





PROGRAMME FOR IMPROVED NUTRITION IN SINDH

EUROPEAN UNION

In Support of Accelerated Action Plan, Government of Sindh



Focus Group Discussions with Community Livestock Extension Workers (CLEWs) for their **Re-engagement Strategy**



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Abbreviations and Acronyms

AAP	Accelerated Action Plan for Reduction of Stunting and Malnutrition
AE	Agriculture Entrepreneurs
Al	Artificial Insemination
CI	Community Institutions
CLEW	Community Livestock Extension Worker
EU	European Union
FFS	Farmer Field School
FGD	Focus Group Discussion
HH	Household
GoS	Government of Sindh
LSO	Local Support Organizations
M&E	Monitoring and Evaluation
PINS	Programme for Improved Nutrition in Sindh
PD	Pregnancy Diagnosis
RSPN	Rural Support Programmes Network
RSPs	Rural Support Programmes
VO	Village Organization

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1. Background and Objectives

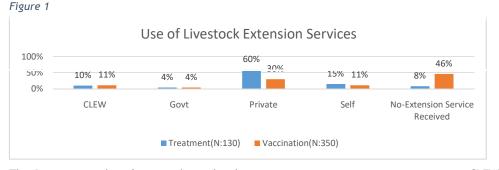
1.1. Background

There is evidence that the CLEW component of PINS ER3 is underperforming and beneficiary communities are not getting vital extension services for which the Programme has invested significant sums.

The Programme trained and deployed 191 CLEWs across 10 Districts with the expectation that they will provide livestock extension services such as vaccinations, drenching (to prevent common parasites), treatment (for common ailments) and awareness sessions across their assigned UCs, in close coordination with the District RSP teams, LSOs / VOs and Government Authorities. After the initial training, the Programme teams were expected to facilitate this coordination helping the CLEWs to establish themselves, increase their outreach and accountability towards the District Authorities while becoming more autonomous and sustainable.

The PINS M&E Team conducted an assessment that revealed that even basic extension services expected from CLEWs were not reaching the intended beneficiaries despite evidence of significant demand. The survey focused on poultry and livestock beneficiaries under PINS ER3 which were expected to have greater awareness and utilisation of CLEW services than others in the target communities.

The survey revealed that only 11% accessed CLEWs for preventative vaccinations and only 10% turned to CLEWs for any form of treatment of their livestock (see Figure 1 below). The broader CLEW service outreach and utilisation beyond the direct poultry and livestock beneficiaries is expected to be even lower.



The Programme therefore needs to develop a re-engagement strategy to increase CLEW outreach and utilisation of their services by target communities. As an initial step for understanding the current situation more fully, before determining the next steps in the re-engagement strategy, the PMU conducted an extensive round of focus group discussions (FGDs) in 7 of the 10 Programme Districts.

1.2. Objectives

The objective of the FGDs was to identify the <u>enabling factors</u>, and <u>the barriers</u> impacting the CLEWs' operational efficiency. These will allow the Programme to respond with appropriate strategies and tangible operational action points to enhance the former and address/reduce the latter.

1.3. Classifying and analysing the responses in the FGDs

The enabling factors and barriers identified through the FGDs were linked to three thematic areas in which the Programme has a direct, support and/or facilitating role.

These are therefore the areas in which the Programme needs to support the CLEWs to successfully undertake their (i.e., CLEWs) intended role:

a. Support Structures

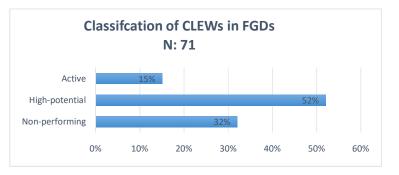
- Programme;
- District Authorities; and
- Local Veterinary Practitioners.
- b. Outreach
 - Community Institutions and Programme Affiliates.
- c. Sustainability
 - Sustainable Practices (Motivation, marketing, and linkages); and
 - Willingness to Continue

1.4. Classifying the CLEWs' performance: Active, High-potential, Non-performing

There is no clear definition or dividing line within the Programme to determine the performance of the CLEWs. The understanding of this within the Programme varies from one District to another.

For the FGDs, income was taken as the <u>primary</u> indicator of activity. As a working definition/classification, CLEWs earning more than 15,000 PKR / month were considered Active. Those earning between 5,000-15,000 PKR were deemed High-potential, and the CLEWs earning less than 5,000 PKR considered Non-performing. Based on this classification, Figure 2 shows 15% (11) Active, 52% (37) High-potential, and 32% (23) Non-performing CLEWs participated in these in FGDs.





This threefold classification allowed the FGD sessions to identify and isolate / highlight the enabling factors (through the active CLEWs) and the barriers (through the moderate and non-performing CLEWs) leading to the relative income differences. This classification also allowed the FGDs to assess what the Programme needed to improve CLEW access to supporting structures, outreach, and sustainability.

Section 4.3 below sets out the steps the Programme needs to take to engage with each classification (including the higher income brackets) in areas where CLEWs can be further supported to improve their outreach / performance / accountability.

2. Highlights from the FGDs

2.1. Roles and Responsibilities

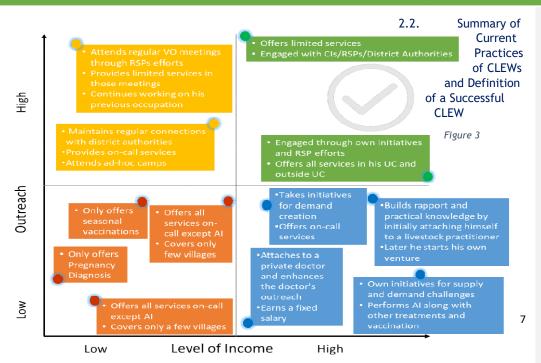
Table 1

Table 1		
	Roles and Function	
CLEWs	 Provide a range of extension services: vaccination, treatment (e.g. drenching), pregnancy diagnosis, and artificial insemination in their catchment area. Identify and report disease epidemics and create awareness about better livestock management practices in their catchment area. 	
Programme	 After the initial training, to facilitate and support the extension work of the CLEWs Create an enabling environment thatstrengthens the CLEWs' coordination with various support structures (Cls / GoS Departments / District Authorities), and maximises their outreach, creates accountability and ensures the sustainability of their operations. Gather sufficient data from the work of the CLEWs to develop policy recommendations to the GoS. 	
Cls (LSOs / VOs)	• Providea platform for demand creation (outreach) andensure accountability (pricing, quality) of the extension services in their catchment area.	
District Authorities	 Monitor and facilitate the CLEWs in their on-going challenges (medicine/vaccinations supply). 	
Livestock Department	 Ensure a timely supply of medicines and vaccinations directly to the CLEWs. Maintain progress records and coordinate on a monthly basis. 	
AAP	Ensure that the extension work of CLEWs is recorded and recognised.	

Characteristics of a Successful CLEW for the Programme

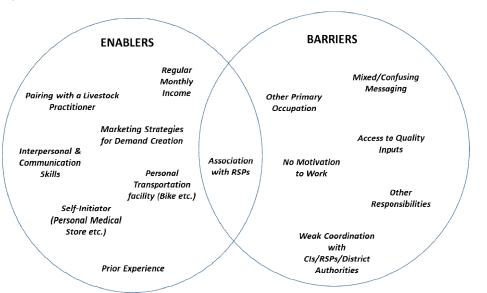
Covers his whole catchment area and offers on-call services outside the catchment

- Coordinates with CIs in his catchment for demand creation
- Coordinates with Programme teams/District Authorities on a monthly basis for accountability
- Provides <u>vaccination</u> and <u>treatment</u> services for all the prevalent conditions in his catchment area Gives regular monthl<u>y sessions</u> at the FFS



2.3. Enabling Factors and Barriers identified





2.4. Summary of Key Recommendations

Table 2

	Programme Teams	District Authorities	Local Veterinarians
Support Structures	 Ensure monthly meetings are held with each CLEW with the following standing agenda items: Review monthly progress; Planning for the next month; Issues or challenges in the field; Support Needs. 	 Ensure monthly meetings are held with the Livestock Department to enhance: Overall coordination; timely supply of vaccines; Outreach for camps. 	 Identify a list of local veterinary specialists with whom the CLEWs could partner.
	• Give consistent messaging to CLEWs about services which they can offer so as to maximise their potential income.	 An MIS Module for CLEW outreach should be developed which can be used to keep all the stakeholders informed. 	• Engage local veterinary practitioners to teach practical AI skills to CLEWs.

	Engagement with Cls	
Outreach	 The Programme should ensure that monthly meetings between CIs and CLEWs are: To be well known in the Community and conduct better-coordinated camps. Ensure the quality of the services of CLEWs and hold them accountable (e.g. monitoring their prices, catchment areas, and engagement at FFS). LSOs can demand support for the CLEWs from the Livestock Department through the JDC; 	

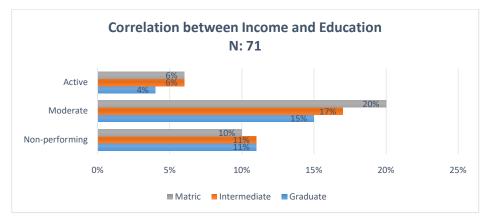
Sustainability	• The Programme should allow CLEWs to have competitive rates according to their district, for highlighting the comparison between the rates offered by CLEWs and other service providers. These rates should be communicated at the LSO level for accountability and marketing purposes.
	• The Programme should oversee and support the coordination between CLEWs (with low outreach) and the District Authorities for the next 6 months and then gradually reduce this support so that the CLEWs can develop an autonomous relationship with the District Authorities.

3. Reflection on Processes: selection, training, and provision of kits

3.1. CLEW Performance - Beyond Matriculation: No links

100% of CLEWs interviewed met the minimum education criteria (i.e., Matriculation). There was no further correlation identified between the education level and CLEWS's performance (see figure 5). Intrapersonal skills played a more vital role in a CLEW's success, as shown in the enabling factors in figure 4.





3.2. Selection by CIs and CLEW classification: No links

55% (39) of CLEWs stated that the CIs finalised their selection. Other factors influenced the selection of the rest 45% (32): RSP staff, community influencers, and personal contacts.

Selection through the CIs had no apparent relation to a CLEW being active, as CIs selected 36% (4) of Active, 47% (18) of High-potential, and 74% (17) of Non-performing CLEWs.

3.3. Quality of Training

All CLEWs expressed continued satisfaction with the training and its relevance to their work. Most CLEWS have little to no confidence in undertaking AI (which is in demand and a potential high earner). There was at least one CLEW per District who was practicing AI which they learned through:

- Private doctors; and/or
- Fellow CLEWs who learnt from private doctors.

4. Key Findings

4.1. Support Structures

4.1.1. Engagement with the Programme Implementers

The Programme is expected to play a <u>crucial bridging role</u> between the CLEWs and the District Authorities and improve their <u>outreach</u> through <u>coordination</u> with the Cls. This role was essential in the early post-training period to support the CLEWs <u>establish themselves</u> (e.g., in planning, accessing vaccines, reaching target communities, liaising formally with District Authorities, and becoming increasingly autonomous and sustainable).

Monthly meetings

All CLEWs reported no regular meetings are arranged by the Programme (no meetings were held in the previous six months). Meetings, when held, were unplanned, sporadic, irregular, and arranged around specific events / tasks and frequently only for the distribution / reporting of seasonal vaccines. The Programme is not engaging the CLEWs with sufficient regularity as expected.

Provision/Access to vaccines

90% (64) of CLEWs reported that they receive vaccinations/medicines <u>only</u> when initiated by the Programme teams. Only 10% reported accessing vaccines directly from the District Authorities without prompting or intervention by the Programme. The dependency on the Programme for access to vaccines remains very high and makes the sustainability of CLEWs beyond the Programme doubtful.

Mixed/Confusing Messaging in some Districts

CLEWs from several Districts (particularly NRSP) reported that the Programme Implementers told them not to offer any services other than seasonal vaccinations. This has led to only seasonal income opportunities for these CLEWs, many of whom have

Notes from Thatta

In the last few months, the CLEWs in Thatta reported that the field teams of RSP have been facilitating their travel in the VO meetings as their revised strategy for their engagement. While this is a step in the right direction that ensures demand creation, these efforts will not be sustainable after the Programme ends. This strategy is suitable as a starting point for re-engaging the CLEWs in the District, it needs to be modified as suggested in the recommendations to ensure the sustainability (and success) of the CLEWs.

reverted to previous and / or alternate occupations.

Cumulative Impact

The (15%) active CLEWs are operating on their <u>own initiative</u> with minimal coordination in their work with the Programme teams, District Authorities, or LSOs / VOs. They are <u>not</u> reaching their full potential by utilising the potential demand from the pool of Programme beneficiaries. While their proactive approach is to be welcomed, the Programme can do a lot more to enhance the <u>benefits to the target communities</u> from these CLEWs by <u>increasing their outreach</u> into these communities.

The remaining (high-potential and non-performing) CLEWs interviewed are <u>entirely</u> <u>dependent</u> on the Programme teams with little indication that they are moving towards

establishing themselves (i.e. through a sustainable, autonomous, and accountable approach to their services) and are <u>likely to drop out</u> as the Programme closes.

4.1.2. Engagement with District Authorities

The Programme has an integral role in supporting the CLEWs to build a relationship with District Authorities through <u>regular planned meetings</u>. Engagement between the two is essential to developing the CLEWs' practice through providing vaccines, ensuring accountability through reporting and for ongoing skills development and capacity building to ensure sustainability after the Programme ends.

There is weak coordination across the Programme between the CLEWs and the District Authorities. Currently, there are three types of broad engagement between the CLEWs and the District Authorities:

- 1. Independent / Proactive CLEWs: This is a minority of CLEWs (15%) who have managed to build their own relationships and get their vaccinations directly from the District Authorities without any dependency on the Programme teams.
- 2. Dependent CLEWs:
 - a. **Partially dependent / Event CLEWs:** While they maintain contact with District Authorities, they are passive (respond to invitations) and attend only ad-hoc vaccination camps organised by the District Authorities.
 - b. Fully Dependent CLEWs: This is the majority (85%) that attend meetings / sessions only when invited by the Programme teams to the District Authorities' offices for vaccine distribution.

Monthly Meetings

This is a key mechanism for the Programme for continuous engagement with the CLEWs. The Programme arranged no meetings at the district offices across all districts. The existing relationships of CLEWs with the District Authorities depend on the familiarity with Government personnel, and this type of purely personalised engagement is highly unreliable because of the frequency of transfers.

Access to Vaccines / Medicines

Regular and sustained access to quality vaccinations is a fundamental prerequisite for CLEWs to perform their role within communities. The Programme has agreed with the GoS Livestock department (through an MoU) for access to vaccines for CLEWs. The benefits of this MoU are not being optimised by the Programme teams because access to vaccines also depends on regular meetings, building functional relationships building between the CLEWs and the District Authorities as well as formal reporting of outreach.

Only a handful of CLEWs reported that they get their vaccination supply from the District Authorities. All the participants stated that the vaccines / medicines offered by the District Authorities were readily available in the market and they preferred bypassing the formal 'hassle' of engaging the District Authorities for these. The <u>active CLEWs</u> were very keen on access to vaccines / medications for conditions prevalent in their areas.

Ad-hoc Camps

CLEWs reported attending these camps only on an <u>irregular</u> basis on a invitation. They all highlighted the benefits they felt in attending such camps (e.g. practice, visibility, community engagement and networking with local veterinarians) and expressed that they

Notes from Tando Mohammad Khan (TMK)

TMK, being an exception, has better coordination between CLEWs and the Livestock Department due to the active role of the DCCN in the provision of their services and outreach. This coordination results in strengthening the support structures for CLEWs as they are less inclined to give up this role even when there are gaps in the other aspects. wanted more such camps organised.

Cumulative Impact

CLEWs continue to have dependent relationships with the District Authorities, and as a result the engagement of CLEWs with the District Authorities, LSOs / VOs remains predominantly dependent on initiation by the Programme teams which have not prioritised this. They (including the active CLEWs) have limited community visibility, outreach, access to vaccines and accountability. There is an ad hoc, limited and <u>need-based interaction</u> (based on the periodic District Authority needs rather than those of the communities) between the CLEWs, the Programme and the District Authorities.

At present, there are no outreach records or the number of vaccinations / treatments performed by CLEWs, which means that there is no recognition of the efforts through this intervention.

4.1.3. Engagement with the Local Veterinary Practitioners

Almost all the CLEWs classified as active in the FGDs had attached themselves to local veterinary practitioners soon after their training. They used this as a launchpad to gain practical experience, access vaccinations / medicines and build a rapport with the communities. They did this without any further input or support from the Programme through practitioners who were either their friends or professionals who needed outreach support. Their outreach and income were primarily from the services they offered through these veterinarians. They have little to no formal interaction with either the LSOs / VOs or the District Authorities.

Artificial Insemination (AI)

This is a sought after and potentially lucrative source of income for CLEWs. It was covered theoretically in the training but the practical procedures were not covered sufficiently. The active CLEWs who do practice this learned this from local veterinarians (and in a few cases from fellow CLEWs).

Cumulative Impact

This is a key insight from the FGDs and a potential avenue not yet explored by the Programme. For the CLEWs identified as active, the local practitioner's involvement and oversight proved to be a pivotal step in the skills and capacity building, access to vaccines / medicine, AI practice and customer base development. It improved their confidence, skillset and made those CLEWs self-autonomous and sustainable after only a few (early) months of support. Several CLEWs learnt AI through this support structure. As reported by the CLEWs, every year, there are six to seven months for AI, and for every case, they charge 1,200 PKR at a minimum. With an Avg. of 15-20 AI cases, in the seasonal months (reported by the CLEWs who adopted AI practice), the remaining CLEWs could be motivated to stay in this occupation (and associated income) by adopting AI.

4.2. Outreach

4.2.1. Engagement with Community Institutions

Cls, especially LSOs / VOs have a key role to facilitate CLEW outreach to communities. Their role is to act as the facilitator between the supply side (CLEWs) and the demand side (communities) as well to ensure transparent and consistent pricing for the services provided by the CLEWs. The Programme Teams' role is to facilitate this interaction in order to make it sustainable.

Meetings

While LSOs / VOs played an important role initially through nominating / selecting CLEWs for training, there is currently minimal interaction between the LSOs / VOs and the CLEWs. No regular meetings are conducted between the CLEWs and Cls. Only one CLEW interviewed reported attending meetings regularly at an LSO.

There is therefore no outreach, demand creation or transparent pricing for communities. Even the active CLEWs are operating without any interaction with Cls with no coordination with LSOs / VOs.

Pricing Mechanism

CLEWs' service rates are not decided in consultation with the CIs nor communicated to the communities through this outreach platform. This has led to inconsistent prices with CLEWs deciding their own rates for services with significant variances between

In some districts (e.g. Matiari and Shikarpur), vaccination rates were the same <u>or even</u> <u>higher than</u> private doctors' rates. For treatments, the prices showed a natural variation, because they depend on the type / level of treatment. The range of rates is set out in Table 2.

Table 2.

Vaccination	Type of Livestock	
	Goat/Sheep	Cattle (Cow/Buffalo)
PINS-ER 3	10 - 20 PKR	20 - 50 PKR
Private	20 - 50 PKR	20 - 100 PKR

Treatment	Type of Livestock		
	Goat/Sheep	Cattle (Cow/Buffalo)	
PINS-ER 3	200 - 300 PKR	400 - 1000	
Private	300 - 500	800 - 1500	

Engagement with the Programme Affiliates

There is very limited interaction between the Programme AEs and CLEWs. Only 34% of the CLEWs were aware of the existence of the AEs or FFS. Even the active CLEWs had no interaction / collaboration with the AEs / FFS to create demand and provide the community with optimal coverage and treatment.

Cumulative Impact

In the absence of monthly meetings or any regular interaction between CLEWs, CIs, Affiliates and the Programme teams, they cannot play their role of facilitator between the supply side (CLEWs) and the demand side (communities).

Outreach into Programme beneficiaries, even in the case of active CLEWs, is severely limited. The Programme is not therefore achieving its primary objectives through even the most active CLEWs.

There is also a general (and unsustainable) perception at the community level that CLEWs offer a free service because they are receiving free vaccinations. Communities in many areas are unwilling to pay for CLEW services.

4.3. Sustainability

4.3.1. Current Factors Influencing the Sustainability of CLEWs

As mentioned above, the success and the sustainability of CLEWs in this Programme was dependent on their self-initiative in the areas mentioned below:

1. Motivation:

- a. Engages in an occupation that has prestige in the community
- b. Earns a regular monthly income
- c. Establishes their own enterprise/venture

2. Marketing:

- a. Builds a relationship with his clients and seeks further referrals supported by his credibility.
- b. Uses Good Marketing Strategies and acts Professionally
 - i. Announces Vaccination Services Time through Village Masjids
 - ii. Conducts the first round of vaccinations free of cost to build a rapport
 - iii. Wears the training ID card, carries the proper kit bag when visiting villages

3. Linkages:

- a. Actively sought out and paired with a local private doctor, who:
 - i. Helps him in gaining confidence with the practical side of his work; and
 - ii. Builds relationships with the communities on his / her own.
- b. They maintain active contact with the District Authorities by directly getting their vaccinations from them.

It was noticed that only the CLEWs that had engaged in the practices mentioned above were on their way to sustainability, and that too not necessarily in their catchment area. Therefore, the Programme suggests the recommendations mentioned in Section 5 (see below).

4.3.2. Willingness to Continue

96% (68) of CLEWs who participated in the FGDs expressed their willingness to continue and showcased their interest. 4% (3) of CLEWs said that they would not be able to continue due to these reasons:

- No longer interested in this line of work.
- Other opportunities / responsibilities.

5. Recommendations/Action Points

5.1. Support Structures

5.1.1. Engagement with Programme Implementers

- The Programme should ensure that monthly meetings are held between Programme Implementers and CLEWs, at least on the following agenda items:
 - Review monthly progress;
 - Planning for the next month;
 - $\circ\;$ Sharing issues or challenges in the field and the strategy/action points to address them;
 - Highlighting areas in which they need support;
 - Discussing feedback by the stakeholders on their services;

- The Programme should clarify the messaging to the Programme Implementers around services offered. Mixed/Confusing messaging especially for preventing treatment is a major reason for the CLEWs to be denied an income stream, and pushes them to operate under their own venture.
- The Programme should ensure that every CLEW is given a copy of the signed MoU with the District Authorities not to procure vaccinations and medicines through the Programme but can directly build connections with the District Authorities.
- The Programme should provide every CLEW with an ID card that clearly states their occupation as an extension worker. This measure will make them more confident about introducing themselves and demanding appropriate fees for their services. They will gain credibility, which will be useful for the CLEWs in creating an identity of their own (and not of a Livestock Doctor).

5.1.2. Engagement with the District Authorities

- The Programme should ensure that the DCCN is briefed extensively about their roles and responsibilities towards the CLEWs and the livestock department. In the case of transfers, they should be re-briefed accordingly.
- The coordination between CLEWs and the Livestock Department through the DCCN should be assured by the Programme, resulting in a timely supply of vaccines and outreach for camps, which will result in an increased demand for vaccines.
- The Programme should ensure that the AAP for records and recognises the contribution of CLEWs in livestock extension services at the local level for mainstreaming their services.
- The Programme should ensure that the Livestock Department conducts monthly meetings with the CLEWs for enhancing their coordination and this model's sustainability after the end of the Programme.
- An MIS Module for CLEW outreach should be developed which can be used to keep all the stakeholders informed.

5.1.3. Engagement with Veterinary Practitioners

- The Programme should reach out to a list of local veterinary specialists, through which a CLEW could partner with them to gain rapport, confidence, and practical knowledge.
- The Programme should engage with the local veterinary practitioners for teaching AI to CLEWs who do not practice AI.

5.2. Outreach

5.2.1. Engagement with the Cls

- The Programme should ensure that monthly meetings between CIs and CLEWs are arranged and attended as they are integral for addressing the factors mentioned below:
 - CLEWs can introduce themselves through this platform and brief the community about the services offered;
 - CLEWs can conduct better-coordinated camps through CIs, which will not only increase their outreach but also familiarise them with their respective communities;

Comment [1]: Key messaging: To be discussed at Workshop.

- Cls can ensure the quality of the services of CLEWs and give regular feedback;
- CIs will hold CLEWs accountable through this platform by monitoring their prices, catchment areas, and engagement at FFS;
- Cls (LSOs) can demand support from the Livestock Department through JDC;
- In some cases, mentioning the RSPs and free medicines/vaccinations provision has resulted in communities not paying for the services of CLEWs. For this, it is recommended that the Programme clarifies this messaging in their CI meetings and trainings.
- As concluded from the discussion with CLEWs, the sessions at the FFS are not as
 productive as the session at the CI level as their outreach is expansive. Therefore,
 the Programme should either revise this requirement or its priority should be
 reconsidered.

Comment [2]: To be discussed in the workshop

Comment [3]: To be discussed in the workshop

5.3. Sustainability

- The model of CLEWs should be regarded as a business model, and therefore their services should not be bound to their respective catchment area after they have provided their services in their catchment areas.
- The Programme should assist CLEWs for their re-introduction/introduction in their catchment area through CIs so they are considered successful in the near future.
- The Programme should allow CLEWs to have competitive rates according to their district, for highlighting the comparison between the rates offered by CLEWs and other service providers. However, to ensure a just pricing mechanism, these rates should be communicated at the LSO level for accountability and marketing purposes.
- For ensuring the engagement of CLEWs, the Programme should hire a Livestock Officer for overseeing CLEWs activity in all PINS ER3 Programme Districts. This individual will also help them develop business plans which will solve their demand and supply challenges.
- The Programme should oversee and support the coordination between CLEWs (with low outreach) and the District Authorities for the coming six months. From the seventh month onwards this support should be reduced so that the CLEWs can develop an autonomous relationship with the District Authorities.
- The Programme should encourage settings where one active CLEW (falling in the blue or green quadrant) can take the responsibility of maintaining the stock of expensive medicines/vaccinations and act as a distributor to all other CLEWs. This incentive will resolve the supply challenges of CLEWs.
- The Programme should work with Active CLEWs in supporting the High-potential/ and Non-performing CLEWs in other quadrants for increasing their level of activity and outreach by mentoring them for a few months. Active CLEWs can also extend their support in teaching AI.The CLEWs currently not working but are interested in resuming their work should be paired up with the active CLEWs depending on their logistical viability.

Annex 1: Limitations

Although considered sufficient to determine the enabling factors and barriers to the CLEWs' performance, some limitations in the FGD exercise need to be considered when the conclusions are generalised:

Comment [4]: TORs yet to be made

The Government of Sindh (GoS), through the Planning and Development Department, is implementing the Sindh Accelerated Action Plan for Reduction of Stunting and Malnutrition (AAP), with the objective of reducing the stunting rate in the province from the existing 48% to 30% in the first five years (by 2021) and to 15% by 2026 by increasing and expanding coverage of multi-sectoral interventions.

The European Union, under the EU Commission Action Plan on Nutrition (2014), is supporting the AAP through the comprehensive Programme for Improved Nutrition in Sindh (PINS).

PINS aims to sustainably improve the nutritional status of children under five (U5) and of pregnant and lactating women (PLW) in Sindh through nutrition-specific and nutrition-sensitive interventions while capacitating the Government of Sindh so that it may efficiently implement its multi-sectoral nutrition policy.

PINS comprises of three components – Technical Assistance, Nutrition-specific and Nutrition-sensitive. RSPN is leading the Nutrition-sensitive (PINS 3) component which focuses on reducing water-borne diseases and improving food diversity through disasterresilient WASH infrastructures and sustainable food production systems in rural areas of Sindh. It is working with four partners: Action Against Hunger (ACF), National Rural Support Programme (NRSP), Sindh Rural Support Programme (SRSO) and Thardeep Rural Development Programme (TRDP).

in the themes emerging in 4-5 FGDs.

• FGDs were conducted in 7 of 10 PINS ER3 Districts (Thatta, Tando Mohammad Khan, Matiari, Qambar Shahdadkot, Larkana, Shikarpur, Dadu), due to repetition



• Participation (50% (71) of the total 141 CLEWs in the relevant Districts participated).

• Drop-outs / inactive CLEWs were minimally represented in the FGDs. Other key stakeholders (e.g., CIs, RSPs, and District Authorities - Livestock Department/DCCN, AAP) were minimally engaged during the FGDs.

ThisPublication was produced with the financial support of the European Union. Its contents are the sole responsibility of Rural Support Programmes Network (RPSN) and do not necessarily reflect the views of the European Union' More information about European Union is available on: Web: http://eeas.europa.eu/delegations/pakistan/ Twitter: @EUPakistan Facebook: European-Union-in-Pakistan **Comment [5]:** Zaheer will be conduction FGDs in Jamshoro

Programme for Improved Nutrition in Sindh

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