pilot exercise during December 2021/January 2022, which included 12 data collectors and one divisional supervisor, who have been provided support by Data Collection Manager, Data Analyst, and mobile app development consultant.

## 1.6 TRAINING

Training for the field work was divided into stage one (pilot) and stage two (full rollout). The pilot training, held in Lahore, was conducted for three days in December 2021 and 12 data collectors and 9 data collection supervisors participated. Training included lectures on interviewing basics, general conventions of questionnaires, the contents of the tools and questionnaires, consent and field procedures as well as time for practice and mock interviews between trainees to gain practice in asking questions. Stage one training was led by the Team Leader, Quality Assurance Manager, Data Collection Manager, Data Analyst, Mobile app development consultant, and Operations Director of Bargad.

Stage two training, held in Multan, was adjusted based on the experience of the pilot, and this time, 30 data collectors and the same data collection supervisors which were in the first training attended this training. In addition some government officials from CP&WB and Social Welfare Department also participated in side-line meetings and this served as an orientation regarding the study for the line department staff.

On the last day of the second training event held in Multan, divisional supervisors attended additional training on the supportive supervision, effective communication & reporting, and timely completion of monitoring checklist

## 1.7 PILOT

The main fieldwork of data collection was preceded by a pilot. In addition to testing the tools and procedures for data collection, the pilot also included a test of the mobile application to verify supervisor assignment of interviews in android phones/ tablets, data transfer and utilization of menu for the interviewer, supervisor and central office.

Following the training, all members of the fieldwork team participated in a two-weeks pilot in Gujranwala division. This division was selected as it is highly populated and has a large number of RCFs. Findings and observations from the pilot were collected and discussed and used to inform modifications to the wording and translation of the final questionnaires as well as to modify and further adjust the mobile application. There are a total of nine divisions in Punjab province, and these divisions include 36 districts in total. The lists of divisions and districts of Punjab[4] are given below:

[4] Division and district detail is updated as per notification issued by Chief Minister Punjab Secretariat in October 2022, however, during data collection process the existing 36 districts and 9 Division were taken into

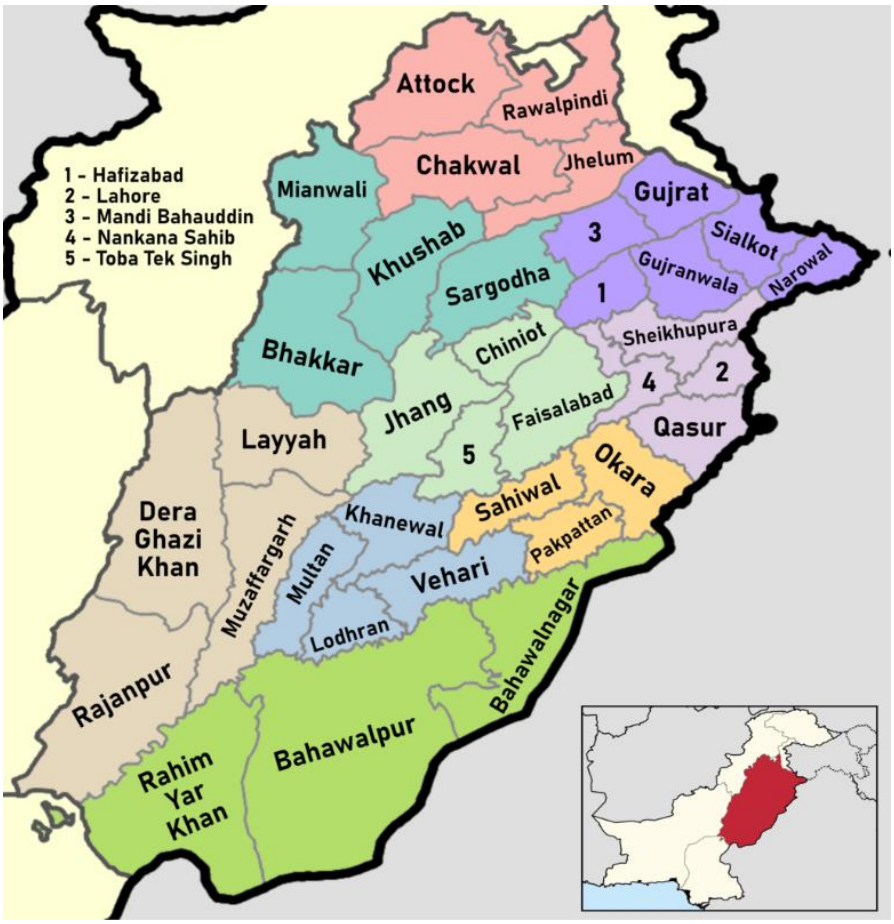
| **Bahawalpur Division** | **Gujranwala Division** | **Rawalpindi Division** |
|---|---|---|
| Bahawalpur District | Gujranwala District | Rawalpindi District |
| Bahawalnagar District | Narowal District | Jehlum District |
| Rahim Yar Khan District | Sialkot District | Chakwal District |
| **Dera Ghazi Khan Division** | **Gujrat Division**[5] | Attock District |
| Dera Ghazi Khan District | Gujrat District | **Talagang District** |
| Layyah District | t Wazirabad District | Murree District |
| Muzzafargarh District | Mandi Bahauudin District | **Sahiwal Division** |
| Rajanpur District | Hafizabad District | Sahiwal District |
| Taunsa Sharif District | **Lahore Division** | Pakpattan District |
| Kot Addu District | Lahore District | Okara District |
| **Faisalabad Division** | Kasur District | **Sargodha Division** |
| Faisalabad District | Nankana Sahib District | Sargodha District |
| Chiniot District | Sheikhupura District | Khushab District |
| Toba Tek Singh District | **Multan Division** | Minwali District |
| Jhang District | Multan District | Bhakkar District |
| | Lodhran District | |
| | Khanewal District | |
| | Vehari District | |

account and data was collected accordingly

[5] At the time of data collection Gujrat was the district of Gujranwala division but now it is a separate division carrying 4 districts. Similarly, some tehsils are also separated as a district and the chart is updated accordingly.

## 1.8 FIELDWORK

During the pilot phase, the data was collected by team hired for Gujranwala division, this team included ten data collectors/ interviewers and their Divisional Supervisor. There are five districts in Gujranwala Division, and for every district i.e. Gujrat, Sialkot, Narowal, Gujranwala, Mandi Baha Uddin, and Hafizabad, two data collectors are recruited, and all these data collectors reported to one divisional supervisor. Pilot work for the Gujranwala division began during the first week of January 2022 and concluded in two weeks, before the second training workshop was held in Multan.




After the pilot and the second workshop held in Multan, the data were collected in all nine divisions including 36 districts of Punjab. There have been 9 Divisional supervisors and 48 data collectors/ interviewers that participated in the data collection from the beginning of February until 31st March 2022.

## 1.9 FIELDWORK QUALITY CONTROL MEASURES

Supervisors were responsible for the daily monitoring of fieldwork. Daily observations of interviewer skills and performance monitoring was conducted. Throughout the fieldwork, field check tables were produced on a daily basis for analysis and action with field teams. Team Leader, Co-Team Leader, Data Collection Manager, and the Data Analyst organised weekly meetings throughout February and March 2022 to remain on top of the progress and to discuss the issues that the field teams have been reporting. The Data Collection Manager and Data Analyst also organised weekly meetings with the respective divisional supervisor, district-based interviewer and the app developer to ensure that any data entry related problems reported through app are also addressed through remote technical support.

### 1.9.1 DATA MANAGEMENT, EDITING AND ANALYSIS

All the data collectors filled questionnaires and uploaded real-time pictures (i.e., using Geographic Information System) on the mobile application. In very few cases mobile application was not allowed to be used or the application encountered some technical glitches at the interviewer's end, in which case data was typed on a computer and sent via email to the data analyst. All the data sent via application was received by data analyst through mobile application at DEW Office, Islamabad. The data was then downloaded in MS excel sheet format.

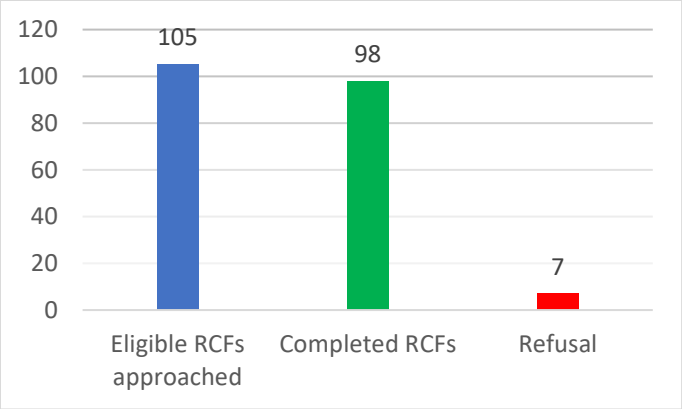
All numerical data was analysed by the data analyst using SPSS version 20 and the data gathered about the push and pull factors and voices and opinions of the facility staff, guardians of the children attending Residential Care Facilities through Key informant interviews and Focus Group discussions has been analysed using NVIVO.

# 2 FACILITY CORE INDICATORS

## 2.1 RESULTS OF FACILITY INTERVIEWS

Table F0.1 presents results of the facility interviews, including response rates. Of the 105 facilities approached for inclusion, all 105 were found to be eligible for inclusion meaning they had some children under age 18 years living there and could be accessed. Of these, 98 were successfully completed with a facility response rate of 93.3 percent. The total number of completed facilities presented in this table serves as the denominator for facility indicators.

**Chart 1: Facilities' Survey Details**



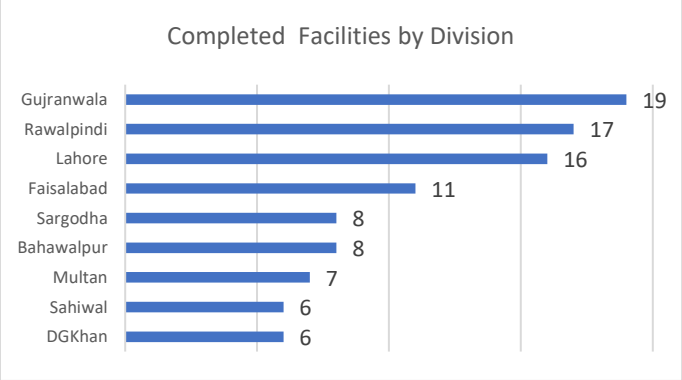




**Table F0.1: Results of facility interviews**

Number of facilities by interview results, Punjab Pakistan, 2020-2021

| | | Region | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Total** | Lahore | Faisalabad | D. G. Khan | Gujranwala | Rawalpindi | Sahiwal | Multan | Bahawalpur | Sargodha |
| **Facilities** | **105** | 18 | 11 | 6 | 20 | 19 | 6 | 7 | 8 | 10 |
| Approached | **105** | 18 | 11 | 6 | 20 | 19 | 6 | 7 | 8 | 10 |
| Eligible | **105** | 18 | 11 | 6 | 20 | 19 | 6 | 7 | 8 | 10 |
| Completed[1] | 98 | 16 | 11 | 6 | 19 | 17 | 6 | 7 | 8 | 8 |
| Facility completion rate | 93.3 | 88.9 | 100 | 100 | 95 | 89.5 | 100 | 100 | 100 | 80 |
| Facility response rate | 93.3 | 88.9 | 100 | 100 | 95 | 89.5 | 100 | 100 | 100 | 80 |

Refusal Facilities

1) Dar-ul-Ahsas, Sialkot District
2) Dar-ul-Ahsas, Lahore District
3) Agosh Alkhidmat, Shiekupura District
4) Anjuman Faiz-ul-Islam Rawalpindi District
5) Saba Trusthome, Rawalpindi District
6) Dar-ul-Ahsas, Sargodha District,
7) Dar-ul-Ahsas,, Bhakkar District

[1] **Indicator FC1 - Facilities providing residential care for children**

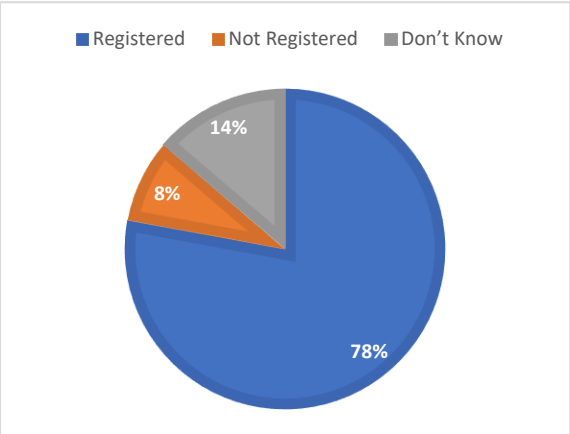
## 2.2 FACILITY REGULATION

Tables F0.2, F0.3, F0.4 provide further details on core facility level characteristics obtained from the Facility Questionnaire relating to the regulation and affiliation of facilities.

Tables F0.2 and F0.3 present the findings related to facility registration and monitoring. These measures provide information on the effectiveness of systems to register and monitor residential care providers and provides an overview of facilities by divisions which are in compliance with requirements or standards set by the competent provincial authorities, as is relevant.

Table F0.2 presents the total percentage of facilities that are registered with Child Protection and Welfare Bureau (CP&WB) and Department of Social Welfare and the distribution of registered facilities. According to the results, 78 percent facilities are registered with either CP&WB or Social Welfare Department. Among these facilities, majority i.e. 58 percent are registered with both.

**Chart 2: Facilities' Registered with Child Protection and Welfare Bureau (CP&WB) and Department of Social Welfare**



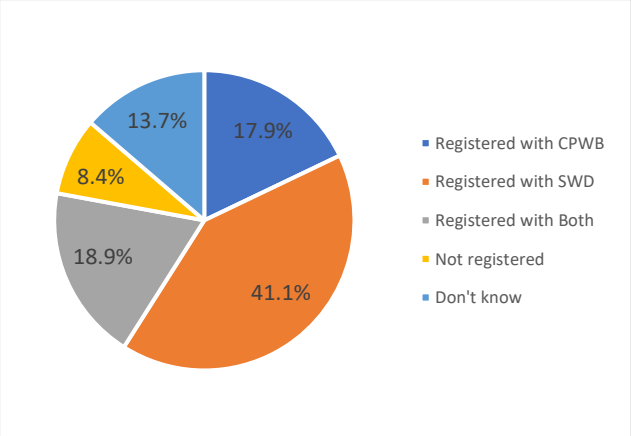




**Table F0.2: Facility Registration**

Percentage of facilities by registration status with Child Protection and Welfare Bureau (CP&WB) and Department of Social Welfare, Punjab, 2022

| | Percentage of facilities that are registered with Child Protection and Welfare Bureau (CP&WB) and Department of Social Welfare[1] | Percentage of facilities registered with | | | Number of facilities |
|---|---|---|---|---|---|
| | | CPWB | SWD | Both | |
| **Total** | 77.9% | 17.9% | 41.1% | 18.9% | 74 |
| | | | | | |
| **Region** | | | | | |
| Lahore | 81.2% | 18.8% | 31.2% | 31.2% | 13 |
| Faisalabad | 72.7% | 9.1% | 36.4% | 27.3% | 8 |
| D.G.Khan | 100.0% | 33.3% | 50.0% | 16.7% | 6 |
| Gujranwala | 61.1% | 16.7% | 33.3% | 11.1% | 11 |
| Rawalpindi | 70.6% | 29.4% | 29.4% | 11.8% | 12 |
| Sahiwal | 100.0% | 16.7% | 33.3% | 50.0% | 6 |
| Multan | 66.7% | 0.0% | 50.0% | 16.7% | 4 |
| Bahawalpur | 100.0% | 25.0% | 62.5% | 12.5% | 8 |
| Sargodha | 85.7% | 0.0% | 85.7% | 0.0% | 6 |
| **Facility status** | | | | | |
| Government/State | 80.5% | 24.4% | 48.8% | 7.3% | 33 |
| Private | 75.9% | 13.0% | 35.2% | 27.8% | 41 |

[1] **Indicator FC2 - Facility Registration**

Table F0.3 presents the total percentage of facilities monitored by Child Protection and Welfare Bureau (CP&WB) and Department of Social Welfare within the last 6 months and facilities where visit is recorded in visitor book and monitoring report seen. Result shows that 58 percent of the facilities are being monitored by either CP&WB or Social Welfare Department. However, it is particularly important to note that monitoring carried out by these departments did not focus on specific Child Protection indicators or on quality of care but rather remain limited to monitoring visible and physical infrastructural aspects and services. Whereas, this monitoring visit is recorded in only 40 percent facilities and monitoring report has been seen. Results also depict that government facilities and those which are registered are monitored more frequently as compared to private facilities and those not registered.

Chart 3: Facilities Monitored

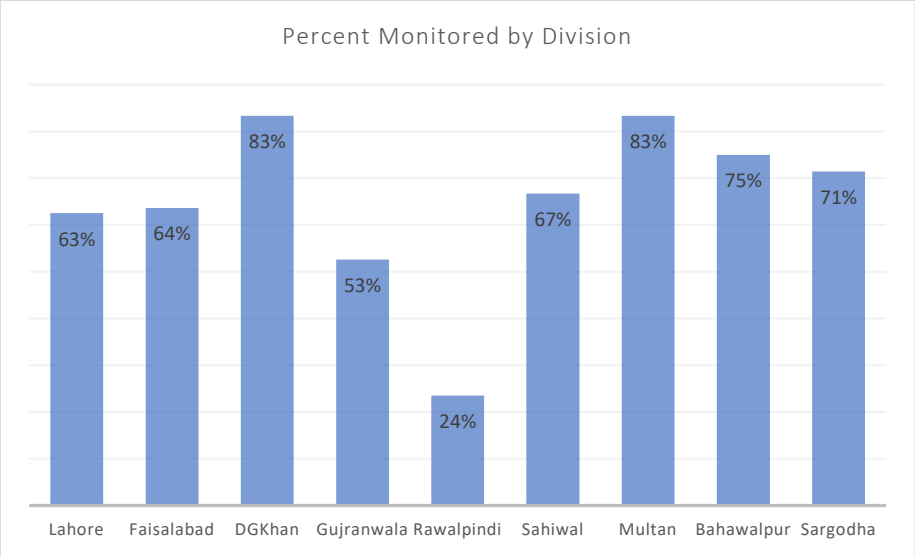



**Table F0.3: Facility monitoring**

Percentage of facilities monitored by Child Protection and Welfare Bureau (CP&WB) and Department of Social Welfare within the last 6 months Punjab, 2022

| | Visit recorded in the visitor's book and monitoring report seen | Percentage of facilities monitored by CP&WB and SWD within the last 6 months[1] | Number of facilities |
|---|---|---|---|
| **Total** | **39.60%** | **58.30%** | **56** |
| **Region** | | | |
| Lahore | 56.30% | 62.50% | 10 |
| Faisalabad | 54.50% | 63.60% | 7 |
| DGKhan | 66.70% | 83.30% | 5 |
| Gujranwala | 47.40% | 52.60% | 10 |
| Rawalpindi | 11.80% | 23.50% | 4 |
| Sahiwal | 66.70% | 66.70% | 4 |
| Multan | 0.00% | 83.30% | 5 |
| Bahawalpur | 12.50% | 75.00% | 6 |
| Sargodha | 42.90% | 71.40% | 5 |
| **Facility status** | | | |
| Government/State | 43.90% | 65.90% | 27 |
| Private | 37.00% | 53.70% | 29 |
| **Facility Registration** | | | |
| Registered with CP&WB and SWD | 45.90% | 68.90% | 51 |
| Not Registered | 50.00% | 50.00% | 5 |

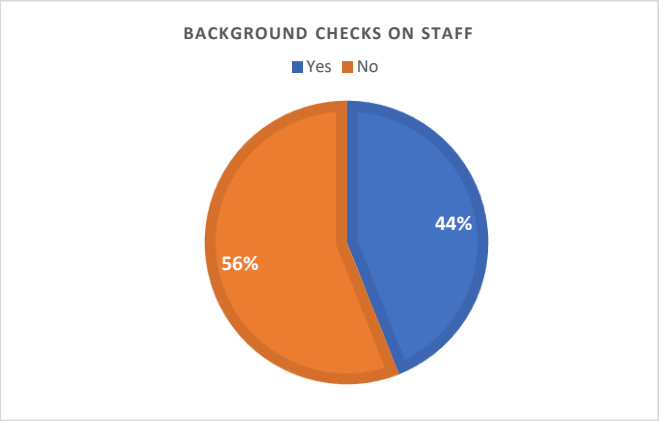
[1] **Indicator FC3 - Facility monitoring**

## 2.3 FACILITY QUALITY

Tables F0.5, F0.6 and F0.7 present findings related to facility staffing, staff to child ratios and facility capacity. These tables provide general information on some basic characteristics of facilities that can impact the quality of the care provided to children.

Table F0.5 a and b provide the percentage of facilities with paid staff, the percentage of facilities with volunteers and the percentage of facilities requiring police/background checks for facility staff and/or volunteers and the percentage of facilities with foreign national staff and/or volunteers, disaggregated by divisions, facility status, and registration status. Table F0.5 a shows the above detail of paid staff only where according to the results 95 percent facilities have paid staff. If we look at these results division wise, except Faisalabad and Gujranwala, all of the divisions have paid staff in all of their facilities. In Faisalabad and Gujranwala those facilities which do not have paid staff have volunteer staff or are either run by its owners themselves. Among these facilities having paid staff, 44 percent of the facilities require background check. Moreover, in the facilities having paid staff, only 2 percent have foreign national staff. Similarly, Table F0.5 b shows the same information for volunteers where 18 percent of the facilities have volunteers and 12 percent of the facilities require staff background check on volunteers, remaining 6 percent do not require staff checking. This makes the total of 44 percent facilities requiring staff background checking for paid staff and volunteers. None of the facilities with volunteers have any foreign national staff.

Chart 4: RCFs Conducting Background Checks on Staff and Volunteers



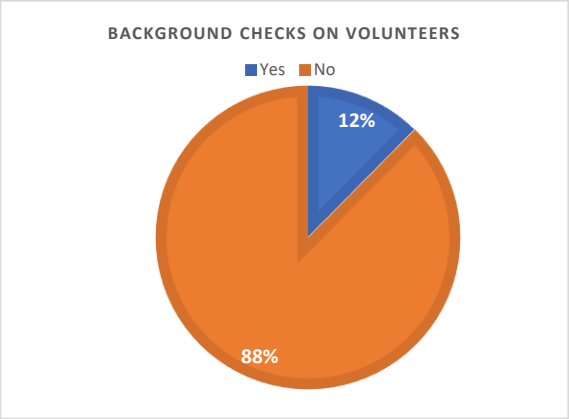




**Table F0.5 a: Facility staffing and background checks for Paid Staff**

Percentage of facilities that have paid staff and that perform background or police checks on staff, Punjab, 2022

| | Percentage of facilities with paid staff[1] | Number of facilities | Facilities with paid staff | |
|---|---|---|---|---|
| | | | Percentage require staff to undergo police/background checks | Percentage with foreign national staff |
| **Total** | **96.90%** | **93** | **44.30%** | **2.10%** |
| **Region** | | | | |

| | | | | |
|---|---|---|---|---|
| Lahore | 100.00% | 16 | 43.80% | 13.30% |
| Faisalabad | 90.90% | 10 | 9.10% | 0.00% |
| DGKhan | 100.00% | 6 | 33.30% | 0.00% |
| Gujranwala | 89.50% | 17 | 31.60% | 0.00% |
| Rawalpindi | 100.00% | 17 | 64.70% | 0.00% |
| Sahiwal | 100.00% | 6 | 100.00% | 0.00% |
| Multan | 100.00% | 6 | 42.90% | 0.00% |
| Bahawalpur | 100.00% | 8 | 62.50% | 0.00% |
| Sargodha | 100.00% | 7 | 28.60% | 0.00% |
| **Facility status** | | | | |
| Government/State | 97.60% | 41 | 42.90% | 2.50% |
| Private | 96.30% | 52 | 44.40% | 1.90% |
| **Facility Registration** | | | | |
| Registered with CP&WB and SWD | 95.90% | 71 | 47.30% | 2.80% |
| Not Registred | 100.00% | 8 | 12.50% | 0.00% |

**[1] Indicator FC6 - Facilities with paid staff**

**[3] Indicator FC5 - Facility background checks**

## Table F0.5 b: Facility staffing and background checks for Volunteers

Percentage of facilities that have volunteers and that perform background or police checks on volunteers, percentage of facilities with foreign national staff and/or volunteers, Punjab, 2022

| | | Facilities with volunteers | | | |
|---|---|---|---|---|---|
| | **Percentage of facilities with volunteers[2]** | Percentage require volunteers to undergo police/background checks | **Percentage of facilities requiring police/background checks for facility staff and/or volunteers[3]** | **Percentage of facilities with foreign national staff and/or volunteers[4]** | Number of facilities |
| **Total** | **18.60%** | **12.40%** | **44.30%** | **18.60%** | **18** |
| **Region** | | | | | |
| Lahore | 37.50% | 25.00% | 43.80% | 37.50% | 6 |
| Faisalabad | 0.00% | 0.00% | 9.10% | 0.00% | 0 |
| DGKhan | 0.00% | 0.00% | 33.30% | 0.00% | 0 |
| Gujranwala | 15.80% | 5.30% | 31.60% | 15.80% | 3 |
| Rawalpindi | 17.60% | 17.60% | 64.70% | 17.60% | 3 |
| Sahiwal | 33.30% | 33.30% | 100.00% | 33.30% | 2 |
| Multan | 28.60% | 14.30% | 42.90% | 28.60% | 2 |
| Bahawalpur | 12.50% | 12.50% | 62.50% | 12.50% | 1 |
| Sargodha | 14.30% | 0.00% | 28.60% | 14.30% | 1 |
| **Facility status** | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Government/State | 16.70% | 11.90% | 42.90% | 16.70% | 7 |
| Private | 20.40% | 11.10% | 44.40% | 20.40% | 11 |
| **Facility Registration** | | | | | |
| Registered with CP&WB and SWD | 20.30% | 13.50% | 47.30% | 20.30% | 15 |
| Not Registred | 25.00% | 0.00% | 12.50% | 25.00% | 2 |

[2] **Indicator FC7 - Facilities with volunteers**

[3] **Indicator FC5 - Facility background checks**

[4] **Indicator FE2 - Foreign national staff and/or volunteers**

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Table F0.6 presents the percentage distribution of facility staff/volunteer to child ratios. These figures are extracted by dividing number of children in each age category by the number of caregiving staff whether paid or volunteer. Results depict that child to staff ratio for children aged 1 to 5 years is 0.2 because children in this age category are very few. For children aged 6 to 10 years, 3 children per 1 caregiving staff member; whereas, for children age 11 to 17 years, 5 children per 1 caregiving staff member is present in the facilities. For all children currently living in RCFs, child to staff ratio is 8 i.e. 8 children per 1 caregiving staff member.

**Table F0.6: Facility staffing / caregiving staff/volunteer to child ratio**

Percentage distribution ratio of facility caregiving staff/volunteers to children, Punjab, 2022

| | Percentage distribution caregiving staff/volunteer to child ratio1 | | | | |
|---|---|---|---|---|---|
| | 1-5 children per staff/volunteer | 6-10 children per staff/volunteer | 11-17children per staff/volunteer | Total Children of all ages under 18 years of age to staff Ratio | Number of facilities |
| **Total** | **0.2** | **2.6** | **4.9** | **7.8** | **90** |
| **Region** | | | | | |
| Lahore | 0.14 | 2.19 | 4.1 | 6.5 | 16 |
| Faisalabad | 0.23 | 3.37 | 6.24 | 9.9 | 8 |
| DGKhan | 0.23 | 3.63 | 6.8 | 10.8 | 5 |
| Gujranwala | 0.13 | 1.86 | 3.51 | 5.5 | 17 |
| Rawalpindi | 0.21 | 3.04 | 5.72 | 9.0 | 17 |
| Sahiwal | 0.31 | 3.96 | 7.31 | 11.6 | 6 |
| Multan | 0.2 | 2.88 | 5.35 | 8.5 | 6 |
| Bahawalpur | 0.24 | 3.85 | 7.21 | 11.3 | 8 |
| Sargodha | 0.2 | 2.71 | 5.06 | 8.0 | 7 |
| **Facility Registration** | | | | | |
| Registered with CP&WB and SWD | 0.17 | 2.5 | 4.68 | 7.4 | 69 |
| Not Registered | 0.29 | 4.61 | 8.66 | 13.7 | 7 |
| Don't' know | 0.18 | 2.63 | 4.93 | 7.8 | 13 |

[1] **Indicator FC8 - Facility caregiving staff/volunteer to child ratio**

Table F0.7 provides the percentage of facilities with more residents than observed capacity (measured by the count of number of beds for children). As per results, 26% facilities have less beds than children. These facilities may be facing problems in meeting the basic needs of the present number of children. However, a majority, i.e. 60 percent of the facilities have more beds than children in the facilities. 14 percent facilities have same number of beds as children.

Chart 5: Facility Capacity

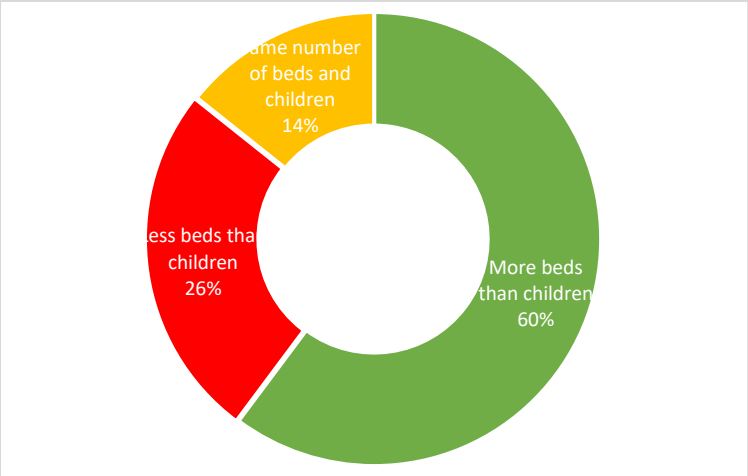



**Table F0.7: Facility capacity**

Percentage of facilities with more children than beds, Punjab, 2022

| | Percentage of facilities with more residents than beds[1] | Number of facilities |
|---|---|---|
| **Total** | **60.2%** | **59** |
| **Region** | | |
| Lahore | 37.5% | 6 |
| Faisalabad | 54.5% | 6 |
| DGKhan | 50.0% | 3 |
| Gujranwala | 78.9% | 15 |
| Rawalpindi | 70.6% | 12 |
| Sahiwal | 66.7% | 4 |
| Multan | 57.1% | 4 |
| Bahawalpur | 62.5% | 5 |
| Sargodha | 50.0% | 4 |
| **Facility status** | | |
| Government/State | 54.8% | 23 |
| Private | 63.0% | 34 |
| **Facility Registration** | | |
| Registered with CP&WB and SWD | 59.5% | 44 |
| Not Registered | 62.5% | 5 |
| Missing | | 8 |

[1] **Indicator FC9- Observed facility capacity**

# 3 FACILITY CHARACTERISTICS

## 3.1 BASIC CHARACTERISTICS

Tables F1.1-F1.6 describe some of the basic operational, funding, policy, and information management characteristics and the learning and stimulation environment in facilities.

Table F1.1 provides the percentage of facilities by their length of operation disaggregated by divisions, facility status, and registration status. Length of operation of facilities are categorized into less than 1 year, 1 to 5 years, 6 to 10 years, 11 to 20 years and more than 20 years. According to the results majority (i.e. 79 percent) of the facilities are operating for more than 6 years. Average number of years for which the facilities are open is 26 years. These results help realize the serious increase in the establishment of new residential care facilities during past 5 years i.e. 17% of the total facilities.

Chart 6: Length of Facility Operation

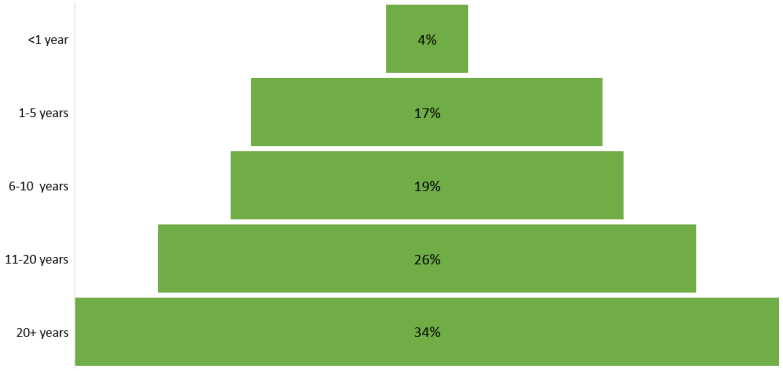



**Table F1.1: Length of facility operation**

Percentage of facilities by length of operation and mean length of facility operation (in years), Punjab, 2022

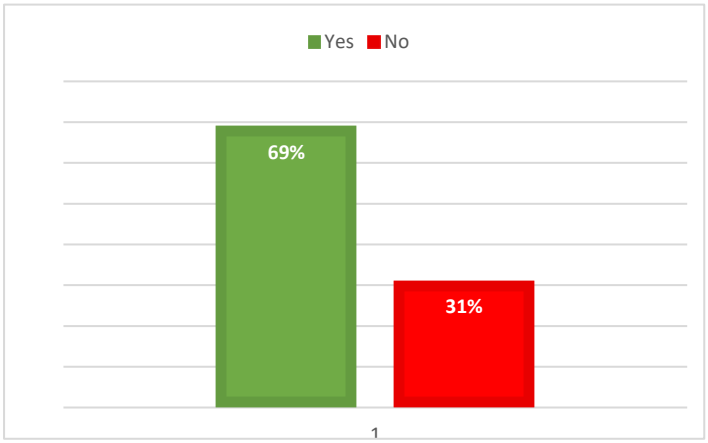
| | Percentage of facilities by length of operation | | | | | Mean length of facility operation (in years)[1] | Number of facilities |
|---|---|---|---|---|---|---|---|
| | Less than one year | 1-5 years | 6-10 years | 11-20 years | 20 years or more | | |
| **Total** | **4.2%** | **16.7%** | **18.8%** | **26.0%** | **34.4%** | **26.4** | **96** |
| **Region** | | | | | | | |
| Lahore | 0.0% | 12.5% | 6.2% | 18.8% | 62.5% | 51.8 | 16 |
| Faisalabad | 9.1% | 18.2% | 18.2% | 9.1% | 45.5% | 29.2 | 11 |
| DGKhan | 0.0% | 50.0% | 33.3% | 0.0% | 16.7% | 9.8 | 6 |
| Gujranwala | 0.0% | 10.5% | 15.8% | 57.9% | 15.8% | 21.2 | 19 |
| Rawalpindi | 0.0% | 11.8% | 29.4% | 35.3% | 23.5% | 17.8 | 17 |
| Sahiwal | 33.3% | 0.0% | 33.3% | 16.7% | 16.7% | 12.0 | 6 |
| Multan | 16.7% | 16.7% | 0.0% | 16.7% | 50.0% | 19.2 | 6 |
| Bahawalpur | 0.0% | 25.0% | 25.0% | 12.5% | 37.5% | 40.8 | 8 |
| Sargodha | 0.0% | 28.6% | 14.3% | 14.3% | 42.9% | 15.7 | 7 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Facility status** | | | | | | | |
| Government/State | 2.4% | 14.6% | 19.5% | 31.7% | 31.7% | 24.6 | 41 |
| Private | 5.6% | 18.5% | 18.5% | 22.2% | 35.2% | 26.3 | 54 |
| **Facility Registered** | | | | | | | |
| Registered with CP&WB and SWD | 4.1% | 16.2% | 17.6% | 24.3% | 37.8% | 27.5 | 74 |
| Not Registered | 12.5% | 25.0% | 12.5% | 37.5% | 12.5% | 13.6 | 8 |
| Don't know | 0.0% | 15.4% | 30.8% | 30.8% | 23.1% | 21.8 | 13 |

**[1] Indicator FE1 - Length of operation**

Table F1.4 (a) and (b) presents the percentage of facilities with a written child safeguarding/protection policy. The table also presents the percentage distribution of facilities with a written child safeguarding/protection policy and the distribution of facilities with a written policy that contains a code of conduct and complaint procedure. This table is useful in monitoring the overall compliance with standard policies and practices. According to the results, 69 percent of the facilities have a written child safeguarding policies. Among the facilities those which have written child safeguarding policies, 63 percent have both code of conduct and complaint procedure with them, others have neither of these two components. Percent of facilities having policies with complaints' procedures and code of conduct are higher for government facilities as compared to private facilities. Facilities which have written code of conduct, among them 52 percent have signed copies of code of conduct kept on staff/volunteer files. The data collectors did not review these policies instead confirmed and physically verified if these were available by the RCF staff.

Chart 7: Facilities with Child Safeguarding Policies



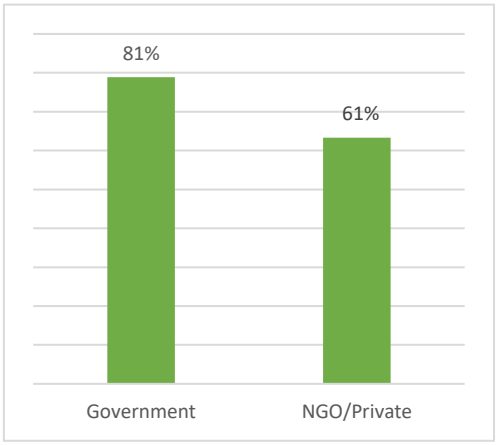
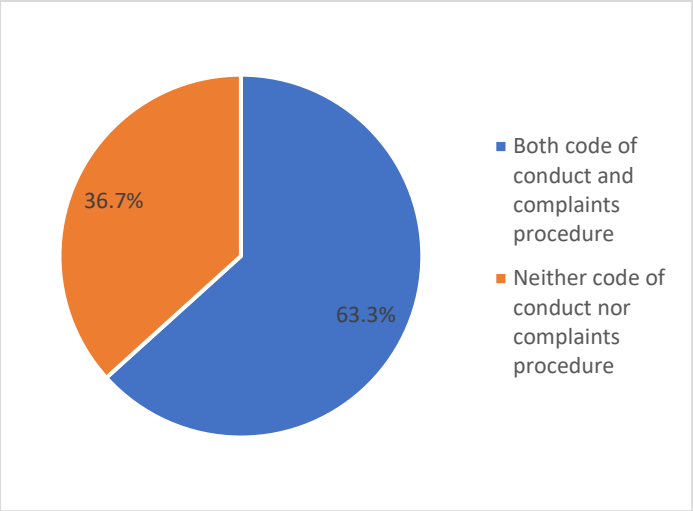
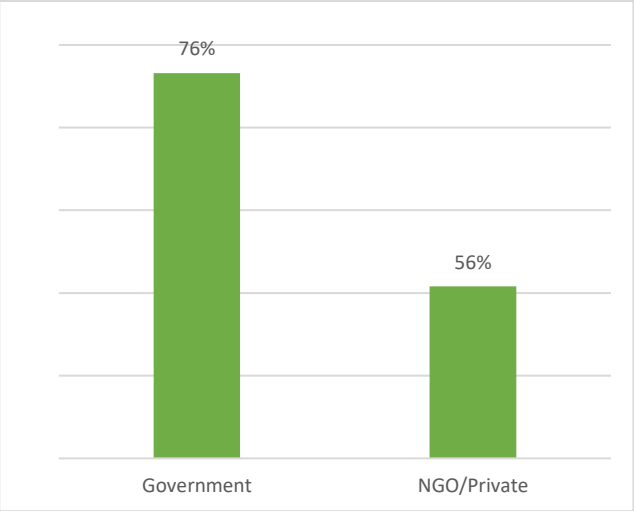



Chart 8: Facilities Containing Both Code of Conduct and Complaint Procedure




## Table F1.4 (a). Child safeguarding policy

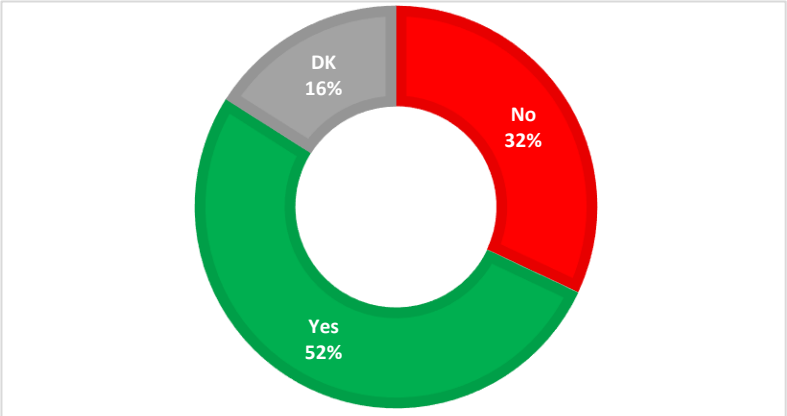
Percentage of facilities with written child safeguarding/protection policy, percentage distribution of facility policies with both code of conduct and complaints procedure, Punjab, 2022

| | **Number of facilities with a written child safeguarding policy** | Number of Facilities with no policy | **Percentage of facilities with a written child safeguarding/protection policy[1]** | Number of facilities | **Facilities with a written child safeguarding/protection policy** | | Total |
|---|---|---|---|---|---|---|---|
| | | | | | Both code of conduct and complaints procedure | Neither code of conduct nor complaints procedure | |
| **Total** | **67** | **31** | **68.40%** | **98** | **63.30%** | **36.70%** | **100** |
| **Region** | | | | | | | |
| Lahore | 7 | 9 | 43.80% | 16 | 43.80% | 56.20% | 100 |
| Faisalabad | 5 | 6 | 45.50% | 11 | 45.50% | 54.50% | 100 |
| DGKhan | 6 | 0 | 100.00% | 6 | 66.70% | 33.30% | 100 |
| Gujranwala | 12 | 7 | 63.20% | 19 | 63.20% | 36.80% | 100 |
| Rawalpindi | 14 | 3 | 82.40% | 17 | 76.50% | 23.50% | 100 |
| Sahiwal | 4 | 2 | 66.70% | 6 | 66.70% | 33.30% | 100 |
| Multan | 6 | 1 | 85.70% | 7 | 85.70% | 14.30% | 100 |
| Bahawalpur | 6 | 2 | 75.00% | 8 | 75.00% | 25.00% | 100 |
| Sargodha | 7 | 1 | 87.50% | 8 | 62.50% | 37.50% | 100 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Facility status** | | | | | | | |
| Government/State | 34 | 8 | 81.00% | 42 | 76.20% | 23.80% | 100 |
| Private | 33 | 21 | 61.10% | 54 | 55.60% | 44.40% | 100 |
| **Facility Registered** | | | | | | | |
| Registered with CP&WB and SWD | 51 | 23 | 68.90% | 74 | 63.50% | 36.50% | 100 |
| Not Registered | 5 | 3 | 62.50% | 8 | 62.50% | 37.50% | 100 |
| Don't know | 10 | 3 | 76.90% | 13 | 69.20% | 30.80% | 100 |

[1] **Indicator FE3 - Written child safeguarding/protection policy**

Chart 9: Signed Copies of Code of Conduct Kept on Staff and Volunteer File




## Table F1.4 (b). Child safeguarding policy

Percentage of facilities with written child safeguarding/protection policy that keep signed copies of code of conduct in files, Punjab, 2022

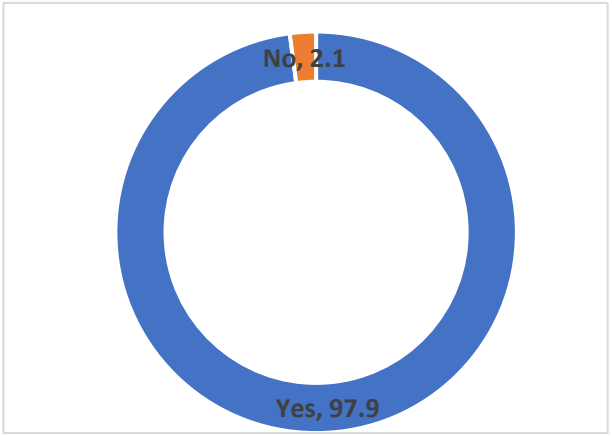
| | Facilities with a written child safeguarding/protection policy that contains a code of conduct | | | | Number of facilities with a written child safeguarding/protection policy that contains a code of conduct |
|---|---|---|---|---|---|
| | Signed copies of code of conduct kept on staff/volunteer files | Signed copies of code of conduct not kept on staff/volunteer files | DK | Total | |
| **Total** | **52.0%** | **31.6%** | **16.3%** | **100.0** | **62** |
| **Region** | | | | | |
| Lahore | 25.0% | 37.5% | 37.5% | 100.0 | 7 |
| Faisalabad | 45.5% | 54.5% | 0.0% | 100.0 | 5 |
| DGKhan | 100.0% | 0.0% | 0.0% | 100.0 | 4 |
| Gujranwala | 36.8% | 47.4% | 15.8% | 100.0 | 12 |
| Rawalpindi | 76.5% | 17.6% | 5.9% | 100.0 | 13 |
| Sahiwal | 33.3% | 33.3% | 33.3% | 100.0 | 4 |
| Multan | 71.4% | 14.3% | 14.3% | 100.0 | 6 |
| Bahawalpur | 37.5% | 50.0% | 12.5% | 100.0 | 6 |

| | | | | | |
|---|---|---|---|---|---|
| Sargodha | 75.0% | 0.0% | 25.0% | 100.0 | 5 |
| **Facility status** | | | | | |
| Government/State | 57.1% | 28.6% | 14.3% | 100.0 | 32 |
| Private | 50.0% | 33.3% | 16.7% | 100.0 | 30 |
| **Facility Registered** | | | | | |
| Registered with CP&WB and SWD | 50.0% | 32.4% | 17.6% | 100.0 | 47 |
| Not registered | 37.5% | 37.5% | 25.0% | 100.0 | 5 |
| Don't know | 76.9% | 23.1% | 0.0% | 100.0 | 9 |

[1] **Indicator FE3 - Written child safeguarding/protection policy**

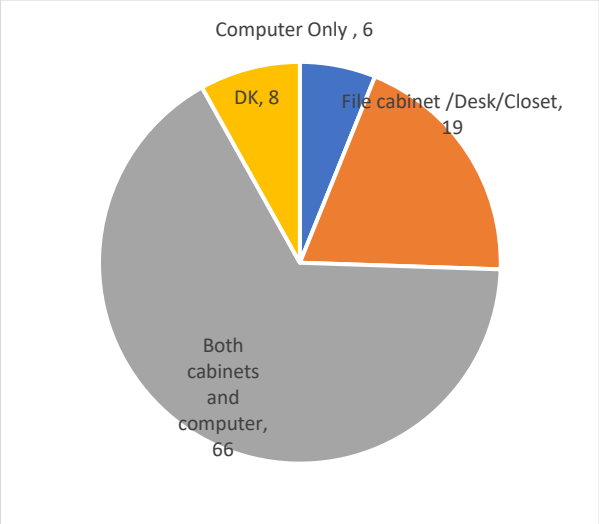
Table F1.5 displays the percentage of facilities that store or keep individual case files[6] and the percentage of facilities that store or keep children's individual case files, whether they are stored on a computer or in a file cabinet, desk or closet. The table also presents the percentage of facilities storing individual case files in a secure location, where a secure location is defined as locked, if files are stored in file cabinet, desk or closet or password protected if stored on a computer. This table is useful in monitoring the overall compliance with standard policies and practices. Results shows that majority, i.e. 98 percent facilities keep children's individual case file. Also majority, i.e. 66 percent store it on both computers and cabinets and 92 percent keep it secured with lock or password protected on computers. These results are also given by divisions, facility status and facility registration. Maintaining privacy and confidentiality of children's record will give them more confidence to move ahead in life and make progress for their bright future.

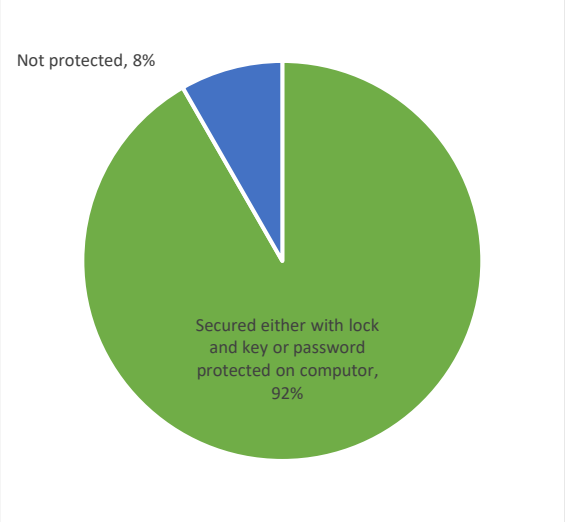
Chart 10: RCFs keeping Children's Individual Case files:




[6] These individual case files are not case management files, rather include only the child's individual information and biodata

Chart 11: Place of keeping Children's Individual Case files:




## Table F1.5. Individual case files

Percentage of facilities that store or keep children's individual case files and percentage of facilities that store or keep individual case files by location and security, Punjab, 2022

| | Percentage of facilities that store or keep individual case files[1] | Number of facilities | Facilities that store or keep children's individual case files: Only file cabinet/ desk/ closet | Only computer | Both file cabinet/desk/closet and computer | DK/Not storing | Number of facilities that store or keep individual case files | Percentage of facilities storing individual case files in a secure location | Number of facilities that store or keep individual case files |
|---|---|---|---|---|---|---|---|---|---|
| **Total** | **97.9%** | **95** | **19.4%** | **6.1%** | **66.3%** | **8.1%** | **95** | **91.7%** | **88** |
| **Region** | | | | | | | | | |
| Lahore | 100.0% | 16 | 43.8% | 6.2% | 43.8% | 6.2% | 16 | 87.5% | 14 |
| Faisalabad | 81.8% | 9 | 45.5% | 0.0% | 27.3% | 27.3% | 9 | 72.7% | 8 |
| DGKhan | 100.0% | 6 | 0.0% | 0.0% | 83.3% | 16.7% | 6 | 100.0% | 5 |
| Gujranwala | 100.0% | 19 | 15.8% | 5.3% | 73.7% | 5.3% | 19 | 94.7% | 18 |
| Rawalpindi | 100.0% | 17 | 0.0% | 11.8% | 82.4% | 5.9% | 17 | 94.1% | 16 |
| Sahiwal | 100.0% | 6 | 33.3% | 16.7% | 50.0% | 0.0% | 6 | 83.3% | 5 |
| Multan | 100.0% | 7 | 14.3% | 14.3% | 71.4% | 0.0% | 7 | 100.0% | 7 |
| Bahawalpur | 100.0% | 8 | 12.5% | 0.0% | 87.5% | 0.0% | 8 | 100.0% | 8 |
| Sargodha | 100.0% | 7 | 0.0% | 0.0% | 87.5% | 12.5% | 7 | 100.0% | 7 |
| **Facility status** | | | | | | | | | |
| Government/State | 100.0% | 42 | 19.0% | 0.0% | 78.6% | 2.4% | 42 | 100.0% | 41 |
| Private | 96.3% | 52 | 20.4% | 11.1% | 57.4% | 11.1% | 52 | 85.2% | 46 |
| **Facility Registration** | | | | | | | | | |
| Registered with CP&WB and SWD | 97.3% | 72 | 16.2% | 6.8% | 67.6% | 9.5% | 72 | 90.4% | 66 |
| Not Registered | 100.0% | 8 | 37.5% | 12.5% | 50.0% | 0.0% | 8 | 87.5% | 7 |
| Don't know | 100.0% | 13 | 30.8% | 0.0% | 69.2% | 0.0% | 13 | 100.0% | 13 |

[1] **Indicator FE4 - Individual case files**

Table F1.6 presents the percentage of facilities with children's books that are present and easily accessible. Exposure to books in early years not only provides children with greater understanding of the nature of print but may also give them opportunities to see others reading, such as older children doing schoolwork. Presence of books is important for later school performance. Results show that 88 percent of the facilities have books available and accessible, while 4 percent have books in the facilities but they are not provided to the children. On the other hand, 8 percent of the facilities do not have books.

The table also presents the percentage of facilities found to have toys/playthings, games and/or play equipment in generally good condition and available for children's use in the facility. Interviewers recorded responses in the Facility Observation Checklist and according to them 82 percent of the facilities have toys and are in good condition, while 7 percent have toys but they are not in good condition. On the other hand, 10 percent of the facilities do not have toys.

For children's optimal growth and development, it is necessary to promote culture of reading, learning and recreational activities. RCFs must invest good amount of resources in the above mentioned aspects so the children living in the RCFs are not only better informed and knowledgeable but also better prepared for emotional, psychological and physical needs.

Chart 12: Learning and Play Environment at the Facilities

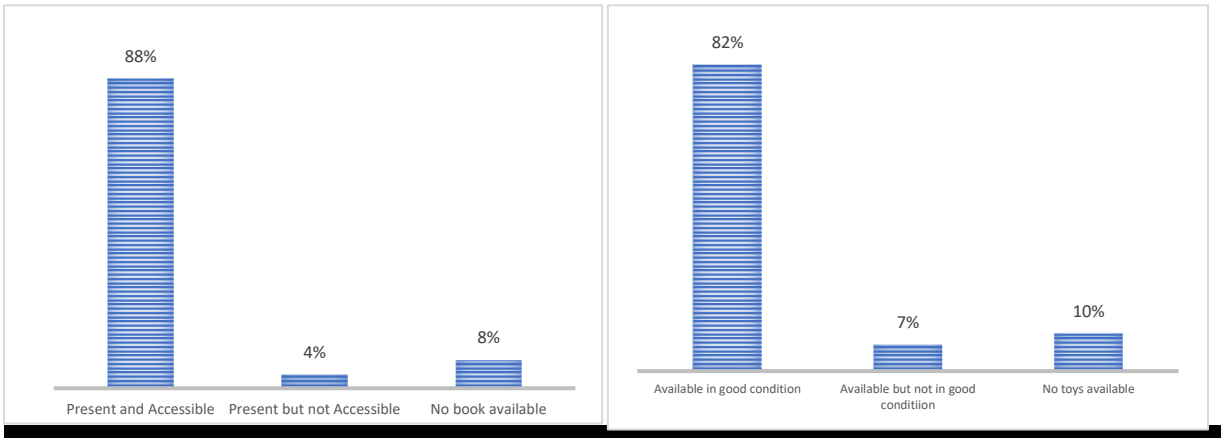



**Table F1.6: Learning and play environment at the facility**

Percentage of facilities that have books present and accessible for children and percentage of facilities that have playthings that are available and in good condition for children's use, Punjab, 2022

| | Percentage of facilities that have: | | | | Percentage of facilities that have: | | | |
|---|---|---|---|---|---|---|---|---|
| | **Books present and accessible for children[1]** | Books present but not accessible | No books | Number of facilities | **Toys available and in good condition[2]** | Toys available but some are not in good condition | No toys | Number of facilities |
| **Total** | **87.5%** | **4.2%** | **8.3%** | **96** | **82.3%** | **7.3%** | **10.4%** | **96** |
| **Region** | | | | | | | | |
| Lahore | 75.0% | 0.0% | 25.0% | 16 | 56.2% | 18.8% | 25.0% | 16 |
| Faisalabad | 90.9% | 0.0% | 9.1% | 11 | 100.0% | 0.0% | 0.0% | 11 |
| D. G. Khan | 100.0% | 0.0% | 0.0% | 6 | 83.3% | 0.0% | 16.7% | 6 |
| Gujranwala | 94.4% | 0.0% | 5.6% | 18 | 83.3% | 5.6% | 11.1% | 18 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Rawalpindi | 88.2% | 5.9% | 5.9% | 17 | 76.5% | 11.8% | 11.8% | 17 |
| Sahiwal | 66.7% | 33.3% | 0.0% | 6 | 100.0% | 0.0% | 0.0% | 6 |
| Multan | 83.3% | 0.0% | 16.7% | 6 | 66.7% | 16.7% | 16.7% | 6 |
| Bahawalpur | 87.5% | 12.5% | 0.0% | 8 | 100.0% | 0.0% | 0.0% | 8 |
| Sargodha | 100.0% | 0.0% | 0.0% | 8 | 100.0% | 0.0% | 0.0% | 8 |
| **Facility status** | | | | | | | | |
| Government/State | 87.5% | 2.5% | 10.0% | 40 | 87.5% | 5.0% | 7.5% | 40 |
| Private | 88.9% | 5.6% | 5.6% | 54 | 79.6% | 7.4% | 13.0% | 54 |
| **Facility Registration** | | | | | | | | |
| Registered with CP&WB and SWD | 87.7% | 5.5% | 6.8% | 73 | 87.7% | 4.1% | 8.2% | 73 |
| Not Registered | 100.0% | 0.0% | 0.0% | 8 | 75.0% | 0.0% | 25.0% | 8 |
| Don't know | 84.6% | 0.0% | 15.4% | 13 | 61.5% | 23.1% | 15.4% | 13 |

**[1] Indicator FE5 - Availability of books**

**[2] Indicator FE6 - Availability of playthings**

## 3.2 DRINKING WATER

Access to safe drinking water, sanitation and hygiene (WASH) is essential for good health, welfare and productivity and is widely recognised as a human right[7]. Inadequate WASH is primarily responsible for the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Diarrhoeal diseases exacerbate malnutrition and remain a leading global cause of child deaths.

The distribution of facilities by main source of drinking water is shown in Table F1.7. The population using *improved sources* of drinking water are those using any of the following types of supply: piped water, tube-well/borehole, protected well/spring, rainwater collection, and packaged or delivered water[8]. The percentage of facilities with drinking water currently available from the main source at the time of the facility visit (as recorded in the Facility Observation Checklist) as well as the percentage of facilities with basic drinking water service (defined as those with drinking water from an improved source and currently available at the time of the facility visit) are also presented in the table.

Results show that majority i.e. 94 percent of the facilities have improved source of drinking water. Main source of the improved drinking water in the facilities are piped water into dwelling, while second leading source is tube well and borehole. While other minor sources include protected wells and bottled water. Those facilities which have unimproved source of drinking water (i.e. 6 percent) have unprotected wells in the facilities. Facilities which have drinking water available from the main source are 93 percent. Similarly, 87 percent of the facilities have basic drinking water services.

Chart 13: Basic Drinking Water services

[7] The human rights to water and sanitation were explicitly recognised by the UN General Assembly and Human Rights Council in 2010 and in 2015.

[8] Packaged water (bottled water and sachet water) and delivered water (tanker truck and cart with small drum/tank) are treated as improved based on the new SDG definition.

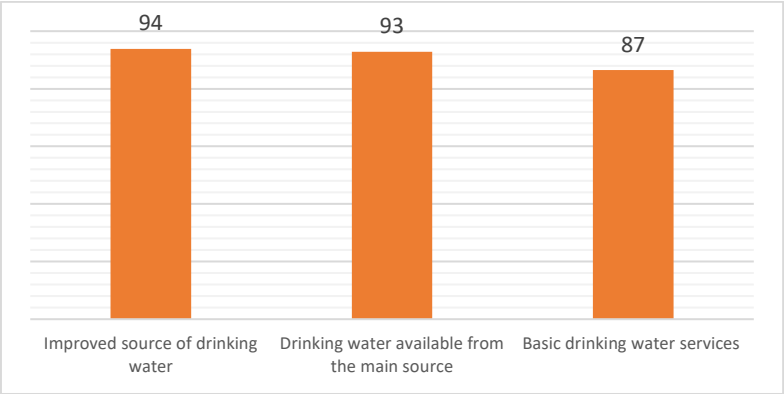



**Table F1.7: Use of basic drinking water services**

Percentage distribution of facilities according to main source of drinking water, percentage of facilities using improved and unimproved drinking water sources, Punjab, 2022

| | Main source of drinking water | | | | | Main source of drinking water | Percentage of facilities using improved sources of drinking water[1] | Percentage of facilities with drinking water currently available from main source[2] | Percentage of facilities with basic drinking water service[a,3] | Number of facilities |
|---|---|---|---|---|---|---|---|---|---|---|
| | Improved sources | | | | | Unimproved sources | | | | |
| | Piped water | | Tube-well/ bore-hole | Protected well | Bottled water | Unprotected well | | | | |
| | Into dwelling | Public tap/ stand-pipe | | | | | | | | |
| **Total** | 76.30% | 1.00% | 13.40% | 2.10% | 1.00% | **6.20%** | **93.80%** | **92.80%** | **86.50%** | **97** |
| **Region** | | | | | | | | | | |
| Lahore | 93.80% | 0% | 0% | 0% | 6.20% | 0% | 100.00% | 100.00% | 100.00% | 16 |
| Faisalabad | 72.70% | 9.10% | 0% | 0% | 0% | 18.20% | 81.80% | 100.00% | 81.80% | 11 |
| D. G. Khan | 100.00% | 0% | 0% | 0% | 0% | 0% | 100.00% | 100.00% | 100.00% | 6 |
| Gujranwala | 47.40% | 0% | 26.30% | 10.50% | 0% | 15.20% | 84.20% | 100.00% | 84.20% | 19 |
| Rawalpindi | 58.80% | 0% | 41.20% | 0% | 0% | 0% | 100.00% | 100.00% | 100.00% | 17 |
| Sahiwal | 100.00% | 0% | 0% | 0% | 0% | 0% | 100.00% | 100.00% | 100.00% | 6 |
| Multan | 100.00% | 0% | 0% | 0% | 0% | 0% | 100.00% | 83.30% | 83.30% | 7 |
| Bahawalpur | 100.00% | 0% | 0% | 0% | 0% | 0% | 100.00% | 25.00% | 25.00% | 8 |
| Sargodha | 71.40% | 0% | 14.30% | 0% | 0% | 14.30% | 85.70% | 100.00% | 85.70% | 7 |
| **Facility status** | | | | | | | | | | |
| Government/State | 78.60% | 2.40% | 11.90% | 2.40% | 2.40% | 2.40% | 97.60% | 90.20% | 85.70% | 42 |
| Private | 75.90% | 0% | 14.80% | 1.90% | 0.00% | 7.40% | 92.60% | 94.40% | 87.00% | 54 |
| **Facility Registration** | | | | | | | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Registered with CP&WB and SWD | 85.10% | 1.40% | 8.10% | 2.70% | 0% | 2.70% | 97.30% | 91.90% | 89.20% | 74 |
| Not Registered | 50.00% | 0% | 37.50% | 0% | 0% | 12.50% | 87.50% | 100.00% | 87.50% | 8 |
| Don't Know | 46.20% | 0% | 30.80% | 0% | 7.70% | 15.40% | 84.60% | 92.30% | 76.90% | 13 |

[1] **Indicator FE7 - Use of improved sources of drinking water**

[2] **Indicator FE8 - Availability of drinking water**

[3] **Indicator FE9 - Basic drinking water service**

## 3.3 SANITATION

Unsafe management of human excreta and poor personal hygiene are closely associated with diarrhoea as well as parasitic infections, such as soil transmitted helminths (worms). Improved sanitation and hygiene can reduce diarrhoeal disease by more than a third[9], and can substantially reduce the health impact of soil-transmitted helminth infection and a range of other neglected tropical diseases[10].

An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Table F1.89 presents the distribution of facilities with improved and unimproved sanitation facilities for use by children, where improved sanitation facilities include flush/pour flush toilets, pit latrines with slabs and composting toilets.

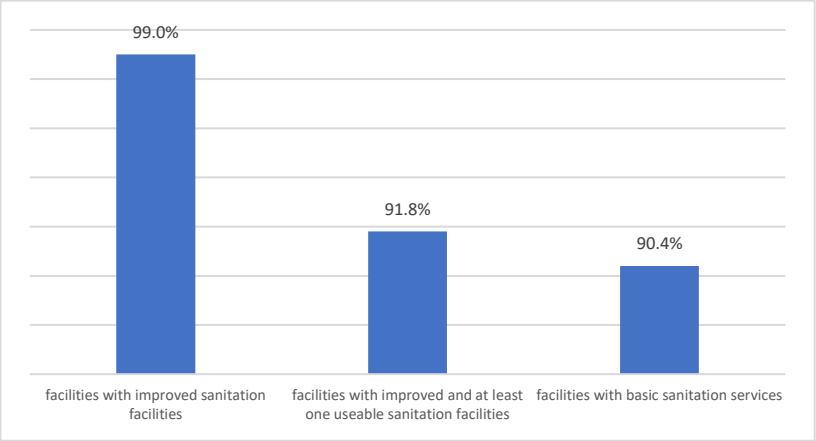
The table also indicates the proportion of facilities with improved and some usable sanitation facilities for children. The definition of 'usable' applied here refers to toilets/latrines which are (1) accessible to children (i.e., doors are unlocked or a key is available at all times), (2) functional (i.e., toilet is not broken, toilet hole is not blocked, and/or water is available for flush/pour-flush toilets), and (3) private (i.e., doors that can be locked from the inside and no large gaps in the structure). The availability of at least some usable sanitation facilities for children was recorded in the Facility Observation Checklist.

Table F1.8 also presents the overall percentage of facilities with basic sanitation service, defined as those with improved sanitation facilities that are single-sex and some are usable. According to the results, 99 percent of the facilities have improved sanitation facilities with majority having flush toilets and very few facilities have pit latrines with slab. Those which have unimproved (1 percent) source of sanitation have pit latrine without slab. Percentage of facilities with improved and at least one usable sanitation facilities are 92 percent where 90 percent of facilities have basic sanitation services. Given the above mentioned results, the need is to make it compulsory for RCFs to show compliance in terms of sanitation needs and protocols, while ensuring gender sensitivity as per privacy and socio cultural norms.

[9] Cairncross, S. et al. "Water, Sanitation and Hygiene for the Prevention of Diarrhoea." *International Journal of Epidemiology*39, no. Suppl1 (2010): 193-205. doi:10.1093/ije/dyq035.

[10] WHO. *Water, sanitation and hygiene for accelerating and sustaining progress on Neglected Tropical Diseases*. A Global Strategy 2015-2020. Geneva: WHO Press, 2015. http://apps.who.int/iris/bitstream/handle/10665/182735/WHO_FWC_WSH_15.12_eng.pdf;jsessionid=7F7C38216E04E69E7908AB6E8B63318F?sequence=1.

Chart 14: Basic Sanitation Services:




## Table F1.8: Use of basic sanitation services

Percentage distribution of facilities according to type of sanitation facility used by children, percentage of facilities with improved sanitation facilities, percentage of facilities with improved and at least one useable sanitation facilities for children, and percentage of facilities with basic sanitation service, Punjab, 2022

| | Type of sanitation facility used by children | | | Total | Percentage of facilities with improved sanitation facilities for children[1] | Percentage of facilities with improved and at least one useable sanitation facilities for children[2] | Percentage of facilities with basic sanitation service[a,3] | Number of facilities |
|---|---|---|---|---|---|---|---|---|
| | Improved sanitation facility | | Unimproved sanitation facility | | | | | |
| | Flush/ Pour flush | Pit latrine with slab | Pit latrine without slab/open pit | | | | | |
| **Total** | **91.20%** | **7.80%** | **1.00%** | **100** | **99.00%** | **91.80%** | **90.40%** | **96** |
| **Region** | | | | | | | | |
| Lahore | 100.00% | 0.00% | 0% | 100 | 100.00% | 93.80% | 93.30% | 16 |
| Faisalabad | 81.80% | 9.10% | 9.10% | 100 | 90.90% | 90.90% | 81.80% | 11 |
| D. G. Khan | 83.30% | 16.70% | 0% | 100 | 100.00% | 100.00% | 100.00% | 5 |
| Gujranwala | 84.20% | 15.80% | 0% | 100 | 100.00% | 100.00% | 100.00% | 19 |
| Rawalpindi | 100.00% | 0.00% | 0% | 100 | 100.00% | 94.10% | 94.10% | 17 |
| Sahiwal | 100.00% | 0.00% | 0% | 100 | 100.00% | 50.00% | 50.00% | 6 |
| Multan | 100.00% | 0.00% | 0% | 100 | 100.00% | 100.00% | 100.00% | 7 |
| Bahawalpur | 100.00% | 0.00% | 0% | 100 | 100.00% | 75.00% | 75.00% | 8 |
| Sargodha | 75.00% | 25.00% | 0% | 100 | 100.00% | 100.00% | 100.00% | 7 |
| **Facility status** | | | | | | | | |
| Government/State | 95.10% | 2.50% | 2.40% | 100 | 97.60% | 90.20% | 87.50% | 41 |
| Private | 92.60% | 7.40% | 0% | 100 | 100.00% | 92.60% | 92.50% | 54 |
| **Facility Registration** | | | | | | | | |
| Registered with CP&WB and SWD | 93.20% | 6.80% | 0% | 100 | 100.00% | 89.20% | 88.90% | 73 |
| Not Registered | 87.50% | 0.00% | 12.50% | 100 | 87.50% | 100.00% | 87.50% | 8 |
| Don't Know | 100.00% | 0.00% | 0% | 100 | 100.00% | 100.00% | 100.00% | 13 |

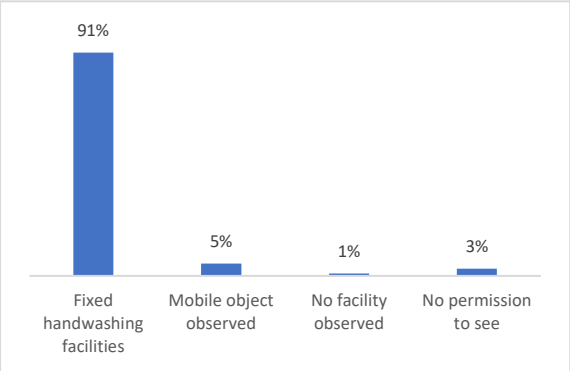
| [1] Indicator FE10. Use of improved sanitation facilities<br>[2] Indicator FE11. Availability of improved and at least one useable sanitation facilities<br>[3] Indicator FE12. Basic sanitation service |
|---|
| [a] Basic sanitation service includes facilities with improved sanitation facilities that are sex-separated and where at least one is useable |

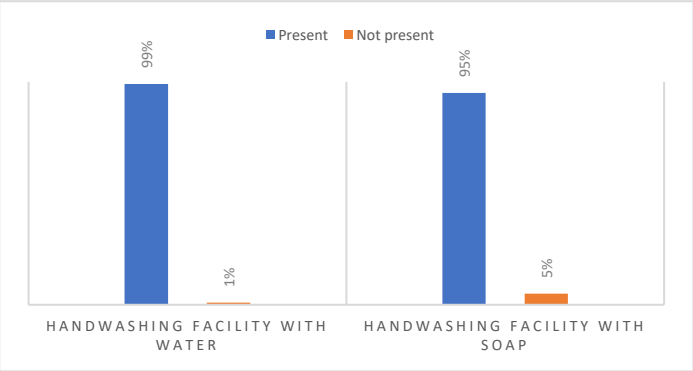
## 3.4 HANDWASHING

Handwashing with water and soap is the most cost-effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five[11]. It is most effective when done using water and soap after visiting a toilet or cleaning a child, before eating or handling food and before feeding a child. Direct observation of the designated place(s) for handwashing[12] as well as the presence of water and soap or detergent were recorded as part of the Facility Observation Checklist.

Table F1.9 shows the percentage distribution of facilities by observation of the designated place(s) for handwashing and the proportion of those facilities with designated place(s) for handwashing where water and soap were found to be present. According to the results, 91 percent facilities have fixed designated place for handwashing, while 5 percent have mobile objects for hand washing i.e. buckets. On the other hand, 1 percent of the facilities have no handwashing place or object and 3 percent of the facilities did not permit the data collector to see their hand washing area. Regarding water availability at handwashing area, 99 percent of the facilities have water available at their handwashing area. Likewise, 95 percent of the facilities have availability of soap at handwashing area. These results are also available by division, facility status and facility registration. The results highlight and underscore the importance of ensuring rights of children in terms of provision of proper hygiene.

Chart 15: Hand Washing Facilities and availability of water and soap




[11] Cairncross, S. and V. Valdmanis. "Water supply, sanitation and hygiene promotion Chapter 41." in *Disease Control Priorities in Developing Countries. 2nd Edition*, edited by Jameson et al. Washington (DC): The International Bank for Reconstruction and Development / The World Bank.

[12] Handwashing place or facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents.

**Table F1.9: Handwashing facility with water and soap**

Percentage distribution of facilities by observation of handwashing facilities and percentage of facilities by availability of water and soap or detergent at the handwashing facility, Country, Year

| | Handwashing facility observed | | | | | | Handwashing facility observed and | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Fixed facility observed | Mobile object observed[13] | No handwashing facility observed in the dwelling, yard, or plot | No permission to see | Total | Number of facilities | Water available | Soap available | Number of facilities where handwashing facility was observed | Percentage of facilities with a handwashing facility where water and soap are present[1] | Number of facilities where a handwashing facility was observed or with no handwashing facility in the dwelling, yard, or plot |
| **Total** | **90.8%** | **5.1%** | **1.0%** | **3.1%** | **100.0** | **98** | **99.0%** | **94.8%** | **94** | **93.9%** | **95** |
| **Region** | | | | | | | | | | | |
| Lahore | 62.5% | 31.2% | 0.0% | 6.2% | 100.0 | 16 | 100.0% | 93.8% | 15 | 93.8% | 15 |
| Faisalabad | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 11 | 100.0% | 100.0% | 11 | 100.0% | 11 |
| D. G. Khan | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 6 | 100.0% | 100.0% | 6 | 100.0% | 6 |
| Gujranwala | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 19 | 100.0% | 89.5% | 19 | 89.5% | 19 |
| Rawalpindi | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 17 | 100.0% | 94.1% | 17 | 94.1% | 17 |
| Sahiwal | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 6 | 100.0% | 100.0% | 6 | 100.0% | 6 |
| Multan | 71.4% | 0.0% | 14.3% | 14.3% | 100.0 | 7 | 83.3% | 83.3% | 5 | 71.4% | 6 |
| Bahawalpur | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 8 | 100.0% | 100.0% | 8 | 100.0% | 8 |
| Sargodha | 87.5% | 0.0% | 0.0% | 12.5% | 100.0 | 8 | 100.0% | 100.0% | 7 | 100.0% | 7 |
| **Facility status** | | | | | | | | | | | |
| Government/State | 85.7% | 7.1% | 2.4% | 4.8% | 100.0 | 42 | 100.0% | 95.1% | 39 | 92.9% | 40 |
| Private | 94.4% | 3.7% | 0.0% | 1.9% | 100.0 | 54 | 98.1% | 96.3% | 53 | 96.3% | 53 |
| **Facility Registration** | | | | | | | | | | | |
| Registered with CP&WB and SWD | 91.9% | 5.4% | 0.0% | 2.7% | 100.0 | 74 | 100.0% | 98.6% | 72 | 98.6% | 72 |
| Not Registered | 100.0% | 0.0% | 0.0% | 0.0% | 100.0 | 8 | 100.0% | 87.5% | 8 | 87.5% | 8 |
| Don't Know | 84.6% | 7.7% | 0.0% | 7.7% | 100.0 | 13 | 92.3% | 84.6% | 11 | 84.6% | 12 |

**[1] Indicator FE13 - Handwashing facility with water and soap**

*Only facilities where a handwashing facility was observed by the interviewer (FO2.5=1, 2, 3) and facilities with no handwashing facility (FO2.5=0) are included in the denominator of the indicator (FO2.5=4 is excluded). Facilities with water at handwashing facility (FO2.6=1) and soap or other cleansing agent at handwashing facility (FO2.7=1) are included in the numerator.*

## 3.5 FACILITY PROTECTION AND SAFETY ENVIRONMENT

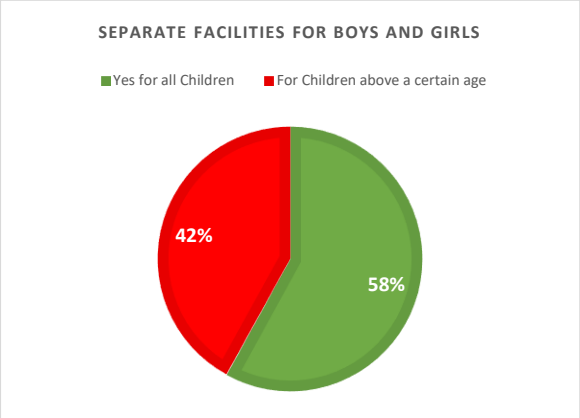
Tables F1.10 and F1.11 present information on the availability of sex and age separated bathing facilities and sleeping quarters or rooms. The availability of separated facilities and arrangements are factors when considering the overall protection environment of facilities.

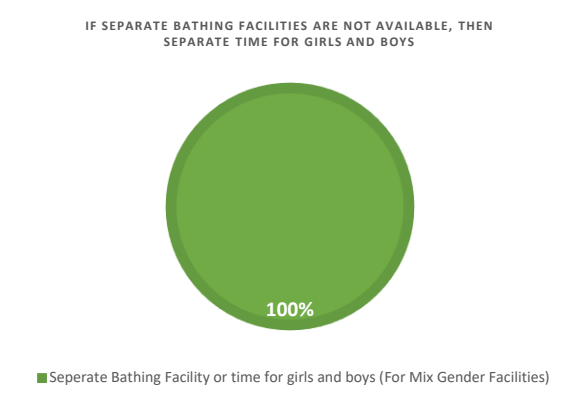
Table F1.10 presents the percentage of facilities with separate bathing facilities or times for girls and boys and also the percentage of facilities with separate bathing facilities or times for children and staff and/or volunteers. Results portray that among the mix gender facilities, 58 percent of the facilities have separate baths for all of the children. While, 42 percent of the facilities have separate facilities above certain age i.e. for older children. Facilities were also questioned about the separate bathing time for boys and girls. All of the facilities responded that they have either separate facilities or separate time for boys and girls which show protected environment

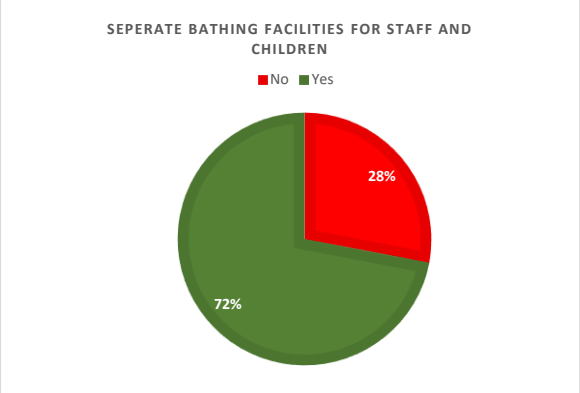
[13] Means a hand washing facility that is portable and can be moved from one place to another.

of the facilities regarding both genders. Regarding separate bathing facilities for staff and children, 72 percent of the facilities have separate baths for staff and children, while 23 percent of the facilities have same baths for staff and children. Given vulnerable age groups and absence of parents, it is highly needed that children are provided with the right and facility of separate bath for both gender and staff. It will not only protect children from possible offenders to try to take benefits from these situations.

Chart 16: Separate Bathing Facilities for Boys and Girls; and Children and Staff:




## Table F1.10: Bathing facilities and times

Percentage of facilities with separate bathing facilities or times for boys and girls and facilities with separate bathing facilities or times for children age 0-17 years and staff/volunteers, Punjab, 2022

| | Percentage of facilities with separate bathing facilities or times for girls and boys[1] | Number of facilities with children of both sexes | Percentage of facilities with separate bathing facilities or times for children and staff/volunteers[2] | Number of facilities |
|---|---|---|---|---|
| **Total** | **100%** | **26** | **72.2%** | **70** |
| **Region** | | | | |
| Lahore | 100% | 6 | 50.0% | 8 |
| Faisalabad | 100% | 3 | 100.0% | 11 |
| D.G. Khan | 0 | 0 | 100.0% | 6 |
| Gujranwala | 100% | 7 | 73.7% | 14 |
| Rawalpindi | 100% | 5 | 82.4% | 14 |

| | | | | |
|---|---|---|---|---|
| Sahiwal | 0 | 0 | 66.7% | 4 |
| Multan | 100% | 3 | 71.4% | 5 |
| Bahawalpur | 100% | 1 | 25.0% | 2 |
| Sargodha | 100% | 1 | 85.7% | 6 |
| **Facility status** | | | | |
| Government/State | 100% | 6 | 71.4% | 30 |
| Private | 100% | 20 | 74.1% | 40 |
| **Facility Registration** | | | | |
| Registered with CP&WB and SWD | 100% | 17 | 77.0% | 57 |
| Not Registered | 100% | 2 | 75.0% | 6 |
| Don't Know | 100% | 7 | 46.2% | 6 |

**[1] Indicator FE14 - Availability of separate bathing facilities or times for boys and girls**

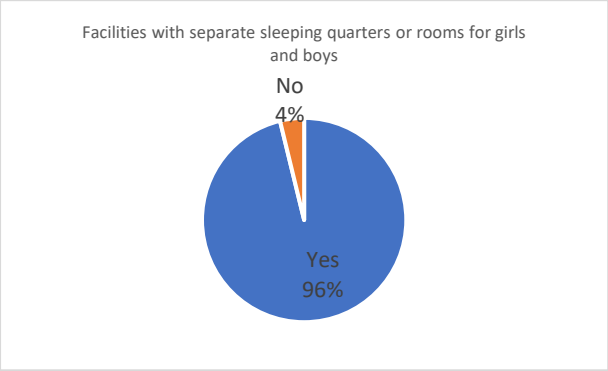
**[2] Indicator FE15 - Availability of separate bathing facilities or times for children and staff/volunteers**

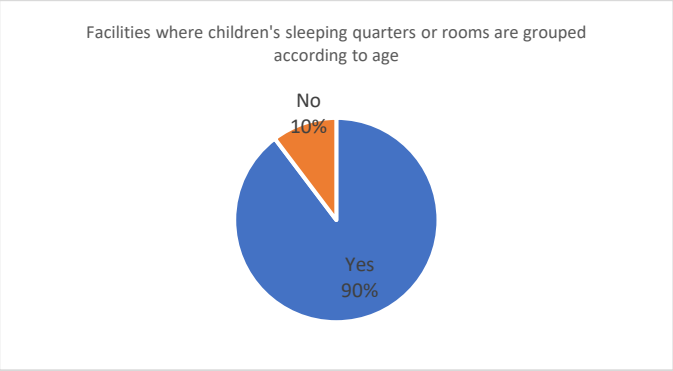
Table F1.11 presents the percentage of facilities with separate sleeping quarters or rooms for girls and boys, the percentage of facilities where children's sleeping quarters or rooms are grouped according to age and the proportion of facilities which have any volunteers staying overnight in the facility and facilities where staff stay inside the children's sleeping quarter or rooms. Data shows that 96 percent of the mix gender facilities have separate sleeping rooms for boys and girls, while 4 percent do not. All of the facilities were questioned whether they have grouped the sleeping rooms of children according to the age groups. For which 90 percent facilities reported that they have grouped, while 10 percent do not.

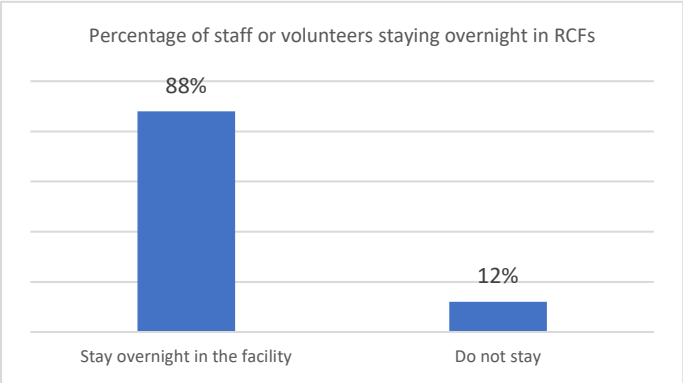
Information was sought whether the staff stay overnight inside the facility, on which 88 percent responded that staff or volunteers stay overnight inside the facility. Breakdown by type of staff depicts that in 53 percent facilities only staff, in 5 percent only volunteers and in 30 percent facilities both staff and volunteers stay overnight inside the facility. While in only 12 percent facilities, no staff stays overnight in the facilities.

It was further inquired from the staff that whether they stay inside the children sleeping rooms or quarters for which all of them responded that they do not. These results depict that the staff is on duty by staying inside the facility and are not in sleeping rooms.

Chart 17: Separate Sleeping Arrangements for Boys and Girls; and Children and Staff:






## Table F1.11: Sleeping quarters and arrangements

Percentage of facilities with separate sleeping quarters or rooms for boys and girls, percentage of facilities with sleeping quarters or rooms grouped according to age, percentage distribution of facilities where staff and/or volunteers stay overnight inside the facility or whether they stay inside children's sleeping quarters or rooms, Punjab, 2022

| | Percentage of facilities with separate sleeping quarters or rooms for girls and boys[1] | Number of facilities with children of both sexes | Percentage of facilities where children's sleeping quarters or rooms are grouped according to age[2] | Number of facilities | Facilities where staff and/or volunteers stay overnight inside the (inside the facility | | | | Percentage of facilities where any staff or volunteers stay overnight inside the facility overnight | Number of facilities where staff and/or volunteers stay overnight in the facility |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Staff only | Volunteers only | Staff and volunteers | Neither | | |
| **Total** | **96.2%** | **25** | **89.7%** | **87** | **52.6%** | **5.2%** | **29.9%** | **12.3%** | **87.6%** | **85** |
| **Region** | | | | | | | | | | |
| Lahore | 100% | 6 | 100.0% | 16 | 43.8% | 6.2% | 43.8% | 6.2% | 93.8% | 15 |
| Faisalabad | 100% | 3 | 72.7% | 8 | 27.3% | 0.0% | 54.5% | 18.2% | 81.8% | 9 |
| D.G. Khan | 0 | 0 | 83.3% | 5 | 33.3% | 0.0% | 66.7% | 0.0% | 100.0% | 6 |
| Gujranwala | 100% | 7 | 94.7% | 18 | 73.7% | 5.3% | 21.1% | 0.0% | 100.0% | 19 |
| Rawalpindi | 80% | 4 | 76.5% | 13 | 58.8% | 0.0% | 11.8% | 29.4% | 70.6% | 12 |
| Sahiwal | 0 | 0 | 83.3% | 5 | 50.0% | 16.7% | 16.7% | 16.7% | 83.3% | 5 |
| Multan | 100% | 3 | 100.0% | 6 | 57.1% | 0.0% | 42.9% | 0.0% | 100.0% | 7 |
| Bahawalpur | 100% | 1 | 100.0% | 8 | 75.0% | 0.0% | 25.0% | 0.0% | 100.0% | 8 |
| Sargodha | 100% | 1 | 100.0% | 8 | 28.6% | 28.6% | 0.0% | 42.9% | 57.1% | 4 |
| **Facility status** | | | | | | | | | | |
| Government/State | 100% | 6 | 97.6% | 40 | 52.4% | 4.8% | 31.0% | 11.9% | 88.1% | 37 |
| Private | 95% | 19 | 83.3% | 45 | 51.8% | 5.6% | 29.6% | 12.9% | 87.0% | 47 |
| **Facility Registration** | | | | | | | | | | |
| Registered with CP&WB and SWD | 100% | 17 | 91.9% | 68 | 52.7% | 6.8% | 28.4% | 12.2% | 87.8% | 65 |
| Not Registered | 100% | 2 | 75.0% | 6 | 62.5% | 0.0% | 37.5% | 0.0% | 100.0% | 8 |
| Don't Know | 85.7% | 6 | 84.6% | 11 | 38.5% | 0.0% | 38.5% | 23.1% | 76.9% | 10 |

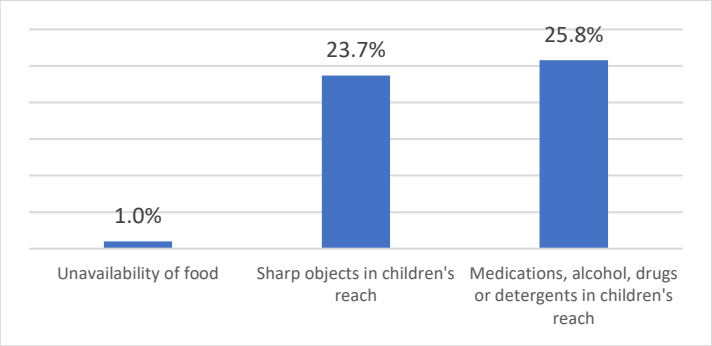
**[1] Indicator FE16 - Availability of separate sleeping quarters or rooms for boys and girls**
**[2] Indicator FE17 - Children's sleeping quarters or rooms grouped by age**
**[3] Indicator FE18 - Staff and volunteer sleeping arrangements**

Table FI.12 is based on direct observations recorded in the Facility Observation Checklist. The table presents some important indicators of the quality and safety of the facility environment. Namely, it includes estimates on the proportion of facilities having food available for children and the proportion of facilities having some characteristics that might compromise the safety and protection of children: sharp objects/implements/tools left in children's reach; medications, alcohol or drugs left in children's reach; and children observed to be locked in rooms or tied up. According to the data, in only one facility data collector has not observed any food item

available at the time of visit. In order to ensure adequate physical growth of the child balanced diet is vital for the children. The need is to sensitize RCFs in ensuring provision of adequate balanced diet.

Moreover, in 24 percent facilities it was observed that sharp objects were placed in children's reach. Likewise, in 26 percent facilities medication, drugs or detergents were observed to be in children's reach. Given limited emotional development of children as well as awareness of hazards of the sharp objects it must be ensured that children do not have accessibility to sharp objects and medication for their safety and to avoid any unwarranted harms and hazards, respectively. According to the results, children were not observed to be locked in rooms or tied up in any of the facility.

Chart 18: Food and Safety in the facility




## Table F1.12: Nutrition and safety in the facility

Percentage of facilities where there is no food available for children; percentage of facilities where sharp objects/implements/tools are left in reach of children; percentage of facilities where medications, alcohol, drugs or detergents are left in reach of children; and percentage of facilities where children are observed to be locked in rooms or tied up, Punjab, 2022

| | Facilities where there is no food available for children[1] | | Facilities where sharp objects/implements/tools are left in reach of children[2] | | Facilities where medications, alcohol, drugs or detergents are left in reach of children[3] | |
|---|---|---|---|---|---|---|
| | Percentage | Number | Percentage | Number | Percentage | Number |
| **Total** | **1.0%** | **1** | **23.7%** | **23** | **25.8%** | **25** |
| **Region** | | | | | | |
| Lahore | 0.0% | 0 | 31.2% | 5 | 6.2% | 1 |
| Faisalabad | 0.0% | 0 | 36.4% | 4 | 54.5% | 6 |
| DGKhan | 0.0% | 0 | 66.7% | 4 | 66.7% | 4 |
| Gujranwala | 0.0% | 0 | 42.1% | 8 | 31.6% | 6 |
| Rawalpindi | 0.0% | 0 | 5.9% | 1 | 17.6% | 3 |
| Sahiwal | 0.0% | 0 | 16.7% | 1 | 50.0% | 3 |
| Multan | 0.0% | 0 | 0.0% | 0 | 16.7% | 1 |
| Bahawalpur | 12.5% | 1 | 0.0% | 0 | 0.0% | 0 |
| Sargodha | 0.0% | 0 | 0.0% | 0 | 12.5% | 1 |
| **Facility status** | | | | | | |
| Government/State | 2.4% | 1 | 26.8% | 11 | 17.1% | 7 |
| Private | 0.0% | 0 | 20.3% | 11 | 31.5% | 17 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Facility Registration** | | | | | | |
| Registered with CP&WB and SWD | 1.4% | 1 | 25.7% | 19 | 28.4% | 21 |
| Not Registered | 0.0% | 0 | 25.0% | 2 | 25.0% | 2 |
| Don't Know | 0.0% | 0 | 7.7% | 1 | 7.7% | 1 |

**[1] Indicator FE19. Availability of food for children**
**[2] Indicator FE20. Access to sharp objects**
**[3] Indicator FE21. Access to dangerous substances**

# 4 CORE CHILD INDICATORS

## 4.1 RATE OF CHILDREN LIVING IN RESIDENTIAL CARE

Table C0.1 (a) presents the number and rate of children living in residential care, by sex and by age. The rate is calculated using the number of children recorded in the facilities and the total child population. At the time of assessment, the population of children living in residential care facilities was 5,762 children with the rate of 12 children living in RCFs per 100,000 population of children living in Punjab. According to the gender composition, 1,871 (32%) children were girls and 3,891 (68%) were boys depicting higher proportion of male children in the facilities. The number as well as composition of children residing in RCFs is not static instead keeps on fluctuating with arrival of children and leaving the facilities among various age groups. Some of these children leave the RCFs within short interval of time. The number of children currently residing in RCFs is comparatively less than actual number of children who entered the RCFs and were cared for.

If we look at the age composition of children living in RCFs, majority of the children are in age group of 10 to 14 years. In all age groups male children are higher as compared to female children. Female children between 0 to 4 years of age are higher as compared to girls in other age groups. As per societal norms and cultural values the propensity to send female children to RCFs is very less. However, in case of unavoidable circumstances, although the girls are sent to RCFs but relatives and close family members try to take the female children to their houses to take care of them.

The age wise distribution of children by division is also presented in the table CO1 part b.

Chart 19: Children Living in RCF by Gender and Age

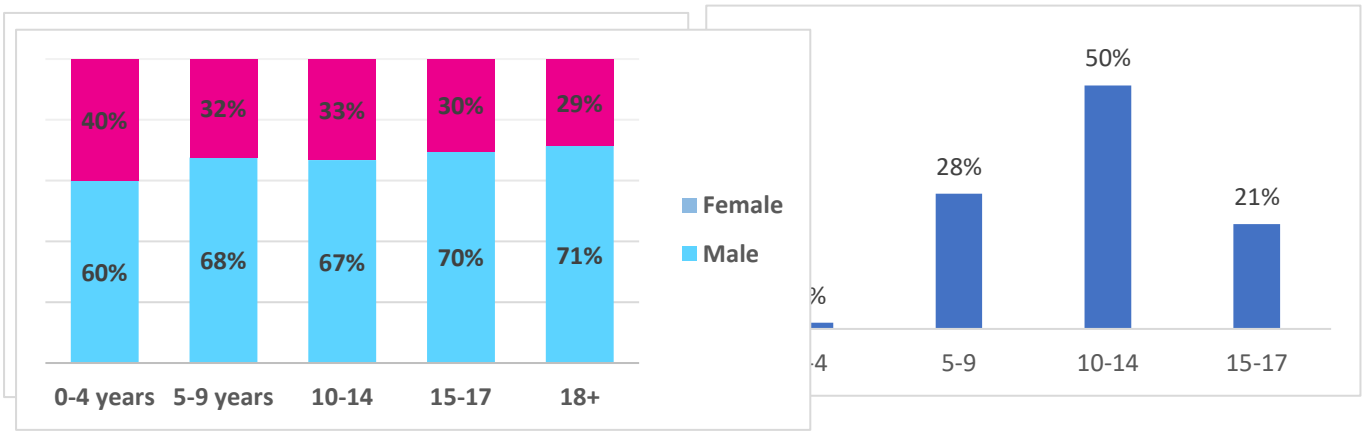



**Table C0.1 (a). Rate of children living in residential care**

Number and rate of children age 0-17 in residential care, Punjab, 2022

| | Male | | | Female | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total child population [2] | Number of children in residential care | Rate per 100,000 | Total child population | Number of children in residential care | Rate per 100,000 | Total child population | Number of children in residential care | Rate per 100,000[1] |
| **Total** | **25,146,014** | **3891** | **15** | **23,534,125** | **1871** | **8** | **48,680,139** | **5762** | **12** |
| **Age (in years)** | | | | | | | | | |
| 0-4 | 7,356,653 | 44 | 1 | 7,026,643 | 30 | 0.4 | 14,383,296 | 74 | 1 |
| 5-9 | 7,674,107 | 1076 | 14 | 7,171,917 | 515 | 7 | 14,846,024 | 1591 | 11 |
| 10-14 | 6,561,121 | 1914 | 29 | 6,006,245 | 951 | 16 | 12,567,366 | 2865 | 23 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 15-17 | 3,554,133 | 857 | 24 | 3,329,320 | 375 | 11 | 6,883,453 | 1232 | 18 |

[1]Indicator CC1 - Rate of children living in residential care
[2]Total Child population is taken from Punjab Population Census, 2017

## Table C0.1 (b). Rate of children living in residential care

Number and rate of children age 0-17 in residential care, Punjab, 2022

| | Percentage distribution by region | | | | | | | | | Total | Number of children in residential care |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Lahore | Faisalabad | DGKhan | Gujranwala | Rawalpindi | Sahiwal | Multan | Bahawalpur | Sargodha | | |
| **Total** | **17.4%** | **12.0%** | **5.6%** | **18.7%** | **20.0%** | **5.2%** | **7.5%** | **6.7%** | **6.9%** | **100.0** | **5762** |
| **Age (in years)** | | | | | | | | | | | |
| 0-4 | 12.2% | 14.8% | 2.7% | 17.5% | 20.3% | 5.4% | 9.5% | 8.1% | 9.5% | 100.0 | 74 |
| 5-9 | 17.5% | 11.9% | 5.6% | 18.6% | 20.4% | 5.2% | 7.3% | 6.7% | 6.8% | 100.0 | 1591 |
| 10-14 | 18.1% | 10.9% | 5.8% | 17.6% | 20.5% | 5.6% | 7.7% | 7.7% | 6.1% | 100.0 | 2865 |
| 15-17 | 17.8% | 11.6% | 5.9% | 18.8% | 20.5% | 5.1% | 7.2% | 7.4% | 5.7% | 100.0 | 1232 |

[1]Indicator CC1 - Rate of children living in residential care

Table CO.5 presents the age distribution of the children in residential care by gender. Age distribution of male children is almost similar to the age distribution of females i.e. highest in age group 10 to 14 years and lowest in age group 0 to 4 years.

## Table C0.5. Age distribution of child population in residential care by sex

Percentage and frequency distribution of the child population in residential care by five-year age groups, Punjab, 2022-

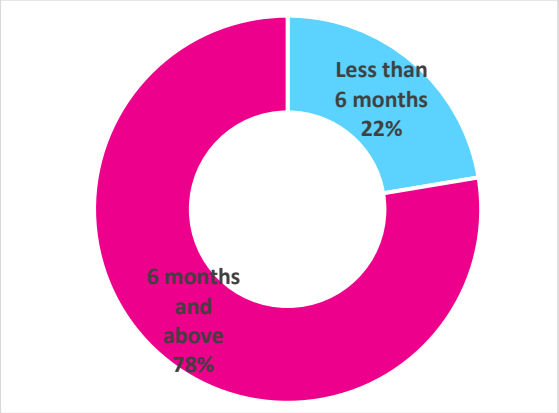
| | Male | | Female | | Total | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| **Total** | **3891** | **100.0** | **1871** | **100.0** | **5762** | **100.0** |
| **Age (in years)** | | | | | | |
| 0-4 | 44 | 1.1% | 30 | 1.6% | 74 | 1.3% |
| 5-9 | 1076 | 28.0% | 515 | 27.6% | 1591 | 27.9% |
| 10-14 | 1914 | 49.8% | 951 | 51.6% | 2865 | 50.3% |
| 15-17 | 857 | 21.1% | 375 | 19.2% | 1232 | 20.5% |

## 4.2 CHILDREN IN LONG TERM RESIDENTIAL CARE

Table C0.2 presents the percentage of children in residential care for 6 months or longer. The length of time children spend in residential care is a factor for governments to evaluate how care is being used in the country and whether it is being relied on as a long-term form of alternative care for children and adolescents. Results show that majority (i.e. 78 percent) of the children are staying in the facility for 6 months or longer, while 22 percent have less than 6 month stay in the RCFs. It might be due to large number of children who had to stay at RCFs for longer time period, while children with short duration are sent back to their families, hence lowering the percentage in this category i.e. less than 6 months.

Looking at the gender composition, 19 percent of the males have stay of less than six months, while 28 percent of the female have short stay of 6 months depicting that girls are significantly more likely than boys to stay in facilities for less than 6 months. As also highlighted above the chances of female children sent back to their families are competitively higher than male children.

Chart 20 : Children in RCF by Length of Stay



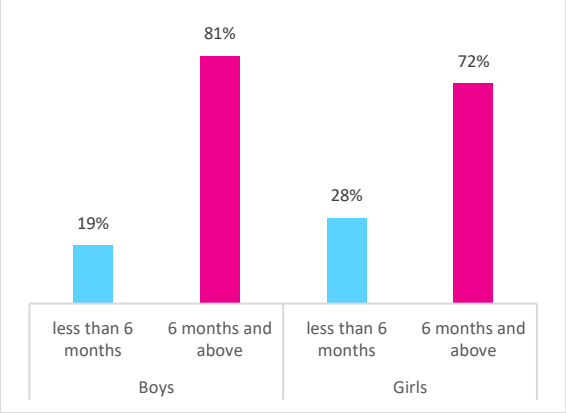




**Table C0.2 Children in long term residential care**

Percentage distribution of children aged 0-17 in residential care by length of stay

| | Percentage distribution of children in residential care by length of stay | | | Percentage of children in residential care for 6 months or longer[1] | Number of children in residential care |
|---|---|---|---|---|---|
| | Less than 6 months | 6 months and above | Total | | |
| **Total** | **22%** | **78%** | **100%** | **78%** | **5762** |
| male | 19% | 81% | 100% | 81% | 3891 |
| female | 28% | 72% | 100% | 72% | 1871 |

[1]**Indicator CC2- Children in long term residential care**

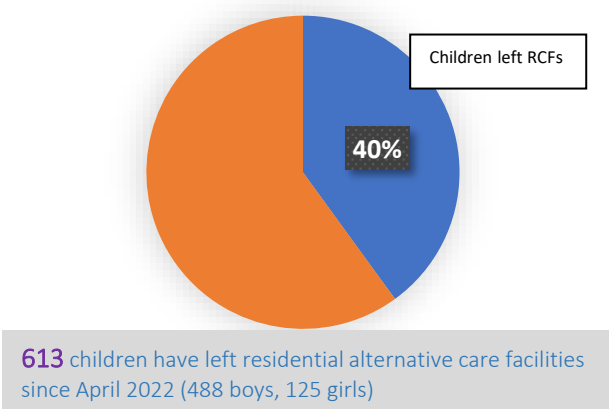
## 4.3 FLOW OF CHILDREN IN RESIDENTIAL CARE

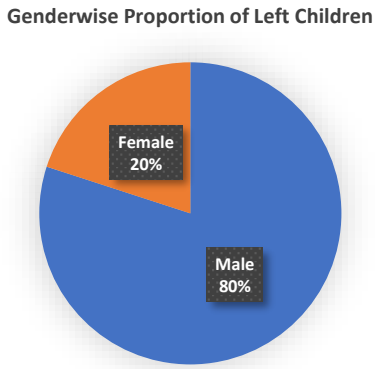
Table C0.3 (a) presents information on the flow of children out of residential care in a 12-month period. The table includes the number and rate of children leaving residential care per 100,000 total child population. According to the finding, 613 children left the facility during last 12 months including 488 (80%) boys and 125 (20%) girls. These children are 40 percent of those who have entered the facilities during last 12 months. Rate of children leaving the facility is calculated as 1 child per 100,000 total children of Punjab. The table can be used for planning and budgeting of intake services based on existing and expected numbers of children leaving care.

Table CO.3 (b) includes the percentage distribution of children leaving residential care during a 12-month period by location or status after having left the facility. Finding suggest that 75 percent of the children leaving the facility are reunited with the family with either handing them over to relatives by the competent authority or children going back to the family willingly. While 16 percent of the children left the facilities are shifted to other cities. Similarly, 5 percent of the children ran away from the facility and 3 percent died.

Results are depicting that a major proportion of children are being handed over to their relatives. Most of the abandoned children sent to RCFs are facing a dilemma of indecisiveness on part of their families, uncertainty and sort of emergencies (i.e. in case of loss of parents). In this backdrop, the close relatives are not ready or willing to take care of these children.

Chart 21 : Children Leaving Facility During Last 12 Month Period (Gender wise) and Reasons of Leaving



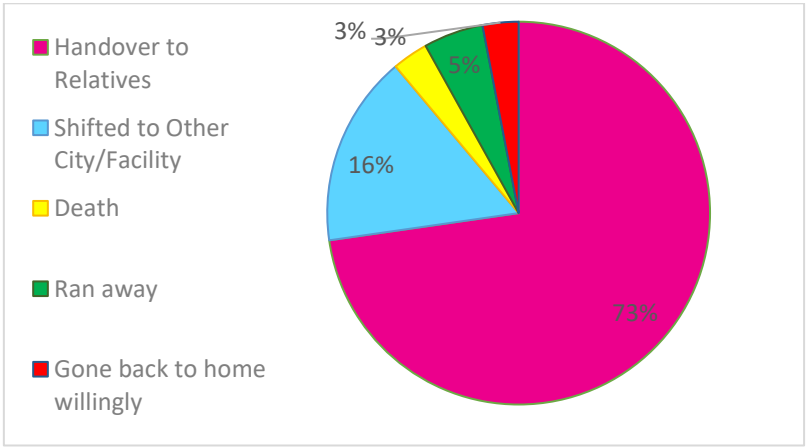




**Table C0.3. (a) Flow of children leaving residential care**

Number and rate of children age 0-17 leaving residential care in a 12-month period, Punjab, 2022

| | Total child population2 | Number of children leaving residential care during a 12-month period | Rate of children leaving residential care per 100,000 [1] | Percentage distribution of children leaving residential care during a 12-month period: Died while living in the facility | Percentage distribution of children leaving residential care during a 12-month period: Left the facility (percentage among those who entered facility during last 12 months) | Number of children left residential care during a 12-month period |
|---|---|---|---|---|---|---|
| **Total** | **48680139** | **613** | **1.3** | **8** | **40%** | **613** |
| **Children under 5 years** | | | | | | |
| male | 7356653 | 9 | 0.1 | na | 39% | 9 |
| female | 7026643 | 0 | 0.0 | na | 0% | 0 |
| **Children age 5-14 years** | | | | na | | |
| male | 14235228 | 420 | 3.0 | na | 45% | 420 |
| female | 13178162 | 105 | 0.8 | na | 39% | 105 |
| **Adolescents age 15-17 years** | | | | na | | |
| male | 3554133 | 59 | 1.7 | na | 42% | 59 |
| female | 3329320 | 20 | 0.6 | na | 33% | 20 |

**[1]Indicator CC3- Rate of children leaving residential care**

na: not applicable

**[2]Total Child population is taken from Punjab Population Census, 2017**

## Table C0.3. (b) Flow of children leaving residential care

Percentage distribution of children leaving facilities by location or status after leaving, Punjab, 2022

| | Percentage distribution of children who left residential care during a 12-month period, by location or status after leaving: Left to go to another facility | Reunified with family (Handover to relative or Gone back to home willingly) | Ran away | Died | Total | Number of children who left residential care during 12-month period |
|---|---|---|---|---|---|---|
| **Total** | **16.5%** | **75.0%** | **5.5%** | **3.0%** | **100.0** | **613** |
| **Children under 5 years** | | | | | | |
| male | 25% | 70% | 0% | 5% | 100.0 | 9 |
| female | 0% | 0% | 0% | 0% | 100.0 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **Children age 5-14 years** | | | | | | |
| male | 18% | 72% | 6% | 4% | 100.0 | 420 |
| female | 10% | 89% | 0% | 1% | 100.0 | 105 |
| **Adolescents age 15-17 years** | | | | | | |
| male | 9% | 78% | 12% | 1% | 100.0 | 59 |
| female | 8% | 92% | 0% | 0% | 100.0 | 20 |

**[1]Indicator CC3- Rate of children leaving residential care**

## 4.4 REUNIFICATION

Table C0.4 presents information on factors related to family reunification of children under age 18. The table includes the total percentage of children living in residential care with one or both parents dead and the distribution of children living in residential care by parent survival. According to the results, parents of 47 percent of the children living in residential care were dead, while parents of 34 percent of the children living in RCFs were alive. Similarly, 16 percent of the children living in RCF have only mothers, while only 3 percent of the children have only fathers . The government should ensure that children in RCFs maintain contact with their parents and receive necessary counselling and support in case their parents are in difficulty (i.e., imprisonment, prolonged illness etc.)

The table also includes the percentage of children living in residential care in contact with any relatives and the percentage of children living in residential care with relatives in the same region/district/province as the facility. Results depict that 65 percent of the facilities have contact with their relatives within last 6 months while 87 percent of the children have relatives in the same area as of RCF. In this backdrop, the relatives should be encouraged and facilitated to maintain a contact with these children keeping in view the child's protection and in his/her best interests.

Chart 22 : Parents Survival Status

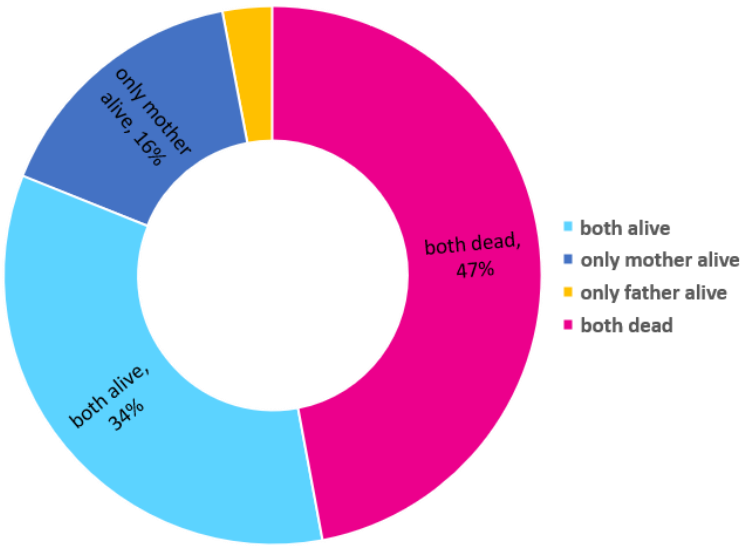
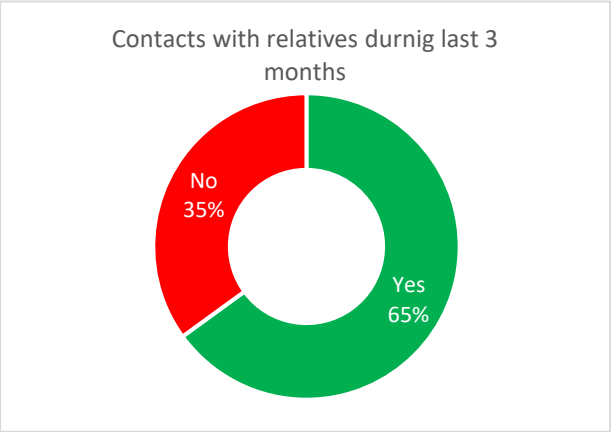
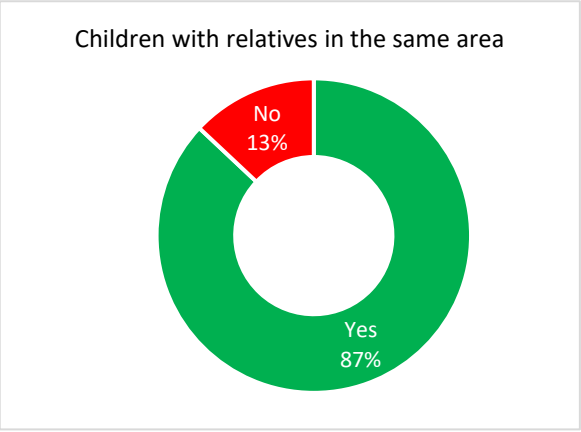


Chart 23: Children in Contact with Relatives and Relatives Living in Same City:




## Table C0.4: Children and their Parent Survival Status

Percentage distribution of children 0-17 years in residential care by parent survival status, percentage of children 0-17 years in residential care who have one or both parents dead, percentage of children 0-17 in residential care who have contact with any relatives, and percentage of children 0-17 years in residential care who have any relatives living in the same region/district/province as the facility, Country, Year

| | Children with one or both parents dead | | | | | Number of children in residential care | Percentage of children with one or both parents dead[1] | Number of children in residential care | Percentage of children in contact with any relatives[2] | Number of children in residential care | Percentage of children with relatives in same region/district/province as facility[3] | Number of children in residential care |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Only father alive | Only mother alive | Both dead | Both alive | Total | | | | | | | |
| **Total** | **3%** | **16%** | **47%** | **34%** | **100** | **5762** | **66%** | **5762** | **65%** | **5762** | **87%** | **5762** |

**[1] Indicator CC5 - Children with one or both parents dead**

**[2] Indicator CC4 - Children in contact with relatives**

**[3] Indicator CC6 - Children with realitves in same region/district/province as facility**

# 5 QUALITATIVE FINDINGS FROM KIIS & FOCUS GROUP DISCUSSIONS

## 5.1 SAMPLE

### 5.1.1 KEY INFORMANT INTERVIEWS

The total number of Key Informant Interviews (KIIs) conducted was 119 across the province which was a slight deviation from original plan. As per the plan, there were supposed to be 2-3 KIIs per division (total of only 18-27 KIIs) however as the study proceeded, team realized that they needed to conduct the KIIs in each of the districts. These KIIs constituted a wide spectrum of representatives from Government, Local Non-government Organizations (NGO), International NGOs , Research Firms, Academic Institutions, social activists and local champions. Functionally, there was a good mix of public and private service specialists, RCFs' managers, researchers, academicians, and district administration. Below table presents the composition of key informants:

| | Male (61%) | Female (39%) | Total | %age |
|---|---|---|---|---|
| **Local NGOs & CSOs** | 18 | 15 | 33 | 28% |
| **Social Activists** | 10 | 8 | 18 | 15% |
| **Govt. Officials** | 19 | 10 | 29 | 24% |
| **RCFs** | 20 | 10 | 30 | 25% |
| **INGOs & Researchers** | 5 | 4 | 9 | 8% |
| **Total** | 72 | 47 | 119 | 100% |

### 5.1.2 FOCUS GROUP DISCUSSIONS

A total of 36 Focus Group Discussions (FGDs) were conducted across the province in each of the 9 divisions of Punjab. In each division, there were 4 focus group discussions out of which two were in urban areas whereas two in the rural areas. In each urban and rural settings, one focus group discussion was with male community members while one with female community members. A total of 316 (148 females, 168 males) participants attended the FGDs constituting parents, caretakers, administrators, teachers, local activists and NGO representatives who had vast knowledge about RCFs as well as abandoned children. Focus group discussions' pointers were established as a data collection tool to guide the moderator whereas a separate note taker assisted the moderator with the notes. While selecting participants, diversity and inclusion were considered ensuring that overall group has direct connect to children already in alternative care or likely to be at risk of being placed into alternative care mechanisms. The diversity and inclusion was maintained with respect to ethnicities, religious backgrounds, economic status etc. Separate FGDs with women and men were helpful in terms of both genders participating in the discussions openly. However, the team did not find much of a difference of opinions or in responses to the questions due to gender differences. Interestingly, same was observed in terms of rural and urban settings. Participants from both settings had almost similar responses and opinions against various discussions points.

## 5.2 KEY FINDINGS

### 5.2.1 PUSH AND PULL FACTORS

Contrary to UN Guidelines on Alternative Care, the residential facilities are advertised during their image building and funds collection campaigns as safe heavens and sanctuaries for destitute children,

and therefore often guardians and parents are attracted towards enrolment of their children (who are not in the need of alternate residential care as such) for a comfortable life and secure future; as shared by the most respondents. One of the respondents narrated:

> *"People make these choices to enroll children with a hope of a comfortable life and securer future" Social Activist from Multan.*

Some of the participants highlighted role of enrollment and recruitment drives and using places of worship (masjid, imam bargah and churches) to attract and allure parents, guardians and relatives of abandoned children. The respondents were of the view that generally grandparents and close relatives take care of children after their parents have either died or their marriages are broken. Using elements of religion, the admission / enrolment campaigns are designed to allure guardians/ parents, and other relatives. One of the respondents narrated the situation as follows:

> *"Enrolment and recruitment drives, and use of worshiping places to promote these RCFs attract/pull the guardians/ parents to enroll children into these facilities" Social Welfare Officer from Sahiwal Division*

According to the participants two third of children are sent to live in RCFs due to poverty and financial issues of the parents who find it hard to fulfill basic needs of the children in the backdrop of high inflation as well the trends of economic migration. One of the respondents narrated:

> *"Rising level of poverty and soaring prices of basic food commodities are causing parents/ guardians to push the children into residential care institutions" Uncle of two children residing in NGO run RCF in Lahore*

Followed by it are, death of father or mother, separation between parents, second marriage of parents, economic migration of parents from rural to urban areas push the children in RCFs. Some of the respondents said that lack of support from relatives, unaffordability of food, education, and health expenditures, unemployment of parents, family quarrels, inheritance disputes and large family size are also identified reasons for sending children to RCFs. Some of the respondents highlighted that urbanization and economic migration are emerging as one of the major recent trends that push children into the RCFs. They highlighted that parent(s) move to the bigger cities to work as casual laborer and sometimes end up living on streets, mazarat (i.e., holy shrines) and or as street beggars, while children are enrolled into institutions. In other cases, parents leave their children at shrines owing to poverty and in some cases children themselves run away from their homes because of a host of complex reasons to live at shrines to fulfill their basic needs. One of the respondents said:

> *"Availability of free food / water at langar/ shrines at Darbars attracts homeless / run away children to come, however, these are exploitative places, with no formal protection / safeguarding systems in place (the risks / hazards are unaccounted for)" - an NGO worker from Pak Pattan*

When asked about general situation of children in the district as well as well-being and safety, more than half of the respondents showed dissatisfaction and said that RCFs are not safe, protected and peaceful for children, instead highlighted that children in RCFs have sense of deprivation, are not protected against abuse and exploitation; and face psychosocial problems too. Some of them highlighted child labor, violence, rape, hostility of adults, harassment and abuse, beggary, forced child marriages and health issues of children in RCFs. In this backdrop, they particularly highlighted role of

well-established family system in which grandparents, family and relatives took care of children in case both or either of the parents was dead or in any difficult situation. Some of them also reported that there are criminal people who are involved in abduction of the children who afterwards are kept in a bad and abusive environment. These children other times face severe violence resulting in loss of their limbs, causing disabilities for engaging them into beggary. Various abusive and exploitative practices lead these children to become drug addicts.

> *"We think it is better not to send children to these facilities instead adjustment in family be made to accommodate the deprived children" Mother of two boys from Chakwal.*

Almost similar proportion of the participants underscored their concern for gender differentials due to the cultural reasons in sending children to RCFs after their parents have either died or separated. It was reported that taking care of children is not preferred as it involves investment of time and resources, yet adolescents prove to be helping hand in the household. Hence, guardians mostly take back adolescent girls in their home while grownup boys are not preferred due to privacy issues (i.e. presence of own daughters and wife at homes). One of the respondents said:

> *"Destitute and orphan girls are preferred to be kept with the extended families or either of the parents, however boys could be sent to the RCFs. Some girls can also be accommodated with the working women in employer homes/ havelis, whereas boys of 10 years and above are not accommodated within employer homes" Khala / aunt of three girls enrolled in a female exclusive RCF in Sialkot.*

Another participant narrated:

> *"Girls and boys of the same family (siblings) could be admitted at the same residential facilities to provide some sense of security / safety; however, girl children are either enrolled into female exclusive facilities or withdrawn from these facilities after the age of 12 years" grandfather of a girl child enrolled in an NGO run RCF in Rawalpindi.*

The suggestions of participants were sought regarding possible options of de-institutionalization, which could discourage parents and guardians to send the children to RCFs who cannot live with their parents. Social safety net projects including monthly stipend for such families emerged as the most discussed and preferred option along with skills training for income generation of families who are taking care of abandoned children. For this purpose, proper registration of these families should be ensured for streamlining efforts to help them. . One-third of the respondents considered it to be linked with strict age criteria to register the children in RCFs i.e. only children in a certain age group should be sent to RCFs but the children of all ages. One of the respondents highlighted:

> *"Supporting families with orphan children at the village/ community level through monthly stipend will be more affordable/ more natural/ and child friendly, however, avoiding social media in this context should be maintained due to privacy issues for families., NGOs and government both shall learn from these good practices" Social Activist from Lahore*

Another respondent highlighted:

> *"There shall be strict age criteria and a strict time frame to register/ enroll and graduate these children – so that they don't end up here for several years – there are some great initiatives that include training of life skills, vocational skills and apprenticeship that will help children to find jobs/ start micro-businesses, if supported proper institutions shall be linked up with Punjab like TEVTA". Journalist and free-lance article writer on Child Rights in Lahore*

### 5.2.2 MONITORING & INSPECTION

Around two-third participants considered that monitoring of the residential care facilities was not systematic and against certain set indicators/ parameters, instead these were sporadic. Although government facilities were visited by the relevant staff from the respective departments or bureau; however, NGO or privately managed facilities are mostly not visited by the government officials. Monitoring reports or the findings were not archived in a systematic manner at the facility level. The participants further highlighted those recommendations communicated to NGOs and privately run facilities were seldom followed upon because there is no strict monitoring and inspection mechanism. One of the respondents narrated:

> *"We have not been visited by any official for the past two/ three years, they only visit to inspect our record of registration, and ask questions about sources of funding, they are not interested in children well-being". Female staff member – a trust run RCF in Rawalpindi*

Most of the respondents from smaller charity run organizations reported no or improper monitoring and inspection by the government officials because they are not financially dependent on government funding and grants. They, however, reflected those complete audited accounts are available with them and they submit it to respective departments. Some of the respondents were not happy with the one-sided scrutiny of NGO run institutions and pointed towards the issues of the government run institutions that get reported in the newspapers based on poor management and scandals. One of the respondents narrated:

> *"There are scandals and issues within government managed facilities, however, our arms get twisted in the name of monitoring, which is in fact policing" a senior founding member of RCF at Chakwal.*

One of the respondents coined the idea of joint monitoring for mutual learning by saying"

> *"Why not we hold shared and joint monitoring visits – government shall also allow our staff to visit / observe government managed facilities so that we all learn and grow jointly" a senior monitoring officer working for an INGO managing RCF in three different cities.*

Some of the representatives from privately run organizations said that they were eager to improve monitoring skills and capacity, because by adopting a higher standard of monitoring, they would attract more funding from overseas charities and foundations.

### 5.2.3 REGISTRATION/RENEWAL/LICENSING

Majority of the respondents were of the view that registration and renewal of the RCFs had not yet been streamlined across the province. They lamented of being asked to produce similar information repeatedly by different government departments instead of improving the inter – departmental and intra departmental coordination and communication. One of the respondents narrated:

> *"There are different departments, who claim to regulate our institutions, however, they don't have staff and resources to take responsibility beyond paper submissions and sending threatening letters without properly reviewing our paperwork. Some organizations are considered over and above the law, they frustrate our donors and impact on our performance".*

They are eager to streamline the registration process through proper review of SOPs. They particularly hoped that bureaucratic hurdles and red tapes be removed to enable regulating higher number of non-registered entities. On the respondents said:

*"It will be a huge relief to mutually review the registration and renewal regimen, so that we may also point towards removing the bureaucratic hurdles and the red tapes and make a smooth system".*

### 5.2.4 CAPACITY BUILDING

Around two-third of the participants highlighted that there was very little investment in capacity-building of RCFs' staff mostly because they often struggle to complete basic food and ration requirements. Some of the respondents termed delayed allocation of funding as a reason for not investing in capacity building of staff. It, therefore, appeared a luxury for affording staff a training to improve their attitude, practices and skills. They reflected to have well understood importance of proper capacity building plans and hence highlighted the need for implementing plans like those implemented by internationally funded institutions . Given comparatively low education and training, they seemed very eager to benefit from such opportunities. One of the respondents said:

*"Our staff are not highly qualified or trained, but generally they learn on the job, and they also leave the jobs when these find better opportunities" representative of an NGO run RCF in Faisalabad*

Similarly, another respondent said:

*"We are casual and not very structured. In fact, we are a crowd charity driven smaller facility, and can't afford formal capacity building initiatives, unless there is government funding or institutional grants become available" representative of an NGO run RCF in Gujrat.*

On the other hand, some of the respondents were not in favor of investing in capacity building of the staff both in government and privately run organization. It was because that they feared the staff may not be retained for long owing to contractual nature of the job. One of the respondents said:

*"Our salary structures are not comparable to any private organization levels or the regular government jobs, rather we pay them according to the market labor rates, therefore investing into long term capacity building is not feasible in our case" representative of an NGO run RCF in Lahore.*

### 5.2.5 MINIMUM CARE STANDARDS

Around two-third women participants in the FGDs reflected that minimum care standards were not available and if they have been communicated then they were not being used for accountability coupled with weak monitoring. Around one-third of the participants highlighted their knowledge and willingness to ensure implementation of minimum care standards communicated by government authorities. The process was being regulated and streamlined to avoid any confusion and ambiguity. One of the respondents narrated:

*"There are two different minimum care standards that we know about, one namely EHSAAS is more recent that is being developed mutually (i.e., government and private sector) another being already implemented by Social Welfare Department; however, one of these care standards shall be adopted, and both government and private institution staff shall be trained accordingly" representative of an NGO run RCF in Bahawalpur.*

Some of the respondents highlighted gaps in understanding and operationalizing the complaint and redressal mechanism owing to which unpleasant events are on rise. However, these issues are not being documented, which is further frustrating the affected people and damaging the repute of RCFs.

> *"complaint / redress mechanisms are not being understood and operationalized, there are of course incidents, and unpleasant events, however, these are not documented" representative of an NGO run RCF in Multan.*

# 6 RECOMMENDATIONS AND CONCLUSION

The study mapped and extensively assessed current situations of the residential care institutions. It also included a qualitative component mainly aimed at identifying the key push and pull factors toward institutionalization of children without parental care. With establishing a comprehensive list of residential care institutions, the data collection team visited each one of them and collected the data from the facilities that agreed to cooperate voluntarily. Various aspects such as facilities' addresses, number of children, WASH facilities, basic amenities, availability of key services etc. were assessed with respect to their availability.

This is the first time such an exercise covering whole province was conducted and as a result, the institutions have been mapped to further assess them against qualitative aspects and indicators; and regulate them. The key government agencies that have been striving to regulate the institutions Child Protection & Welfare Bureau and Social Welfare Department in past. With amendment into Punjab Destitute & Neglected Children Act in 2018, the overall mandate for children's protection and specifically those without parental care lies with the CPWB now. But as a starting point, there was no master list of such institutions as such mainly due to registration mechanisms of non-government organizations in the province. Residential care institution (if registered) operates under the management of an NGO or charity. While on the other hand, such NGOs at the time of their registration generally include a broad range of development or charity work as part of their programmatic focus including operating the residential care institutions; thus there was no way to ascertain if all or part of these have had residential care institutions established with them or not. This mapping survey provides the foundation stone to the CPWB to regulate, monitor and improve such facilities, whereas keeping children's best interest as topmost priority.

The observations clearly pointed out an immediate need to assess the facilities for the quality of services. The most critical factor is the placement of children in residential care facilities though their parents (either both or single) are still alive. Similarly, considering traditional alternative care practices, extended family system has been used for providing family-based care to the children without parental care, however the growing trend of institutional care is leading into discouraging this practice. The efforts instead should have been to further build upon the customary practice of family-based care and improve the traditional mechanisms instead of investing into residential care setups. This is also to be noted that considering the scope of the study, a definition of alternative residential care facilities for this study was discussed and agreed upon with the Technical Working Group as per which only those facilities will be part of this study that have been established for the provision of residential care as their prime and sole purpose. While, others such as established for provision of education (religious or traditional) but with additional set-up of boarding or residential care will not be included in this study. Thus the study excluded all such institutions for instance educational *madrassas*, hostels, borstal institutes, convents, cadet colleges etc. despite that children live there from short to longer terms. Nevertheless, with study limitations considered, mix of quantitative and qualitative findings, and focused field work, below are few key recommendations:

## 7.1 REGULATE THE RESIDENTIAL CARE FACILITIES

- With legal mandate already in place, CPWB urgently needs to direct the institutions to register with them and ask the institutions for submitting all basic information about the facility and children.
- The CPWB should enter into focused dialogue with Social Welfare Department to decide upon the fate of residential care institutions being operated/managed by SWD and for that matter, similar engagement is to be made with Pakistan Bait ul Mal. With 2018 amendment in PDNCA, the CWPB has the prime mandate for child protection and therefore it is important for CPWB to get engaged with SWD and Pakistan Bait-ul-Mal for future operational modalities of their residential care facilities.
- It is critically important for CPWB mainly (and UNICEF too) to collaborate with Education & Religious Affairs Departments and conduct a similar survey of educational and religious educational institutions.
- The CPWB should acquire comprehensive and regular update and information on children's admissions, individual plans, children's wellbeing status and ways of monitoring it, safeguarding procedures and referral mechanisms. As a starting point the CPWB should demand this information as they register these facilities with the bureau.
- The CPWB having mandate to register RCFs should develop criteria against which any institution can be allowed or not to continue to operate. Against the criteria, the CPWB should: i) cancel registrations of the RCFs in case of failure to meet the minimum acceptable level, or ii) provide them with a grace period to improve their standards in order to continue operating or iii) maintain registration of those compliant with minimum requirements.

## 7.2 EXPAND CARE OPTIONS FOR CHILDREN WITHOUT PARENTAL CARE

- There is a need to conduct a qualitative study mainly focused on various forms of alternative care options that exist in the province either through customs/traditions or by law. The study's focus should be at learning communities' practices but also the gaps in implementation of laws. Overall, the laws for children without parental care exist (such as The Guardians and Ward Act and Punjab Destitute and Neglected Children Act) in the province; however there are gaps in their implementation which need attention.
- The province needs a comprehensive child protection law. The Guardian and Wards Act is outdated and needs a critical analysis vis a vis modern day's challenges and legal solutions. Children without parental care should be provided with a range of family-based care options by law and not just through customs.
- CPWB in collaboration with Social Welfare Department and other relevant authorities should conduct an assessment/identification exercise to map children that are at higher risks of being placed at residential care facilities to provide them with alternate family-based care options; and thus, preventing the institutional care.
- (Linked with previous recommendation), CPWB needs to identify potential families that are willing to take legal guardianship of the children without parental care and make an arrangement for placing children into family-based care but with regular monitoring for children's wellbeing.
- CPWB needs to initiate a high-profile technical dialogue with strong child protection experts on feasibilities and mechanisms to support child-headed households, group living and day-care services as expanded options of care to first agree on a mutual way and secondly devising a cautious strategy to implement it.
- CPWB needs to map social security initiatives and programmes to link them with at-risk children and their families in the communities.

## 7.3 MANAGEMENT INFORMATION SYSTEM AND REFERRAL MECHANISM

- CPWB should maintain a central and secured Management Information System/Database to store children data along with all important details and data of RCFs.

- The database/MIS should be able to provide CPWB with information to generate important trends, monitor status of children and RCFs, and with updates on referrals (whether made by the CPWB or RCFs).
- Each of the RCF needs to have a strong referral mechanism to support the children with any emerging or emergency needs; which is not in place yet. The CPWB can play an important role by placing a province-wise referral mechanism and making RCFs part of it.
- The protocols and SOPs of making referrals, assessing children's needs and for placement of children into any alternative care option should be developed and rolled-out.
- Data security and confidentiality protocols need to be in place for implementing MIS effectively.

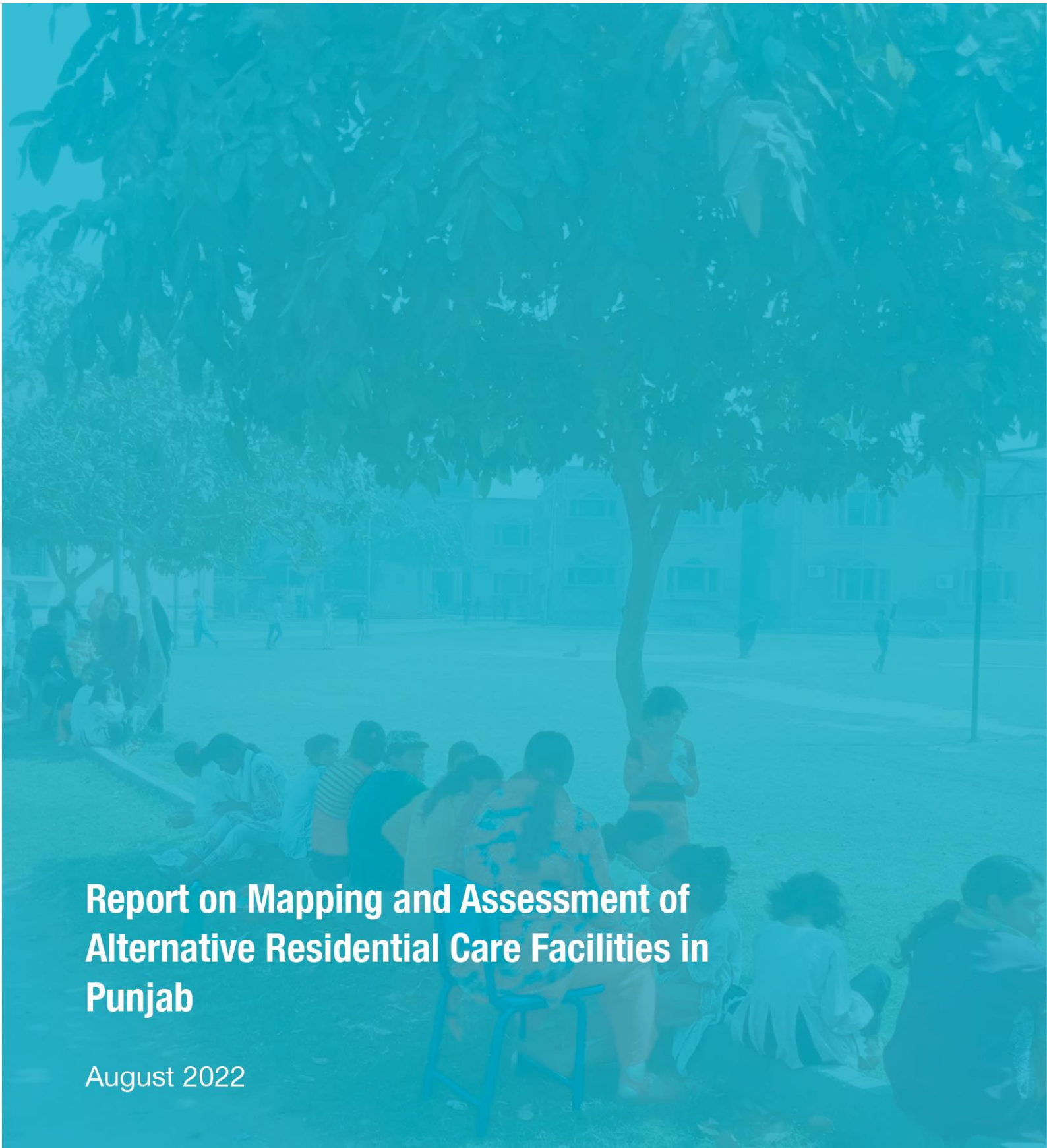
## 7.4 QUALITY ASSURANCE OF RCFS

- It is critically important to develop monitoring system and framework for CPWB to monitor the quality of residential care being provided by the RCFs.
- There is an urgent need to revive the once developed Minimum Standards of Residential Care and implement them after necessary revisions across all institutions.
- Robust and strong safeguarding policies of all institutions needs to be in place as this currently remains a grey area with respect to its quality despite the fact that all institutions claim to have one.
- The CPWB needs to work with all institutions to ensure that they have individual childcare plan including the measures/plan for reunification or reintegration of children with their families. Majority institutions were found to be without any longer-term plan for child's reunification with family or a plan to provide family-based care.
- CPWB should develop interim guidelines/set of minimum requirements through a policy directive for the RCFs to comply with until the minimum standards of care are fully rolled-out with comprehensive monitoring mechanism. The Interim guidelines/set of minimum requirements should require RCFs to comply against below key areas whereas the quantitative required ranges can be set accordingly as given in EHSAAS:
    - Standard 1: Eligibility Criteria
    - Standard 2: Required Documents
    - Standard 3: Responsibilities of the Orphanages/Child Care Organizations
    - Standard 4: Medical and Psychological Examination
    - Standard 5: Reception at Residential/Living/Resident Facility
    - Standard 6: Residential Facility
    - Standard 7: Supplies for Boarders
    - Standard 8: Duration of Adjustment
    - Standard 9: Food and Nutrition
    - Standard 10: Health Care
    - Standard 11: Psychological Care
    - Standard 12: The Daily Routine
    - Standard 13: The Annual Activities Education Plan
    - Standard 14: Self-Development
    - Standard 15: Safety and Security
    - Standard 16: Home/ House Facilities
    - Standard 17: Facility Mantenance
    - Standard 18: Boarding Staff
    - Standard 19: Management Committee
    - Standard 20: General Rules and Regulations
    - Standard 21: Right of the child and protection against abuse
    - Standard 22: Contact with mother/AFD

    - Standard 23: Career Guidance and Counselling
    - Standard 24: Respect and Dignity
- There is a severe and urgent need to conduct a study which focuses upon assessing qualitative aspects of the facilities and specific in-depth learning about the children actually living there including:
    - Quantity and quality of basic needs provided
    - Quality of enabling environment (i.e., study, availability of books and stationery, playing areas, washrooms)
    - Availability and quality of protection, care and safeguarding mechanism, system and services
    - Knowledge and skills of care workers
    - Mechanism of interaction of children with parents/guardian/visitors
    - Mechanism for case review and follow-up
- An effective complaint response mechanism should be in place with safe access of children to it. The complaint response mechanism has to be placed at two levels i.e., within the facility for the facility's management and also a system through which children should be able to reach to CPWB in case of any complaints. It is critically important that CPWB invest into enhancing the knowledge of children residing at facilities of their right to protection from abuse, exploitation, neglect and violence; and in case of any concerns, how to access and report using the complaint response mechanism.
- CPWB should ensure that alternative residential care institutions have proper admission criteria and guidelines, case management and referral protocols in place. CPWB should develop this in a consultative manner and roll them out across the province at all institutions.
- Engagement with the children at the RCFs with particular focus on making them aware of their rights, particularly right to protection form violence, abuse, exploitation and helpline services available to them

## 7.5 CHILDREN'S PARTICIPATION

- There is a need to develop comprehensive guidelines to ensure children's participation appropriate to their age and maturity for decisions affecting their lives particularly when deciding upon care options for them.
- CPWB should direct all RCFs to include children inputs meaningfully into making decisions or providing services for children at their facilities.
- Capacity building of care workers at RCFs is necessary to help them understand understand what are the best interests of each child and how the care facility can support the rehabilitation/reunification processes.
- Children needs to be consulted as and when their care plans are developed with exit and transition strategies from facilities. While case review and follow-up is crucial.
- Children's participation must also be ensured as and when these recommendations are implemented particularly while developing various guidelines, policies, protocols or systems.



# Report on Mapping and Assessment of Alternative Residential Care Facilities in Punjab

August 2022

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