



International Programme on the Elimination of Child Labour (IPEC)



International  
Labour  
Office

## ***IPEC Evaluation***

# **'Combating Hazardous and Exploitative Child Labour in Surgical Instruments Manufacturing through Prevention, Withdrawal and Rehabilitation - Phase II'**

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**An independent final evaluation by an independent consultant**

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**This document has not been professionally edited.**

## NOTE ON THE EVALUATION PROCESS AND REPORT

This independent evaluation was managed by ILO-IPEC's Design, Evaluation and Documentation Section (DED) following a consultative and participatory approach. DED has ensured that all major stakeholders were consulted and informed throughout the evaluation and that the evaluation was carried out to highest degree of credibility and independence and in line with established evaluation standards.

The evaluation was carried out a team of external consultants<sup>1</sup>. The field mission took place in November 2008. The opinions and recommendations included in this report are those of the authors and as such serve as an important contribution to learning and planning without necessarily constituting the perspective of the ILO or any other organization involved in the project.

*Funding for this project evaluation was provided by the Italian Government. This report does not necessarily reflect the views or policies of the Italian Government nor does mention of trade names, commercial products, or organizations imply endorsement by the Italian Government.*

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## List of acronyms

<b>BLCC</b>	Bunyard Literacy Community Council
<b>CCB</b>	Citizen Community Boards
<b>CIWC&amp;E</b>	Centre for Improvement of Working Conditions and Environment
<b>CMC</b>	Central Management Committee
<b>DCLEPA</b>	District Child Labour Elimination Plan of Action
<b>DED</b>	Design, Evaluation and Documentation Section of IPEC
<b>IPEC</b>	International Programme on Elimination of Child Labour
<b>ILO</b>	International Labour Organization
<b>IEC</b>	Information, Education and Communication
<b>LFA</b>	Logical Framework Analysis
<b>NFE</b>	Non-Formal Education
<b>NGO</b>	Non-Governmental Organization
<b>PWF</b>	Pakistan Workers Federation
<b>SAHE-S</b>	Society for Advancement of Education - Sialkot
<b>SCCI</b>	Sialkot Chamber of Commerce and Industry
<b>SIMAP</b>	Surgical Instruments Manufacturers Association of Pakistan
<b>TEVTA</b>	Technical Education & Vocational Training Authority
<b>TBP</b>	Time Bound Programme
<b>TORs</b>	Terms of Reference
<b>TPR</b>	Technical Progress Report
<b>UNICEF</b>	United Nations Children's Fund

## Executive summary

This evaluation report commissioned by the Design, Evaluation and Documentation Section (DED) of the International Labour Organization's International Programme on Elimination of Child Labour (ILO-IPEC) specifically assesses Phase II of the 'Combating Hazardous and Exploitative Child Labour in Surgical Instruments Manufacturing through Prevention, Withdrawal and Rehabilitation' project. It commences by providing some background information concerning the surgical project, with reference to its first phase, and then specific activities subsequently undertaken in Phase II including the ongoing bridging phase (until March 2009) is considered.

Some major findings concerning Phase II pertaining to provision of non-formal education, the pre-vocational training component of the project, the vendor registration process, the workplace monitoring system, occupational safety and health (OSH) efforts, and project activities involving the local government will be discussed in separate sections. Besides considering broader evaluation imperatives including relevance, effectiveness, efficiency and sustainability, this evaluation report will aim to ascertain whether specific project objectives were achieved at the policy level, as well as at the organizational (partner) and beneficiaries' levels. With regards to provision of non-formal education (NFE), a total of 2,045 against the target of 1800 children had been catered to when provision of non-formal education was completed on 31 December 2006. The children received mobile and static NFE provisions. An additional 250 children were mainstreamed by 31 December, 2008, during the bridging phase of the project. Moreover, the project managed to create sufficient rapport with the education department to enable children to take a specially prepared Government Primary School Certificate Examination, which 645 children passed. Although the evaluator met several children who had been mainstreamed into government schools, it is difficult to assess how many children have been partially or completely withdrawn from surgical vendor workshops due to lack of subsequent follow-up (due to subsequent suspension of the project monitoring system).

The planned pre-vocational component was delayed due to Surgical Instruments Manufacturers Association of Pakistan's (SIMAP) seeming concern about the quality of training providers/institutions available in Sialkot. Project personnel did however negotiate with different institutions, especially with Technical Education & Vocational Training Authority (TEVTA), which is a government operated training agency to initiate this training activity. Relevant teaching materials (for a three-months training course) were also prepared by TEVTA in August 2007. However, the actual training did not commence since TEVTA itself was keener to have both an age and qualifications criteria which was not very appropriate for children working in the surgical project. During the bridging phase, the district government has proposed to provide vocational skills training within literacy centres being established at the union council level under the District Child Labour Elimination Plan of Action (DCLEPA). When this activity will actually unfold on ground remains to be seen.

A major activity mentioned in the surgical project's logical framework was to register vendors with the Child Labour Cell of SIMAP. The Pakistan Workers Federation (PWF) was involved in this registration process since registration was viewed as the first needed step to help organize the unorganized vendors. A total of 243 manufacturers and 1269 vendor workshops have been registered with SIMAP, and a majority of them have received registration certificates from them. It is important to note that registration with SIMAP required a vendor workshop to sign an undertaking of not employing any more children, agreeing to shift any children below 17 years of age involved in any hazardous processes in their workshop to a less hazardous form of work, and to also send all working children to school (either at the project NFE centres or into government schools) and hire another family member in place of them. Yet, SIMAP has remained unable to articulate a policy for its registered vendors which it had been intending to do. Thus, several vendors complained that they did

not receive any benefit from registering with SIMAP although they had been led to believe that they would receive preferential treatment by manufacturers once they were registered.

Workplace monitoring was another major activity for Phase II. The surgical project child labour monitors were meant to focus on all manufacturers and vendors which had been registered by the surgical project. However out of the 243 manufactures (and the 1269 vendors affiliated with them) only 53 manufacturers agreed to share their internal information with the monitors on a regular basis. During the 12,956 monitoring visits carried out in these surgical workplaces, a total of 180 children were identified. Only 11 of them were below the age of 14, and another 169 were above the age of 14. This on-ground identification of children enabled the project personnel to ensure that the registered vendors fulfilled their commitments. However, this supervision was not extended to all the registered vendors. Moreover, the cycle of SIMAP's financial contribution was disturbed which led to workplace monitoring activities being suspended as of April 2007. While the last TPR referred to having secured the Export Development Fund from the Ministry of Commerce, workplace monitoring did not resume since that time.

Based on the recommendations of a study conducted in 2003 to assess Occupational Safety & Health (OSH) hazards faced by child labourers in surgical instruments manufacturing industry, an action programme was developed under the surgical project. It was implemented by the Centre for Improvement of Working Conditions and Environment (CIWC&E) in the Punjab government's Department of Labour, which established 25 model workshops (10 during 2004/2005 and 15 during the 2007/2008 expansion period of Phase II). CIWC&E also undertook supplemental activities such as conducting awareness-raising workshops on OSH and first aid at the factory premises and in the community for surgical workers and vendors, and developed different types of posters and training videos on specific OSH related issues in the surgical sector. However, the utility of OSH interventions and their percolation from model workshops to other adjoining vendor workshops has remained problematic, due to a mixture of social constraints including workers indifference, the cost of proposed OSH interventions as well as efficiency issues.

There was evidence of the project having created a sense of ownership of its interventions by the concerned stakeholders, evidenced in the formation of Community Education Committees, mobilization of allied community groups comprised of mothers, vendors and children. Moreover, communities in turn contributed more than 100,000 rupees for children activities in different NFE centres. Community members also paid electricity bills, provided encouragement awards, sport kits, drawing books and colour pencils to NFE children. Subsequently, some community based schools established by NFE teachers are still operational on ground to date.

The bridging phase is now trying to inculcate more sustainability by involving key local government officials in preparation of the DCLEPA. This plan is meant to be approved by the relevant district committees (Budget, Education, Health, Monitoring) and the DCO prior to its passage by the District Assembly (so that the district government itself allocates Rs.1,000,000 for implementation of the proposed district plan). The Sialkot Declaration is another initiative being undertaken under the bridging phase, which aims to focus on the fourteen to eighteen year old age group, which had not been addressed earlier.

Some recommendations based on lessons learnt, and in view of ongoing bridging phase activities, pertain to the need for reviving the monitoring system, for finding mutual incentives for SIMAP and registered vendors on the vendor registration process, and using project partners to create a greater sense of awareness regarding OSH issues.

# 1. Introduction

This report will begin by explaining the purpose and scope of the present evaluation, and thereafter describe the methodological approach which has been adopted for evaluation purposes. The next section of this report will provide some background information concerning the surgical project, particularly referring to Phase I of the project, as well as specific activities subsequently undertaken in Phase II including its bridging phase. Thereafter, the following section will identify major findings concerning core Phase II activities pertaining to provision of non-formal education, the pre-vocational training component of the project, the vendor registration process, the workplace monitoring system, occupational safety and health (OSH) efforts, and project activities involving the local government. In a separate section, salient conclusions which have emerged from the field work and consultations with varied stakeholders will be identified, especially concerns relating to the Surgical Instrument Manufacturers Association of Pakistan (SIMAP) as well as issues pertaining to vendor, and some synergy and linkage related issues. Then some broad and then more specific recommendations will be provided, before the report moves on to highlight lessons learnt, and noting potential good practices and models of intervention, prior to making the concluding remarks.

## 2. Purpose and scope of evaluation

The independent evaluation focuses on the Phase II of the ‘Combating Hazardous and Exploitative Child Labour in Surgical Instruments Manufacturing through Prevention, Withdrawal and Rehabilitation’ project. The scope of this evaluation is the initial project design, as well as assessing the strategies and models of intervention used within the project, and whether and how these can be integrated into planning processes and implementation for future ILO-IPEC support to address child labour in Pakistan. Besides considering broader evaluation imperatives including relevance, effectiveness, efficiency and sustainability, this evaluation report will aim to ascertain whether specific project objectives were achieved at the policy level, as well as at the organizational (partner) and beneficiaries’ levels. The evaluation will also review levels of complementarities and synergy existing between activities carried out by various implementing partners and the local government of Sialkot, as well as highlighting any linkages created by the project with the IPEC project of support of the Time Bound Programme and the Decent Work Country Programme.<sup>2</sup>

### 2.1 Methodological approach

In view of the above stated purposes and scope of the evaluation, which had been outlined in more detail in the terms of reference (TORs) prepared for the evaluation (see Annex I), the consultant commenced the twenty days assignment by undertaking a desk review of relevant project documents. This desk review focused on numerous project documents including the project proposal, its logical framework of analysis (LFA), the annual and quarterly progress reports, and the information, education and communication (IEC) materials produced by the project. Based on the suggested aspects to be addressed section of the TORs, which identifies a range of issues identified by key stakeholders in the consultative process, (see ‘suggested aspects to be addressed’ at the end of the annexed TORs), some further queries were prepared by the evaluator for specific project stakeholders including the implementing partners, line departments, the Pakistan Workers Federation and the Surgical Instrument Manufacturers Association of Pakistan (see Annex II).<sup>3</sup> Then, the evaluator conducted a five-day field visit to various project sites in Sialkot so as to interview project staff and project partners and

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<sup>2</sup> The Pakistan Decent Work Country Programme was signed on September 7, 2005 by the Government of Pakistan, the Employers Federation of Pakistan, the Pakistan Workers Federation, and the ILO Office in Pakistan. The ‘Sialkot Initiative’ has been an effort to develop an effective strategy to promote decent work in Sialkot within the framework of this programme.

<sup>3</sup> These queries were shared with the Design, Evaluation and Documentation Section (DED) of ILO-IPEC in Geneva.

beneficiaries, as well as other key stakeholders including local government officials. Relevant stakeholders were also consulted in Lahore and in Islamabad (see Annex III for a list of interviewees). The rest of the allocated time for the evaluation was time preparing field notes and the evaluation report (see Annex IV detailing evaluation activities).

### 3. Project background

Since the mid-1990s, the Government of Pakistan and the private sector had come under intense international pressure to take steps for the elimination of child labour, particularly in the country's export industries. Both the surgical and soccer ball industries in Sialkot were seriously affected by the withdrawal of the Grant for Social Protection (GSP) by the US in mid 1996. Pakistan was also suspended from the list of countries eligible for the Generalized System of Preferences (GSP) for handicraft textiles in June 1996 by the US. To address this problem, International Labour Organization (ILO), Sialkot Chamber of Commerce and Industry (SCCI) and United Nations Children's Fund (UNICEF) signed the Atlanta Agreement in 1997, which initiated a multi-pronged programme in 1998 to address the child labour problem in the soccer ball industry in Sialkot. This was the first major child labour programme initiated by ILO-IPEC in Pakistan. This was followed by another initiative taken by the Italian Social Partners in collaboration with ILO-IPEC and the surgical instruments manufacturers (the Surgical Instruments Manufacturers Association of Pakistan, i.e. SIMAP) for combating child labour in the surgical instruments industry in Sialkot district. The first phase of this project, entitled 'Combating Hazardous and Exploitative Child Labour in Surgical Instruments Manufacturing through Prevention, Withdrawal and Rehabilitation', was launched in 1999.

The surgical project built on, and became an integral part of the ILO-IPEC country programme in Pakistan. It focused on the provision of education and other support services to a large number of children and the need to address the health and safety problems in the workplaces by removing, or at least reducing, the hazardous working conditions in surgical instruments production. An internal evaluation conducted in March 2002 for Phase I, despite identifying positive impacts, indicated that the government, employers, workers groups, community, parents, as well as children, were unanimous in asserting that more needed to be done to achieve the goal of eliminating child labour in the surgical instruments industry. The project was thus extended into a second phase which commenced in 2003.

The second phase of the surgical project pursued an expansion of the programme to cover larger numbers of children and to promote the sustainability of action. The second phase of the project had the following objectives:

- Child labour in surgical instruments manufacturing (including underage workers, hazardous situations and exploitative working conditions) reduced by 50% in the targeted areas of Sialkot district through the provision of education and other support services to children.
- Awareness of child labour issues raised among stakeholders and partners and action initiated to address health and safety problems in the workplace.

The Italian government's contribution amounting to US\$ 711,000 (as reported in the TPR for the period Jan-Dec 2007) supported the programmes on NFE, pre-vocational training, OSH and awareness raising through trade unions as well as the management and coordination, plus the operating costs of the project. The SIMAP contribution amounting to US\$226,250 (including savings from Phase I) was meant to primarily support the child labour monitoring element of the project, including the salaries of the ILO-IPEC monitors and a database assistant.

Although the surgical project was meant to close by December 2006, specific project activities (OSH interventions by CIWCE, registration of vendors and monitoring) were extended until the end of 2007 (see Annex V for the complete chronology of both phases of the surgical project). A bridging phase of the project commenced in January 2008, and will continue until March 2009. This bridging phase focuses on activities like consensus building amongst stakeholders which implies undertaking 150 consultative workshops with relevant stakeholders which is intended to culminate in the ‘Sialkot Declaration’ against child labour. The bridging phase also intends to undertake mainstreaming (into formal government schools) of another 250 children, who are below 13 years and still working in the surgical instruments industry. Linkages of families of surgical industry working children with Pakistan Bait-ul-Maal and other micro-credit providers are meant to be created during this phase. The bridging phase aims to register another 500 vendors with SIMAP, and to arrange another eight awareness raising sessions about core labour rights, and OSH issues.

To undertake awareness raising activities, the bridging phase is using the media and proposing to document the ILO/PWF efforts in combating child labour. The project has further commissioned a qualitative report documenting the labour movement in Sialkot, industrial relations, emergence of child labour, and efforts to combat it. Moreover, there is a simultaneous effort in place to build the capacity of the district government in Sialkot. In addition to the plan to conduct a pilot-project on labour inspections, there is an ongoing effort to develop a District Child Labour Elimination Plan of Action.

While the bridging phase is still ongoing, the evaluation report cannot yet fully evaluate the impact of these activities, yet an attempt will be made to provide some suggestions emerging from ground realities for some of the activities being undertaken in the bridging phase, within the prescriptive component near the conclusion of the report.

## **4. Findings concerning core Phase II activities**

The following sub-sections will now present findings emerging from the review of the major activities initiated under Phase II of the surgical project.

### **4.1 Provision of non-formal education (NFE)**

The Bunyad Literacy Community Council (BLCC), Sudhar and Society for Advancement of Education – Sialkot (SAHE-S) were involved in the NFE activity which took place through mobile teaching and formation of NFE centres. For the latter purpose of establishing NFE schools, a total enrollment of 40 children was required out of which 80% had to be involved in the surgical sector, 10% had to be siblings of children working in the surgical sector and the remaining 10% could be other children. A total of 2,045 against the target of 1800 surgical children had been catered to when provision of non-formal education was completed on 31 December 2006.<sup>4</sup> Another 250 had been mainstreamed by 31 December, 2008 fulfilling the target set for the bridging phase.

Moreover, given the fact that many of the children involved in the surgical industry were working in vendor shops scattered around the rural areas of the district, SAHE-S was assigned the task of providing mobile NFE services. Out of the total number of NFE beneficiaries, SAHE-S worked with 470 children, and had 159 of them mainstreamed into government schools. Moreover, SAHE-S withdrew 72 children from child labour, who either moved away from the locality, begun working in a less hazardous process/sector, or else had begun studying and stopped working.

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<sup>4</sup> ILO-IPEC, Technical Progress Report (TPR), January to December 2007.

SAHE-S hired teachers from the local communities and from government schools to provide mobile NFE services. One NFE teacher was required to visit two mobile NFEs which were held in a space provided by CMCs. SAHE-S gave mime performances of children in the surgical industry. SAHE-S also held two trainings for its teachers. SAHE-S primarily aimed to mainstream children into schools instead of encouraging them to appear for primary school exams. The evaluator visited Kot Rajkot village where SAHE-S had hired a vendor's younger brother to teach the mobile NFE in his own, and an adjoining village. Within this same village, the brother had taught 11 children, and managed to enroll 8 of them into government schools. The evaluator met all these children, 7 of them are now enrolled in a nearby high school, whereas 1 boy is still studying in class 5 in the dilapidated primary school within the village.

Another salient feature of the project was to prepare the children to appear in the Government Primary School Certificate Examination, and 645 children passed this examination. The evaluator met a government teacher who led the team of PTCs formed by the education department for preparing NFE exams and checking them to in turn enable these children to be mainstreamed into government schools. Besides condensing the paper so that all subjects could be tested in two hours,<sup>5</sup> an extra question was added asking to 'name ten instruments used in the surgical manufacturing', which is not a standard question, based on the government prescribed syllabus. This government appointed examiner also stated that the exams were reflective of the level of effort required to cope with subsequently studying in Class 6 in a formal school. It was pointed out that even if children who appeared in the exam were not mainstreamed, they now at least have a certificate indicating that they completed their primary education, albeit the utility of the latter is less apparent given that at such a rudimentary level, it is functional literacy which is of more value than a certificate.

Like the BLCC and SAHE-S, Sudhar tried to hire government teachers and use government school buildings for the project NFE centers. The partners also sent the materials purchased for the NFE centres (blackboards, whiteboards, water coolers, chairs and desks) to government schools where their students had been mainstreamed. A stock register was prepared to ensure that this hardware made it into the government schools and the materials handed over using the CMCs. Since NFE teachers were also from the government schools, it was presumed that the training imparted to them would also be transferred to the government schools.

Subsequent to working at the community level under the surgical project, Sudhar decided to take the responsibility of implementing upstream activities under the ILO's Project of support to the Time Bound Programme (TBP). But Sudhar had been tasked with the responsibility of mainstreaming another 250 children directly from shops into schools during the surgical project's bridging phase, a responsibility it has sub-let to BLCC. Until the time of the evaluator's visit (by the first week of December, 2008), 207 children had been mainstreamed already into private, government, and the BLCC schools, against the target of 250 children who were mainstreamed as planned by 31 December, 2008.

The discussion with the mother of one such recently mainstreamed student who is 8 years old indicated that her son was mainstreamed into the BLCC school a month ago from a surgical vendor operated by his maternal uncle and that he had already studied in a government school for 3 years, albeit he is more interested in studying now, since he has come into the BLCC school.

The evaluator tried to trace 15 children identified by Sudhaar who had been mainstreamed into the government primary school for boys in Ugoki. Out of these 15 children, 7 were still present in the school. One of these children, a thirteen year old boy, still continues to work in a vendor shop while pursuing his studies. Another two were siblings of a vendor shop worker, and another two were

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<sup>5</sup> Whereas subjects are tested separately in government school Class 5 exams, but the minimal resources available for the administration of the mainstreaming process for children enrolled in the NFEs under the surgical project prompted devising one paper only.

children who had never worked in this sector. Two children were also enrolled in class 4 (although one of them was absent on the day of the evaluator's visit). Another 12 year old boy had not worked in a vendor shop when he was mainstreamed, but has since begun doing so, over the past two years. Another 5 boys have since moved on from this school to a nearby government high school. A visit to the high school indicated that all these boys were present and enrolled in Class 8, 4 of them had worked in the sector, whereas one had been the sibling of a vendor shop worker.

Overall, 1,029 children were mainstreamed into formal (government and private) schools.<sup>6</sup> This number is higher than the one for children who appeared for the primacy certificate exam since many of them were inducted into lower classes. Sudhar mainstreamed children at the same time as preparing them for the NFE exams, and due to a phased approach the time available for the last batch of NFE centres opened was limited to a year and a half, which made it a challenge for the students and teachers. While the phased approach increased the number of children enrolled into NFE centres, it may have lessened the quality of teaching and may have impacted subsequent drop-outs from school, an issue not explored quantitatively by the ILO or its implementing partners.

Libraries were established at some NFE centres, especially those established by Sudhar. For the follow up of the enrolled child labourers in the NFE centres, all the implementing agencies had prepared computerised profiles of the children. Children assessment examinations, result announcement/ prize distribution ceremonies were also conducted. By the time the project ended, BLCC had about 50 children enrolled in its NFE centres which were not ready for mainstreaming, and these children were subsequently enrolled into its NFE centres established for the TBP.

Some NFE teachers also gave extra time to students to help them prepare for the primary exams. The first top three positions of boys within the NFE exams were secured by children studying at a village NFE led by a government school teacher, who had opened an NFE in his own village. NFE teachers mentioned that a prize was given by Sudhar to the first boy who graduated from Matric from this project, and several other children are currently ready to appear for these exams. It would have been useful to track their progress and keep them motivated during the bridging phase of the project. Sudhar provided best teacher awards to NFE teachers and has created a list of good resource people, many of these teachers have been requested to attend other teacher training events organized by other projects.

When the evaluator met former NFE teachers, many of them reiterated the need for follow-up activities to have been built into the design of the surgical project to have ensured preventing NFE children mainstreamed by them from dropping out of school. However, no such activity had been envisioned even in the bridging phase of the project, which just focused on mainstreaming more children (250 of them) into government schools.

A meeting with influential persons who were part of the BLCC formed Central Management Committee (CMC), and with several of the NFE teachers, indicated project created forums like the CMC had subsequently disbanded, yet some of these people had themselves been continuing relevant activities on their own. For instance, a labour councilor, who is also a vendor, is running a school for poor children with the help of other local benefactors. Another lady councilor who had been operating an NFE centre under the surgical project and then ran another NFE centre under the TBP has subsequently opened a middle school for 100 students. A NFE teacher for the BLCC for the soccer, surgical and the TBP support projects has since made her school sustainable with BLCC help and even upgraded it to the secondary school level. She thereafter secured ILO/FIFA support to upgrade the school to a college level, which also now has a vocation centre for foot-ball stitching within its premises. A former NFE teacher for Sudhar under Phase 1 of the surgical project, who then became a social mobilizer at the BLCC, is an instructor at this college as well. Another example of the surgical

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<sup>6</sup> Ibid.

project having helped build human capacity is that of an NFE teacher hired by Sudhar is now a social mobilizer for the same organization.

A visit to Chrind village was undertaken where the local community, including an expatriate from the UAE, had taken the initiative of raising Rs. 3,75,000 to build up the infrastructure of a dilapidated government boys school, but this had been done before the project was initiated. Sudhar had since worked with this group of people and managed to involve them and a newly formed mothers group into raising approximately Rs. 30,000 for renovation of the adjoining girls school where Sudhar's NFE centre was based (even Sudhar provided some matching funds for the renovation of this school).

While there was not evident proof of complete withdrawal of mainstreamed children from surgical instruments vendor shops, the project had been successful in mainstreaming 1029 children during its two phases. Another 250 children were mainstreamed during the bridging phase. This at least indicates that working children had preferred education to working in vendor shops alone. How many of them will remain in school, remains to be ascertained. Some members of children's committees formed by the BLCC mentioned to the evaluator however that they would go convince vendors to allow children working at their workshops to be enrolled in the NFE centres, on the promise that they could put in 'over-time' at work. Several NFE teachers also mentioned that children enrolled in their schools were also working at the same time. The evaluator met one of the children who had been enrolled into a government school by the BLCC, who is still working at a vendor workshop. There was no exact record available for how many children enrolled into the NFE centres under the project were paid compensations nor how many had to forego pay in order to study.

The Director of the BLCC also maintained that teaching children OSH is difficult given the context of deprivation, and the risky behaviour which is inculcated at the workplace.

#### **4.2 The pre-vocational training component**

According to ILO-IPEC project personnel, 227 children completed their training and got certificates from Government Apprentices Training Centre (ATC) during Phase I of the surgical project. Another 32 children referred by implementing partners were recruited as apprentices in various industries. During Phase-II however, the pre-vocational project component kept being delayed. One reason for this delay was SIMAP's concern about the quality of training providers/institutions available in Sialkot. Another issue which caused a hindrance was the emphasis of the project on adequate supervision for hazardous processes like grinding and polishing of surgical instruments. The project office did negotiate with different institutions, especially with Technical Education & Vocational Training Authority (TEVTA), which is a government operated training agency. Relevant teaching materials (for a three-months training course) were also prepared by TEVTA in August 2007 (another manual of more advanced three month training has since been prepared by TEVTA as well). However, the actual training did not commence since TEVTA itself was keener to have an age and qualifications criteria which was not very appropriate for the surgical project (TEVTA requires a Matric qualification and does not usually train younger children working in the informal sector).

During the bridging phase, the district government has proposed to provide vocational skills training within literacy centres being established at the union council level (refer to sub-section below on the District Child Labour Elimination Plan of Action). When this activity will actually unfold on ground remains to be seen. However, even if the vocational component of the project had been operationalized, the dispersed nature of children working in the vendor workshops may make it difficult for children to access these centres. The BLCC suggested the possibility of forming UC level vocational centres. Neither the ILO nor the district government have yet begun to explore this possibility of providing vocational trainings (through mobile trainers, like the mobile NFE teachers) in relevant locations like selected middle schools.

### **4.3 Vendor registration**

A major activity mentioned in the surgical project's design was that vendors are to be registered with the Child Labour Cell of SIMAP. The ILO-IPEC & SIMAP Survey (2001) and the TBP Survey (2003) results revealed that while there was evidence of children working in vendor workshops, there was not any evidence of child labour prevailing within the manufacturing factory premises. The need for focusing on registering vendor workshops which supply semi-finished surgical instruments to the manufacturers thus became apparent. The ILO-IPEC project office convinced SIMAP to begin registering these informal sector vendor workshops, and the Pakistan Workers Federation (PWF) was involved in this registration process, since registration was viewed as the first needed step to help organize the unorganized vendors.

A total of 243 manufacturers and 1269 vendor workshops have been registered with SIMAP, and a majority of them have received registration certificates from them.<sup>7</sup> It is important to note that registration with SIMAP required a vendor workshop to sign an undertaking of not employing any more children, agreeing to shift any children below 17 years of age involved in any hazardous processes in their workshop to a less hazardous form of work, and to also send all working children to school (either at the project NFE centres or to government schools), and to also hire another family member in place of them. While working children from these vendor shops did in particularly avail NFE facilities, the number of family members of these working children that have been hired by the registered vendor workshops could not be ascertained.

Moreover, SIMAP has not yet been able to articulate a policy for its registered vendors which it had been intending to do. Instead, manufacturers requested the ILO personnel to provide certifications to vendors. When ILO project personnel instead suggested that SIMAP could have provided a list of its registered vendors on its own website, this was then not done. Thus, several vendors complained that they did not receive any benefit from registering with SIMAP although they had been led to believe that they would receive preferential treatment by manufacturers once they had been registered.

It appears that the vendor-registration strategy was only partially functional, given that after a total of 243 manufacturers and 1269 vendor workshops had been registered with SIMAP, SIMAP failed to come up with a policy for its registered vendors to benefit from the said registration process.

### **4.4 The workplace monitoring system**

The surgical project had developed a monitoring component, and the ILO-IPEC Surgical Project was responsible for external monitoring, in direct collaboration with SIMAP. However, the lack of cooperation of SIMAP and affiliated manufacturers/vendors did not allow the child labour monitoring mechanism to work out as planned. The surgical project child labour monitors were meant to focus on all manufacturers and vendors which had been registered by the surgical project. However, out of the 243 manufactures (and the 1269 vendors affiliated with them) only 53 manufacturers agreed to share their internal information with the monitors on a regular basis. During the 12,956 monitoring visits carried out in these surgical workplaces, a total of 180 children were identified and only 11 of them were below the age of 14, and another 169 were above the age of 14. This on-ground identification of children enabled the project personnel to ensure that some of the registered vendors fulfilled their commitments. However, this supervision was not extended to all the registered vendors. The fact that only 53 manufacturers agreed to share their internal information with the monitors on a regular basis meant that ILO monitors were not able to do their work of assessing the impact of project interventions on child labour within the vendor workshops due to the non-cooperation of the vendors and the manufacturers. Moreover, the cycle of SIMAP's financial contribution was disturbed leading to the suspension of activities by the Child Labour Cell in April 2007. While the last TPR referred to

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<sup>7</sup> The bridging phase of the project is meant to register another 500 vendors but this activity had not yet commenced during the time of the evaluator's visit.

having secured the Export Development Fund from the Ministry of Commerce workplace monitoring did not resume since that time.

Now that monitoring has been suspended not only is the database not being updated, but there is also no evidence of its use by SIMAP or any other entity, including the Child Labour Monitoring System (CLMS) established within the Community Development Department which was developed under the support project to the TBP. Despite variances with regards to methodology and scope of monitoring systems established by SIMAP and the district government, some design convergence would not only have enabled a cross-check but perhaps provided the means for sustaining the SIMAP monitoring system. While the responsibility of the state for monitoring child labour instead of their employers as expressed by the Executive District Officer for Community Development (in whose office the CLMS was formed) does merit some consideration the need for improving the existing capacity of the CLMS which was given very little funding initially, and ensuring means to prevent corruption remain vital. Therefore an external component is still needed, similar to one envisaged for SIMAP (an idea which will be discussed in more detail below).

As things stand, however, the bridging phase plan to link its labour inspection system with the SIMAP's internal monitoring system is evidently not going to be possible until this monitoring system is resumed.

#### **4.5 Addressing occupational safety and health (OSH) issues**

Based on the recommendations of a study conducted in 2003 to assess Occupational Safety & Health (OSH) hazards faced by child labourers in the surgical instruments manufacturing industry, an action programme was developed to deal with this under the surgical project. It was implemented by the Centre for Improvement of Working Conditions and Environment (CIWC&E) in the Punjab government's Department of Labour, which established 25 model workshops (10 during 2004/2005 and 15 during the 2007/2008 expansion period of Phase II). CIWC&E also undertook supplemental activities such as conducting awareness-raising workshops on OSH and first aid at the factory premises and in the community for surgical workers and vendors, and developed different types of posters and training videos on specific OSH related issues in the surgical sector.

The project aimed to enable the replication of these model workshops by the employers, and other vendors who had been registered with SIMAP. The project gave the task of identification of vendors whereas the OSH interventions were meant to be introduced to the PWF. According to the Director of CIWC&E, this arrangement proved problematic since the CIWC&E could consequently not exercise any discretion in selecting vendors more willing to adopt the introduced OSH practices. He was of the opinion that instead of PWF, SIMAP should have been involved in this process to identify manufactures who in turn could specify particular vendors with whom they work, whose OSH interventions could be monitored by the manufacturers themselves. However, SIMAP was involved by the project personnel, which in turn referred this matter to a concerned committee. It was this SIMAP committee which involved two leading vendors in the identification process, and one was the Pakistan Workers Federation, Sialkot Chapter.

The CIWC&E identified good practices within the local surgical industry and tried to replicate them instead of trying to undertake more specific research concerning the feasibility and effectiveness of the different solutions being presented by it. For example, with regards to the OSH intervention, CIWC&E provided imported protective glasses from Germany and the US, which were worth Rs. 500 each, to model workshops. The OSH consultant however mentioned that Indian-made glasses were also available in Pakistan and cost Rs. 100 only. While providing these cheaper glasses could have been more feasible in the long run, the training coordinator maintained that their emphasis was on providing a higher quality product, even though admitting that provision of a cheaper product would

have made its use more feasible in the longer term (given that after a few months even this protective eyewear has to be replaced, as its visibility decreases). Similarly, CIWC&E provided a certain brand dust mask which contains micro-filters but they cost Rs. 250, and they can be used for a limited duration only. According to the Director of the CIWC&E masks provide a temporary solution at best with regards to preventing respiratory problems related to long exposures to metal dust. Moreover, simple exhaust fans do not remove metal dust effectively, but the underground suction ducts required to deal with this problem are much too expensive. During the OSH awareness raising workshop, participants were informed that they could at least use more commonly available surgical masks which cost less than ten rupees each, or even to tie a linen handkerchief over their nose and mouth when working on processes like grinding or polishing. It would also have been useful if CIWC&E had done research to obtain verifiable data on the efficiency of surgical masks or linen handkerchiefs in preventing metal dust, in comparison to the more expensive dust masks, and disseminated this information in the OSH workshops.

Moreover, the CIWC&E training coordinator also admitted that vendors have complained of facing almost 25% efficiency loss due to the guards being placed on their grinder wheels. While CIWC&E has been convincing these vendors that their efficiency loss would be compensated once they get used to a new way of grinding instruments, this assessment is not corroborated by any on-ground research indicating to what extent, and by when, this efficiency loss would be compensated. More systematic focus on design with regards to efficiency would perhaps have helped make the OSH interventions more acceptable to the vendor workshops. Nonetheless, the Director of CIWC&E stated that there needs to be a zero tolerance against unprotected grinder wheels, and that a slight efficiency tradeoff was not worth the risk of compromising safety. Conversely, the BLCC has been providing loans to vendors who have put in place inadequately designed grinder wheel guards with any input by the CIWC&E (since this loaning activity was being controlled by an external stakeholder, with the BLCC merely linking up vendors to them within paying heed to their compliance to basic OSH standards).

After the first 10 OSH interventions were piloted, some lessons learnt were identified and incorporated into the design of the remaining OSH model workshops. These learnt lessons included use of iron instead of wood to construct work spaces for hammering surgical instruments due to their increased durability, and making work stations bigger to accommodate all workers within the shop, since the earlier work stations were found not to be spacious enough.

While the project progress reports state that workers and management sat together and interacted with each other in resolving issues of OSH during the training sessions with the expert advice of CIWC&E trainers this has not resulted in the ownership by the manufactures towards OSH measures. The people working in the model vendors shops did not seem to realize that the metal dust is poisoning them. Despite frequent accidents, many grinders do not have wheels, and no eyewear is used to protect against dust and flying debris which can cause eyesight loss. Introducing OSH concepts within this broader context of neglect and disregard is not easy. The Action Programmes decided to provide the masks to the model workshops. However there was also no follow-up on OSH awareness raising workshops and even in model workshops the first-aid boxes were not replenished nor were more masks provided. Even the PWF mobilizers who have been going to vendor workshops did not wear masks to inculcate a sense of hazard posed by the metal dust.

In the Mohammadpurua vendors workshops which the evaluator visited for instance no evidence of the replenishment of first-aid kits or the use of protective eyewear was evident. At two model workshops in Ugoki located very near the city, the use of sorting trays and lighting was evident, but masks were still not being used here as well. It was only at one model workshop where workers were seen to be wearing dust masks which had been provided by CIWC&E, although these masks seemed old and required changing.

When the evaluator visited vendor workshops in the peri-urban area of Hundal, two of these were operating in premises which were simultaneously undertaking more typical rural activities like fodder cutting, and wheat grinding. Also five out of six workshops visited in this area had been registered with SIMAP as well. Three of the vendors in this locality had also taken small loans from BLCC to put in place grinding wheel guards, yet the overall environment within their workshops seemed poor including the level of lighting, the sitting space for workers, and the scattering of surgical items and finally the obliviousness of workers to the metal dust. Even in the workshop which had been selected as a model workshop by CIWC&E, there was no evidence that the work environment had improved drastically. The only evidence seen during the visit was the placement of guards on the grinding machines and a rusted first-aid box. At another registered workshop, whose proprietor had gone to Lahore to attend an OSH workshop and who had agreed to mainstream three boys from his workplace into the BLCC NFE, the evaluator learned that the proprietor had recently hired a 12 year old boy, a recent migrant from another district, to work at his workplace. The boy is the son of a brick-kiln worker and has dropped out of class 4 and begun working at this vendor for Rs. 600 per month doing filing work. Moreover, another boy who had been working at this vendor since he was eight years old, and who had been enrolled into the BLCC NFE, is now back working there, although he is now seventeen years old.

Generally, the practice of forming OSH model workshops in the rural areas had proven even more difficult. In this context, there did seem some evident possibilities which were identified by the field personnel but these had not been explored within the project itself, like the possibility of using NFE teachers who were either directly linked to vendor workshops (wives or relatives of vendor workshop owners). For example, the SAHE-S NFE teacher in Kot Rajkot used to work for his brother's vendor shop but has since set up his own surgical goods polishing shop. Although this vendor does not employ children below the age of sixteen, there was no evidence of eyewear or masks which are vital for this process, given the fine metal dust which results from this process. Setting up an OSH model workshop here would have been useful since this vendor was an NFE teacher and may perhaps have implemented OSH practices more readily within his own workshop. This may also have had a positive demonstrative effect on the dozens of other small vendors located within the surrounding locality.

#### **4.6 Project activities involving the local government**

Of the linkages established with the local government during the project activities of Phase II, the rapport built with the education department proved most relevant resulting in the subsequent preparation of government administered primary level exams, and the mainstreaming of NFE learners into government schools. Liaison with the district government also led the district assembly to pass the 'Child Labour Free Sialkot' resolution. A notification to this effect was also issued for compliance with the 'minimum wage' and 'child labour' standards.<sup>8</sup> Two current efforts involving the local government are being discussed below.

*District Child Labour Elimination Plan of Action (DCLEPA):* During the bridging phase, key local government officials have been involved in preparation of the DCLEPA. The DCLEPA was prepared by using the participatory approach. First of all, orientation meetings were held with the District Government officials and then four workshops were organized and participants were asked the following questions:

1. What measures are the present government (federal, provincial and district) taking to address the issue of Worst Forms of Child Labor?
2. Please identify various areas / strategies to tackle Worst Forms of Child Labor.
3. Suggest role of District Government Sialkot to eliminate Worst Forms of Child Labor particularly from surgical goods manufacturing Industry.

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<sup>8</sup> As reported in TPR 2007/2008.

Following input from these workshops, a draft DCELPA was prepared. This plan is to be approved by the relevant district committees (Budget, Education, Health, Monitoring) and the DCO prior to its passage by the District Assembly (so that the district government itself allocates Rs.1,000,000 for implementation of the proposed district plan). When asked about the sustainability of the proposed DCPELA, if the ongoing move by the Chief Minister of the Punjab to dismantle the local government system succeeds, the District Coordination Officer (DCO) of Sialkot maintained that there would be a possibility of continuing the proposed DCLEPA under any subsequent local governance arrangement, and that it would even be possible to generate supplemental resources for it through the ‘city package’ of matching grants provided by local philanthropists and the local government to upgrade the local infrastructure.<sup>9</sup>

The DCLEPA aims to build on the work done with the local government system under Phase II and the project of support to the TBP. Besides proposing to make the child labour monitoring system more sustainable, the DCLEPA is reiterating the need for technical education and has even proposed to provide technical education within literacy centres being set up to promote literacy in the district. The consultant for this project is the District Manger of BLCC in Sialkot who subsequently has annexed the training manuals prepared under Phase II to the DCLEPA. This may enable specific content developed in consultation with TEVTA for vocational training in the surgical industry to now be utilized in a manner that had not been initially envisioned by the project.

*Sialkot Declaration:* The Sialkot Declaration is an initiative being undertaken under the bridging phase of Phase II, it has aimed to highlight the need to focus on the fourteen to eighteen year old age group, which had not been addressed in the surgical project. It is also meant to explicitly refer to discouraging the system of providing advances to poor families under the *pechghee* system.<sup>10</sup> This declaration is also supposed to lay emphasis on the need to monitor child labour from a community based perspective, albeit the suspension of SIMAP monitoring affecting this effort cannot be discounted. Currently, the Sialkot Declaration has been circulated to all stakeholders, prior to its finalization.

## 5. Conclusions

In view of the above findings, this section of the report will draw some broader conclusions with regards to the designing and planning, achievement of the project, and its relevance and sustainability. Thereafter, some more specific issues will be discussed with reference to SIMAP, vendors as well as synergy and linkages related concerns.

### 5.1 Project design and planning

The project design for Phase II of the surgical project was logical and coherent. It tried to take into account the relevant institutional arrangements and also specified potential roles of concerned stakeholders in order to achieve its specific objectives. For instance, the project design aimed to create linkages with the local government, as well as with concerned stakeholders like SIMAP, and tried to involve them in registering vendors, and to take responsibility for monitoring the vendor workshops with regards to child labour. However, the project design did not take into account the the capacity and commitment of stakeholders like SIMAP, as well as the manufacturers and vendors to eliminate child labour in the surgical sector. Therefore, while the project design was internally logical, it was not accurate in terms of specifying roles of concerned stakeholders based on ground realities which in this

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<sup>9</sup> Sialkot is perhaps the only city in Pakistan to have built an airport using locally generated funds under the ‘city package’. There is thus precedence of the local philanthropists/industrialists contributing to help improve the physical infrastructure of the city of Sialkot. Presumably, they would also be interested in supporting a governance initiative which can help remove the tarnish of child labour from their export businesses.

<sup>10</sup> Advance payment in lieu of subsequent work (by the worker or his children) which is to pay off this loan

case implied designing interventions based on the real capacity and commitment of the concerned stakeholders, and supplementing any shortcomings with supplemental activities to ensure achievement of specific objectives.

Although survey research had been conducted on the surgical sector prior to launching Phase II of the project, more in-depth analysis of the informal actors (vendors) and their interaction with manufacturers and their larger association (SIMAP) could have been taken into consideration at the time of the design to identify alternative strategies, and/or supplemental inputs. Due to the unforeseen problems faced by the project with regards to interacting with these key stakeholders, despite implementation of activities such as registration of vendors, the desired objectives of the project with regards to adoption of OSH at vendor workshops, or monitoring child labour at these vendor workshops were hindered. Phase II built on the existing capacity and local efforts of project partners which were already underway in Phase I to address child labour and promote educational opportunities for targeted children. These same partner organizations (Sudhaar and BLCC) and relevant line departments were also subsequently involved in the project of support to TBP.

## **5.2 Achievements of the project**

Broadly speaking, the achievements of the project with regards to the delivery of project outputs both in terms of quality and quantity seemed reasonable, facilitated by the direct ILO presence in the field. The ILO-IPEC project has yielded influence on national level policies given that Phase I of the surgical project was launched in 1999, while ILO Convention 182 was ratified by the Government of Pakistan on 11 October 2001, and it was only after this ratification that the government initiated the process of identification of what constitutes hazardous work within the Pakistani context. Given that the surgical sector was subsequently identified as one of the sectors in which hazardous work occurs, Phase II of the surgical project has built upon findings emerging from Phase I and paved the way for implementing the project of support of the TBP in close collaboration with the local government, partner organizations and other relevant stakeholders like SIMAP and PWF. The formulation of a district model for elimination of child labour which the project of support to TBP subsequently tried to put in place within six selected districts was essentially informed by the on-ground experience of creating synergies with relevant line departments of the local government under the surgical project. This enabled coordination between line departments under the district government set-up, as well as enabled project beneficiaries availing services like NFE provision to be mainstreamed into government schools thus providing them an ongoing opportunity to further their education. Moreover, even activities like the need for monitoring child labour were also assumed by the local government itself under the project of support to TBP, albeit some further convergence could have been created between the monitoring processes of the TBP support project and that initiated under the Surgical Project, had the latter not been suspended.

For the purpose of assessing more specific achievements of the project, the following sub-sections will consider whether, and to what extent the following two immediate objectives of the project have been achieved, namely:

1. Child labour in surgical instruments manufacturing (including underage workers, hazardous situations and exploitative working conditions) reduced by 50% in the targeted areas of Sialkot District through the provision of education and other support services to children.
2. Awareness of child labour issues raised among stakeholders and partners and action initiated to address health and safety problems in the workplace.

In particular the sub-sections below will aim to assess how far the different outputs for each of the two objectives (as per the project log-frame) have been delivered and how they have contributed to the achievement of the immediate objective.

### **5.2.1 Assessment of Immediate Objective 1**

One of the indicators to assess if child labour in surgical instruments manufacturing (including underage workers, hazardous situations and exploitative working conditions) has been reduced by 50% in the targeted areas of Sialkot District through the provision of education and other support services to children was the number of children engaged in surgical instruments manufacturing in the project area who are provided with education. A total of 2,045 against the target of 1800 surgical children had been catered until the moment when provision of non-formal education was completed on 31 December 2006.<sup>11</sup> Another 250 had been mainstreamed by 31 December, 2008 fulfilling the target set for the bridging phase. There was however little conclusive evidence of complete withdrawal of NFE beneficiaries or mainstreamed children from surgical instruments vendor shops.

The next indicator to measure achievement of Immediate Objective I was the number of vendors registered with SIMAP and willing to be monitored. As mentioned above, the lack of cooperation of SIMAP and affiliated manufacturers/vendors did not allow the child labour monitoring mechanism to work out as planned. The surgical project child labour monitors were meant to focus on all manufacturers and vendors which had been registered by the surgical project, but out of the 243 manufactures (and the 1269 vendors affiliated with them) only 53 manufacturers agreed to share their internal information with the monitors on a regular basis.

The percentage of surgical instruments factories and vendor workshops monitored by the programme that continues to remain free of child labour was another indicator to assess achievement of Immediate Objective I. During the 12956 monitoring visits conducted at vendor workshops affiliated with the 53 manufacturers who agreed to participate in the monitoring, a total of 180 children were identified and only 11 of them were below the age of 14, while the remaining were above the age of 14. But then there was suspension of monitoring, due to which the subsequent status of children in vendor workshops is not known.

The percentage of children in less hazardous situations or exploitative working conditions was another indicator devised to assess achievement of Immediate Objective I. While the project progress reports (for instance the Final Progress Report for January to July 2008) estimated that all the children enrolled under the project were now in less hazardous working situations, the fact that OSH was not extended to all vendor workshops, and that not all registered vendors participated in child labour monitoring, as well as evaluator's identification of children within vendor workshops indicates that this may not be the case.

The number of surgical instruments factories and vendor workshops with safer work areas and improved working conditions was the final indicator used to assess achievement of Immediate Objective I. While 25 model workshops were set up, the lack of compliance with OSH standards within these model workshops undermined the specific objective of lessening the number of children working in hazardous or exploitative conditions.

### **5.2.2 Assessment of Immediate Objective 2**

To assess awareness of child labour issues raised among stakeholders and partners and action initiated to address health and safety problems in the workplace, the number of vendor workshops which

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<sup>11</sup> ILO-IPEC, Technical Progress Report (TPR), January to December 2007.

initiated OSH improvement was the foremost criteria. 25 vendor shops were developed as 'model workshops'. Moreover, vendors/surgical workers were oriented through 30 training sessions on OSH and first aid at the factory premises, as well as at the community level. Also, audiovisual materials, posters and manuals were used to create awareness on OSH. Despite the provision of OSH training, awareness raising and distribution of OSH equipments to the model workshops, the adoption of OSH practices within the model workshops remained incomplete, in turn diluting the intended positive impact on surrounding workshops as well.

The second indicator used to assess achievement of Immediate Objective II included the number of community education committees (CECs) participating directly in the management of NFE centers and assisting in child labour monitoring. The project formed 90 Community Education Committees and 160 Allied Community Groups (mothers, vendors, children think tank). While these entities were involved in a series of project activities, the inability of these community level entities to sustain themselves subsequent to the implementation phase of the project has limited their future impact in terms of ensuring that child labour issues receive ongoing support at the community level.

Finally, APFOL and APFTU (subsequently merged into the PWF) were meant to develop and complete programmes on awareness-raising to further assure achievement of Immediate Objective II. In collaboration with CIWCE, a comprehensive campaign on OSH was initiated by APFTU. The ILO-IPEC surgical project also aimed to provide a forum for workers/trade unions and Government to sit and work together on crucial issues related to child labour and OSH. While the Sialkot Declaration is one of the outcomes emerging from this process, its operationalization has not yet been evident on the ground. This indicator also implied providing an ample opportunity to the PWF to strengthen the movement for "organizing the un-organized", however no parallel structure of a vendors' collective, in contrast to SIMAP has yet emerged out of this process. Similarly, APFOL was engaged to provide assistance in registration of vendors, a task which was undertaken successfully, but the subsequent unwillingness of SIMAP to offer any tangible benefit to registered vendors, as well as the unwillingness of these vendors to allow child labour monitoring within their workplaces, has also led to undermining the Immediate Objective of addressing health and safety problems in the workplace.

### **5.3 Relevance of the project**

A series of useful direct interventions covering the targeted beneficiaries (children and their families involved in the surgical sector) have been introduced under the surgical project. The project has also managed to create liaison with the most relevant stakeholders concerning this issue, however, the fact of the matter remains that the surgical sector is still not child labour free after several years of ILO-IPEC support (under Phase I and II as well as the TBP support project). SIMAP, and the concerned manufacturers and vendors registered by the project were not keen to facilitate monitoring of the withdrawal process.

Moreover, while the 2001 survey commissioned by the ILO-IPEC Surgical Project found a majority of surgical children lived in homes owned by their parents, which is indicative of the fact that these children do not belong to the poorest of the poor households, project personnel and partners argued that children working in the surgical goods industry required strong rehabilitative efforts to ensure complete withdraw from the profession (in comparison to children working in the carpet and soccer industry, who are less skilled and receive less remuneration, and therefore require lesser efforts to stop working). Yet, the surgical project could not offer much more to children working in the surgical sector other than NFE education. The micro-credit initiative included in the project was too modest in scope to enable families of these children to engage themselves and their children (over 14 years of age) in alternate livelihood opportunities.

Finally, while the implementing partners did manage to involve local communities in a range of activities during the time that the project was being implemented, these on-ground actors at the

community level were not strengthened to plan, initiate, implement and evaluate actions to prevent and eliminate child labour. Besides some awareness-raising, the project was therefore not able to provide tangible opportunities to curb the supply of child labour. The project design itself did not contain any provisions for ensuring sustainability of project accomplishments like community mobilization.

#### **5.4 Sustainability of the project**

The project has been able to link its NFE provision to the need to mainstream children into formal schools, which provides the most sustainable means available to ensure continued learning of children working in the surgical sector. Whether the 1029 children who have been mainstreamed by the project will continue studying, or else drop out of the schools where they have been mainstreamed however remains beyond the scope of project intervention. While the project document of Phase II had devised an activity (1.3.9) to organize communities of the target groups for support in further activities, ensuring follow-up of mainstreamed children was not the explicit purpose of community organization. Moreover, the extent to which communities have been mobilized for undertaking future activities is limited. Therefore, the attempt to add this responsibility of following up on mainstreamed children in order to prevent them from dropping out of formal schools was not feasible. The project aimed to work in close collaboration with SIMAP to undertake manufacturers/vendor registration, to undertake child labour monitoring and implement OSH practices within model workshops. Had SIMAP and the manufacturers/vendors cooperated more fully with the project personnel, perhaps greater sustainability of efforts to ensure prevention of child labour from the surgical sector could have been put in place. However, the lack of evident outputs emerging from this collaboration (the specifics of which are discussed in other sectors of this report), in effect limited the potential to continue to work to eliminate child labour as a result of this project.

While a strategy for sustainability of impact was defined at the design stage of Phase II of the surgical project, and the project did succeed in mainstreaming children provided NFE by the project, implementation of child labour monitoring did not succeed as planned, and the resultant chances of continued child labour monitoring of vendor workshops was also not secured. Moreover, while community participation did occur during the project implementation phase, there is little evidence of community level structures in place which have the potential to carry on, or introduce new interventions to help eliminate child labour from the surgical sector

#### **5.5 Surgical Instrument Manufacturers Association of Pakistan (SIMAP) concerns**

SIMAP was not only meant to fund the entire monitoring component of Phase II of the project it was also supposed to have established an internal funding mechanism to sustain this monitoring beyond the life of the project. As this funding did not materialize monitoring reports stopped being generated in April 2007, when the ILO could no longer offer it further support which had already been extended to four months beyond the initial plan. On the other hand, the simultaneous vendor registration process was meant to enable collecting accurate data from the surgical vendor sub-trades, so that fresh entries of child labour at these vendor workshops could be monitored along with the following up on working children who had been mainstreamed into formal schools. However, none of the SIMAP members that the evaluator met indicated ownership of the monitoring system or the vendor registration process which had been put in place under the project, or suggested means whereby these processes could have been utilized more effectively.

There was a variance of perspectives concerning the child labour issue within SIMAP itself. Some of the SIMAP members still felt that children working for vendors comprised an apprenticeship system and that it was the media which had tarnished their image internationally by highlighting the issue and exaggerating the hazards associated with this process to an unnecessary extent which in turn has

enabled exporters to exert pressure on rates of surgical goods as a consequence. Some of these SIMAP members even claimed that there is hardly any child labour in vendor shops around Sialkot city, although it may perhaps be evident in the rural areas of the district.

While most SIMAP members acknowledged the role of ILO in helping them regain credibility, they did not seem to espouse an explicitly linear strategy for moving towards improving the quality of their surgical products, improving manufacturing processes more in the informal sector, which in turn may lessen the poverty of those who work in vendor workshops, and lessen their compulsion of involving their own children to labour.

However, SIMAP has been participating in the consultative process for preparation of the Sialkot Declaration and its members pointed out their contribution of Clause 8 to this declaration which stresses the need for developing a skilled work-force for the sector. There was subsequent evidence of SIMAP being involved with TEVTA to develop a second manual for a training programme for surgical manufacturing. Conversely, however several SIMAP members themselves maintained that capacity building of a few months is not enough for children to be employed in the formal sector. While they recalled trainings being conducted by TEVTA during Phase 1 of the project, whereby 227 children were trained for a three months for a 150 hours time period, none of the children who participated in these trainings seemed to have sought employment within their factories. SIMAP seemed to have wanted greater ownership of the subsequent training process initiated under the TBP support project as well by testing the capacity of children being trained by the literacy/vocational centres but apparently were not allowed to do so. An interviewed SIMAP stakeholder also mentioned their work on PC1 for establishing a technical centre for surgical workers which would aim to develop specialized workers who have passed the Matriculate degree. SIMAP also expressed the possibility of initiating an apprenticeship programme within the factory premises with ILO help. However, there has been no real follow-up on the registration process to date, such as the formulation of an incentive policy for registered vendors for instance, to indicate that SIMAP has built the rapport with vendor workshops to embark on this venture of providing an apprenticeship facility within their premises.

There seems to be a lack of unity amongst SIMAP members which makes it difficult for them to follow a cohesive action plan with regards to vendor workshops. Project activities like monitoring had also fallen victim to internal tensions within SIMAP during the project implementation phase, and even the current Chairman's concern about favouring the registered vendors resulting in limiting their supply pool is justifiable. While any such supply chain disruption would at best be transitory if all manufacturers were resolute in this decision, leaving the initially reluctant vendors little choice but to also register, such a policy move could also give an opportunity for detractors within SIMAP to exploit this against manufacturers who curbed their own options of working with a limited pool of vendors.

While SIMAP by itself may not have the vision required to change the status quo, there may be growing external/international pressure on it to do so. In view of these compulsions, it may be useful for the ILO and other concerned stakeholders to encourage SIMAP to focus on correlating the issue of reliability, quality and prevention of child labour within a holistic framework. A proposed policy in this regard has been shared by the ILO office in Sialkot with SIMAP recently (see Annex VI), which is apparently meant to take up the issue of finally proposing a policy for registered vendors. What other proactive measures can be identified to address this above concern require further consultations between the ILO, the Government of Pakistan, as well as SIMAP itself.

## **5.6 Vendor related concerns**

In spite of OSH training, awareness raising and distribution of OSH equipments to the workers, these were not being used in the workplaces that were visited by the evaluator. If the employers/vendors

were serious about this issue, they could have made more efforts to ensure that their workers were complying with the OSH standards.

Also, vendors' registration with SIMAP was initiated to help bring long-term gains for working children and vendors themselves. But at present, vendors have no incentive to register, as all they need to remain affiliated with SIMAP is to pay the membership fee (Rs. 50), and there is no evident benefit of this registration for them.

At its end, the project maintained that they had provided ample opportunities to the workers federation (now PWF) to strengthen the movement for 'organizing the un-organized' and getting the vendors registered with SIMAP. Moreover, OSH interventions had been introduced in model workshops to enable their percolation within the informal sector, and to facilitate this latter process, 85 OSH awareness raising workshops had been organized to reach out to around 1800 vendors. Yet the fact remains that hardly any workers at the vendor workshops (including those at the model workshops) wear earplugs, protective eyewear or use the masks provided to them. The recent consultative process with vendors during the bridging phase has revealed that there are also social issues which the awareness raising by the CIWC&E may have overlooked. For instance, workers apparently do not want to wear ear-plugs because they usually listen to music as they work and they do not use the masks because they smoke as they work. However the reluctance of vendor workshops to place grinder wheel guards seem to have a more practical reason (as stated above), since it apparently lowers efficiency, particularly on the smaller machines which have smaller diameters in particular. Other demands emerging from the recent consultative process have indicated that a lot of vendors do not know SIMAP they just know their own factories, they therefore do not see the value of having been registered with SIMAP. In order to bolster the utility of this registration process, it may first be necessary to listen to vendors' demands like the need for assurance of work during low seasons.

PWF also pointed out that vendors kept complaining to them about lack of benefit of registration, which had been facilitated by PWF. Neither SIMAP nor vendors gave any feedback to PWF on each other. Although PWF is interested in assuming the role of monitoring child labour within the registered vendors, they pointed to the need for their unionization first. The means to register these workers was possible with factories where such unions exist, given that Pakistan labour laws allow 25% of workers outside the premises of the factory. Some work in this regard will be required since there are vendors who are working for more than one factory, and clustering other vendors who are all working for the same factory.

PWF is mandated to register more (500) vendors during the bridging phase and there are also workshops for vendors planned for this purpose. But there seems to be no evidence of a strategy to date, so that there is an explicit output emerging from the vendor workshops that PWF is supposed to conduct during the bridging phase. It could try to get vendors to articulate demands which can be used to bolster the vendor friendly policy.

## **5.7 Synergy and linkage related issues**

There was evidence of synergies being created with other relevant stakeholders by the surgical project. The collaboration between the government and the project partners to help mainstream children into government schools was a linkage which yielded very positive results. Moreover, the BLCC also organised health camps in coordination with the health department, it opened up a community based dispensary within a designated project site. BLCC has also provided approximately Rs. 800,000 worth of micro-credit to families working in vendor workshops by linking them to the Kushali Bank. However there was evident need for these linkages to have been sustained and bolstered the project objectives instead of diluting them. Consider for example the fact that even though BLCC helped project beneficiaries secure loans, it is not clear how many of them were parents of working children. There was evidence of vendors having sought loans as well. Moreover, BLCC has not since exposed

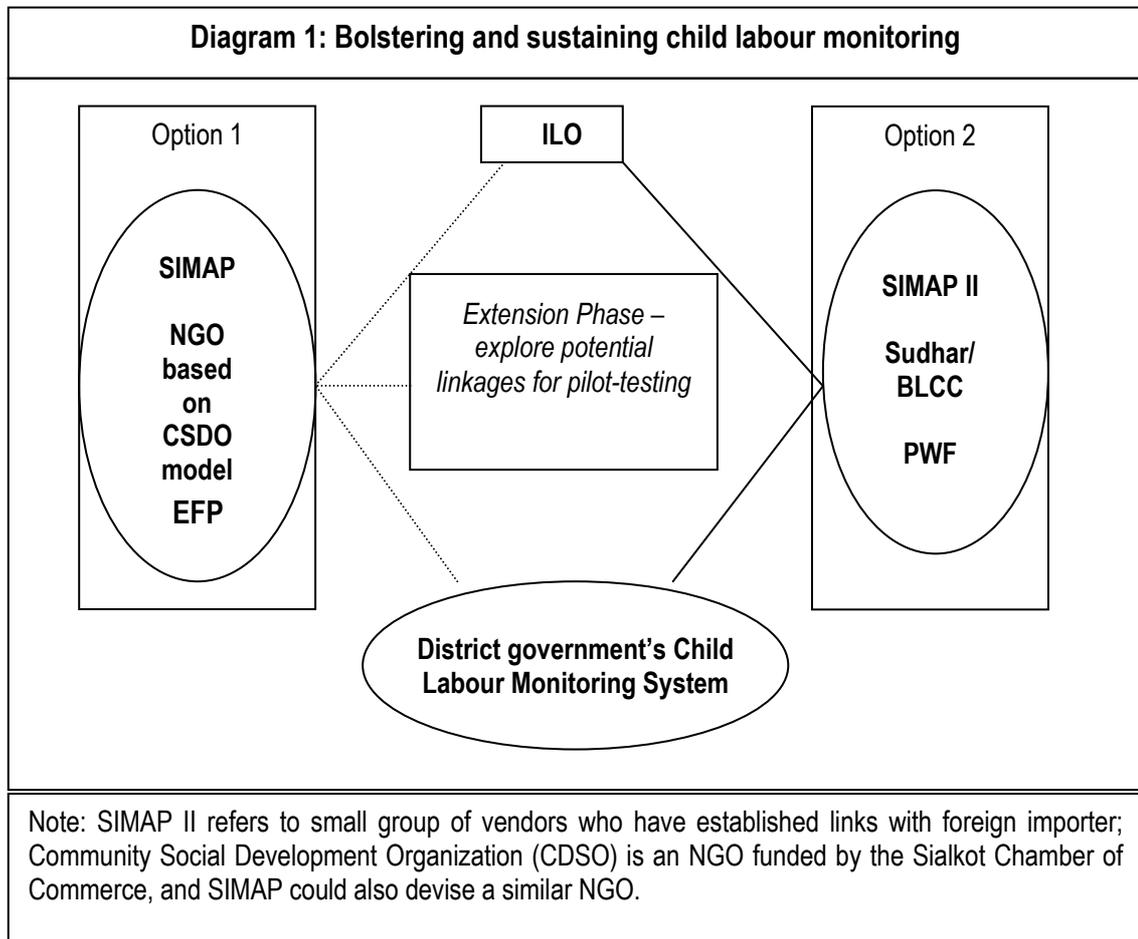
relevant loan recipients to OSH practices in direct liaison with the CWIC&E. For instance, the evaluator noticed the presence of a grinder wheel guard which did not seem safe enough, even though its installation had been made possible due to a BLCC loan. There is yet ample room for linkages and had such linkages been forged at a more strategic level between entities like the PWF, EFP and WEBCOP for instance, and between SIMAP and EFP, it would have enabled the project to gain more mileage out of its ongoing activities like the vendor registration process.

## 6 Recommendations

In view of the above findings some evident recommendations for the ongoing bridging phase and potential subsequent project follow-up activities are as follows (which have also been formatted into a matrix attached as Annex VII):

- The proposed ‘vendor friendly policy’ to be adopted by SIMAP must also be based on the principle of cost effectiveness, quality assurance, and vendor reliability, besides promoting notions of OSH and prevention of child labour
- While IEC materials were developed and awareness workshops arranged by the CIWC&E, partner NGOs could also have been used for creating OSH awareness amongst a larger audience. Focus group discussions with relevant communities, or even the use of street theatre conducted just outside the vendor shops would have provided an effective medium for creating awareness concerning health hazards of metal dust, for instance, which workers at vendor shops currently seem oblivious to.
- Request PWF mobilizers to wear masks while registering more vendors
- If BLCC is linking any more workers at vendor workshops to the Kushali Bank under the bridging phase, an effort should be made to expose these loan recipients to relevant OSH practices, by visiting the best five model workshops (if nothing else is possible at this late stage of project implementation)
- The monitoring mechanism within the project which has already become dormant needs to be revived, and redesigned if required during the bridging phase. There is a possibility of using the precedent set by the Decent Work Programme which led to articulation of the Sialkot Initiative to monitor vendors in the soccer industry (Independent Monitoring Association on Child Labour; IMAC, is the independent monitoring mechanism established with ILO support for the soccer ball industry). Besides IMAC, EFP may be able to push the idea of adopting a vendor friendly policy to SIMAP and perhaps accentuate the short term benefits of this policy to the vendors themselves, as well as its long term benefits to SIMAP.
- The ILO and the (local) government need to ensure serious commitment of the vendors/manufactures and SIMAP to make the surgical sector child labour free and to ensure that SIMAP takes a more proactive role in ensuring utilization of OSH equipments at the vendor workshops by in turn convincing manufacturers to take the responsibility of ensuring this compliance. Social mobilization through NGOs and relevant platforms like PWF to apply pressure on these stakeholders to eliminate child labour and adopt OSH practices in the surgical sector is another possibility which the ILO may further explore, in addition to working with the government and the stakeholders themselves.

- There is a possibility of forming another coalition of small surgical producers/exporters; SIMAP II (a precedent to this effect exists in the tanneries industry in Kasur), which may then work with implanting partner NGOs and the PWF to monitor vendor shops. See diagram I for an illustration of the proposed recommendation:



- While either of the above options could be used to revive monitoring, and linking it with the district based monitoring system, the eventual scope of the latter option (option 2) will be limited and also more risky as it may fuel a sense of alienation of SIMAP.
- Now the District Assembly has the “Child Labour Free Sialkot” resolution and a notification to this effect has also been issued for compliance with the “minimum wage” and “child labour” standards. The District Government has also developed the “District Child Labour Elimination Plan of Action (DCLEPA)” and thus it is recommended that SIMAP should work very closely with the DCO to eliminate CL from the surgical sector, rather than waiting for another ILO project to address this problem.

## 7. Lessons learnt

The presence of an ILO-IPEC project office in Sialkot led to logistical convenience, and also facilitated monitoring of project activities. However, the project may have been more proactive in seizing opportunities on-ground even if they were beyond the scope of the original LFA. This section will highlight some of these opportunities in view of the broader lessons learnt in retrospect of implementing Phase II of the surgical project.

Generally, Phase II of the project could have undertaken several process related adjustments to achieve better results on ground. Perhaps allowing CWIC&E to select the locations of the OSH model workshops may have improved their quality. The existing quality of OSH practices adopted within the model workshops itself diminishes the possibility of them being replicated. Moreover, it must be realized that the concept of OSH is itself only one aspect of a decent working environment, which requires not only OSH standards but also a range of other labour standards like working hours, minimum wage and observance of employment contracts. Such issues have been addressed in parallel ILO-IPEC activities like the Sialkot Initiative, and their resonance within Phase II of the surgical project could also have been sought.

PWF has very limited capacity to act as a watchdog or access to vendors given the fact that it has not yet been able to unionize many workers working for the formal surgical manufacturing industry itself. This also gives it limited leverage with SIMAP.

On the other hand, it would be understandable if SIMAP does not want to expose its entire supply chain to the registration process. Vendors themselves are hard to motivate given that they have no obligation to the outside world, and are primarily linked to their manufacturers, with the exception of some mid-sized vendors who have direct access to exporters, even the exact number of whom is also not known with any certainty. Since vendor registration is not yet comprehensive, it does not provide baseline information concerning child labour or occupational safety and hazard concerns in vendor workshops as a whole. The Ministry of Labour is however planning to initiate a labour survey, which is meant to be mapping labour in different sectors, whether this exercise will produce a reliable source of information concerning the situation in surgical vendor workshops remains to be seen. The ILO-IPEC project should at least try to compare its existing data on registered vendors with the findings emerging from the labour survey within Sialkot.

The extent to which SIMAP has valued its collaboration with the ILO is unknown. Its delay in release of project funds led to monitoring difficulties. Perhaps the ILO-IPEC could have considered motivating the Employers Federation of Pakistan (EFP) to work in closer collaboration with SIMAP, given that both the EFP and SIMAP have signed an agreement with ILO-IPEC. The ILO-IPEC project office has also been supporting activities of Workers Employers Bilateral Council of Pakistan (WEB COP) but this forum has not yet proven effective in terms of enabling vendor workshops to become more efficient nor in terms of convincing SIMAP to give preference to only those vendors which were willing to be involved in the registration process being undertaken by PWF.

Phase II of the surgical project has built upon findings emerging from Phase I. One of these findings was the need to further involve workshop vendors within the project, while the other was to have a more explicit strategy in place to mainstream children after providing them non-formal education. Furthermore, Phase II of the project can also be considered part of a continuum which subsequently facilitated implementation of the TBP support project in Sialkot. Building on the sequential experience of both phases of the surgical project, the TBP support project made a more concerted effort to involve local government stakeholders in its activities, and bolster mechanisms like the project advisory committee to take a more active part in TBP support project activities in the form of a district coordination committee, headed by the District Coordination Officer. It was also in retrospect

of demands emerging from the surgical projects that the project of support to TBP realized the necessity to offer literacy and vocational trainings instead of focusing on NFE alone. The utility of forming mother groups within the TBP support project was also based on the encouraging experience of working with mothers within the community mobilization component of the surgical project. Based on success with mainstreaming children under Phase II of the surgical project, this target was increased for the TBP support project. Also, the age of children working in child labour was also extended to focus on the 14 to 18 year old age group in the TBP support project which was not being given due attention in the surgical projects.

However, many of the interventions of the TBP support project were largely similar to those of the surgical project (introduction of OSH interventions, or NFE provision etc.), and as they were being introduced in the same district, using two of the implementing partners as those involved in the TBP support project as well, the probability of duplication of efforts did emerge as a potential problem. The BLCC in particular had continued undertaking the task of providing NFE services under the TBP support project, whereas Sudhaar had decided to take the responsibility of implementing upstream activities under the TBP support project instead of further focusing on community based efforts which it had been undertaking for the surgical project. To avoid duplication, it was decided that the geographic location for implementation of the TBP support project must be different for those where the BLCC had been working earlier under the surgical project. There were 5 NFE centres opened under the TBP support project in the localities where NFE centres under the surgical project had already existed. However, BLCC avoided the problem of reenrollment of the same children by reference to an enrolment register of its former NFE centres operating under the surgical project, before inducting children under the TBP, besides cross-checking child profiles prepared under the surgical project before undertaking new inductions.

The 2001 survey which was commissioned by the ILO-IPEC Surgical Project also found that 80% of families of children working in the surgical sector live in their own houses and that a vast majority of their families have electricity and water supply connections in their houses. These findings indicate that children working in the surgical sector are not amongst the poorest of the poor, the project noted however that children working in the surgical goods industry get money and require skills, which in turn require much stronger rehabilitative efforts for them to be completely withdraw from the profession, in comparison to children working in the carpet and soccer industry. However, the surgical project did not offer much more to children working in the surgical sector other than NFE education. The micro-credit initiative included in the project was too modest in scope to enable families of these children to engage in alternate livelihood opportunities. Other project efforts besides awareness-raising were largely meant to monitor, or else to curb the demand for child labour. This issue of cohesive inputs provided to families by the project to ensure complete withdrawal was also mentioned at the federal government level where the efficiency of project interventions was questioned based on the assertion that advocacy and awareness raising efforts have taken up more resources than provision of services directly to the beneficiaries.<sup>12</sup> However, the role of the Child Labour Unit in the Federal Ministry of Labour of providing oversight to the surgical project in Sialkot itself had remained minimal.

## **8. Potential good practices and models of intervention**

Realising the need for ownership of the project interventions by the stakeholders, 90 Community Education Committees were organized by the project. The project also managed to mobilize 160 allied community groups comprising of mothers, vendors and children. 83 teachers' training workshops were conducted by the implementing agencies, to provide teachers modern techniques of teaching, joyful learning, multi-grade system and psychology of the working children. The community had in turn

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<sup>12</sup> This concern was raised by the Senior Research Officer, Child Labour Unit, Federal Ministry of Labour

contributed more than 100,000 rupees for children activities in different NFE centres. The community had paid electricity bills, provided encouragement awards, sport kits, drawing books and colour pencils to NFE children. Subsequently, some of these interventions like the community based schools established by NFE teachers (mentioned in detail in the sub-sections above) are still operational on ground to date.

Although the implementing partners of the project were meant to organize communities of the target groups for support in further activities whereby they could potentially have secured access to government funds for educational and other welfare schemes during the phasing out of the ILO-IPEC project, this did not happen. The implementing Non-government Organizations (NGOs) pointed out that some project funding should have been set aside for ensuring the sustainability of project interventions or capitalizing on emergent opportunities, like creating a common platform or vendors (a possibility mentioned by Sudhar). Project partners themselves were however also supposed to try to help children within their NFEs secure scholarships, and to provide poor families access to other government offered social safety nets. While some instances of this may exist on ground, they do not seem to be statistically significant. The bridging phase has thus particularly aimed to provide micro-credits.

While the surgical project has not yielded replicable models, some of its achievements can be built upon within the context of the Sialkot Initiative and by the National Time Bound Programme which is to be implemented from 2008 to 2016, whereby the Ministry of Labour has envisioned creation of a federal and provincial level coordination committees, which would also be replicated at the district level and involve public private partnerships to focus on labour within the formal as well as informal sectors. ILO has expressed its willingness to work with the government in Sialkot, since it has already put in place a mechanism to this effect under the TBP support project. The intention to pilot labour inspections would be undertaken within the context.

Phase II of the surgical project did adopt a flexible and process-based approach for eradication of child labour by means of identifying age cohorts and identifying corresponding actions for these cohorts. Implementing partners mentioned for instance that they had adopted a zero tolerance for children under nine years of age working at all and insisted that these children be sent to NFE and then be mainstreamed. Conversely, the project operated NFEs remained willing to enroll older children into its NFE centres even if they were still working at the vendor workshops. As the surgical industry was declared 'hazardous', it is not admissible even for children over 14 to be working in it, albeit some processes are more hazardous than others, which enabled identification of numerous areas within the vendor workshops where children over 14 to work under approved conditions like strict adult supervision, work for not more than four hours, provided they are also getting an education.

Prior to the ILO-IPEC project intervention, there was not much authentic information available on the volume and related issues concerning child labour in the surgical industry in Sialkot. ILO-IPEC commissioned surveys for Phase I and II of the project have provided a greater understanding of the scope of the problem. Other project activities have added to the knowledge base concerning child labour and OSH issues in the surgical instruments industry. A comprehensive child profile, on the approved format devised by ILO-IPEC in Geneva was also computerized (it was this same format which should have been used to ensure duplication being prevented under the TBP support project).

## 9. Concluding remarks

While Phase II of the surgical project has undertaken evident work on the ground and has been successful with regards to providing NFE and even mainstreaming working children into government schools, ensuring the complete withdrawal of these children from child labour is a more daunting task. Similarly, while the process of registering vendors workshops with SIMAP was a step in the right direction in terms of providing these informal workspaces a semblance of becoming more organized, and subject to supervision with regards to use of child labour and concerning OSH issues, the lack of incentives tied to the registration process have diluted the impact of this activity on-ground. To some extent the bridging phase of this project has initiated activities to address existing gaps and to further promote the sustainability of project activities. The extent to which the bridging phase will be able to accomplish these goals, and what pending needs will emerge subsequent to this bridging phase, will also need to be paid due attention so that these issues may be addressed in the future by another future ILO-IPEC intervention in Sialkot.

## Annex I. Terms of Reference



### **International Programme on the Elimination of Child Labour ILO-IPEC**

**Final Version:  
November 2008**

#### **Terms of Reference for**

#### **Independent Final Evaluation of the Project “Combating Hazardous and Exploitative Child Labour in Surgical Instruments Manufacturing through Prevention, Withdrawal and Rehabilitation”. Phase II**

ILO Project Code	RAS/01/13/ITA
ILO Project Number	P340.02.300.013
ILO Iris Code	11641
Country	Pakistan
Duration	36 months
Starting Date	31 December 2005
Ending Date	31 December 2008
Project Locations	National level and selected districts
Project Language	English
Executing Agency	ILO-IPEC
Financing Agency	Government of Italy and ISPI
Donor contribution	US \$673,290

## I. Background and Justification

1. The aim of IPEC is the progressive elimination of child labour, especially its worst forms. The political will and commitment of individual governments to address child labour - in cooperation with employers' and workers' organizations, non-governmental organizations and other relevant parties in society- is the basis for IPEC action. IPEC support at the country level is based on a phased, multi-sector strategy. This strategy includes strengthening national capacities to deal with this issue, legislation harmonization, improvement of the knowledge base, raising awareness on the negative consequences of child labour, promoting social mobilization against it, and implementing demonstrative direct action programmes (AP) to prevent children from child labour and remove child workers from hazardous work and provide them and their families with appropriate alternatives.
2. In mid-1996, both the surgical instruments and soccer ball industries in Sialkot District in Punjab Province were affected by the US government's withdrawal of GSP for Pakistan. The government and the private sector had come under intense international pressure to take steps for the elimination of child labour, particularly in the country's export industries. This has led into the signing in 1997 of the Atlanta Agreement under which the first major programme on child labour in Pakistan was initiated by addressing the child labour problem in the soccer ball industry. This was followed by an initiative taken by the Italian Social Partners for combating child labour in the surgical instruments industry, with the collaboration of ILO-IPEC and the surgical instruments manufacturers in Sialkot District. The first phase of the project entitled, "Combating Hazardous and Exploitative Child Labour in Surgical Instruments Manufacturing through Prevention, Withdrawal and Rehabilitation" was launched in 2000.
3. In 2001 the Government of Pakistan ratified ILO Convention 182 which calls for instituting immediate and effective measures to secure the prohibition of the worst forms of child labour. The Government of Pakistan had already begun work on such measures and the Government Cabinet approved, in May 2000, a National Policy and Plan of Action to Combat Child Labour. This plan focuses on children in the age group of 5-14 years who are economically active, form part of the labour force and generally are not in schools. ILO-IPEC began work to support the implementation of a time-bound programme (or National Plan of Action) in 2003. The first phase and present phase of this project is strategically under the umbrella of the IPEC projects of support to the National Plan of Action in Pakistan.
4. The first phase of the project aimed to: (a) withdraw children from surgical instruments manufacturing, prevent entry of children to surgical instruments manufacturing and provide appropriate rehabilitation, prevention and protection to children and families targeted by the Programme, and (b) strengthen the capacity of social partners (employers' and workers' organizations) to prevent and progressively eliminate child labour in the surgical instruments industry. These objectives were to be pursued by adopting a three-pronged strategy: (1) direct action with the children, families, employers, subcontractors and young and adult workers in Sialkot District, (2) institutional development, i.e., capacity building among the concerned local government departments, employers' groups, workers groups, the NGO community and community-based organizations (CBOs), and (3) awareness raising and institutional development among social partners at the local and national levels.
5. An internal evaluation conducted in March 2002 showed the good progress achieved. All stakeholders believed that the project was well on the way towards achieving its objectives. Nevertheless, the government, employers, labour groups, community, parents, as well as children, were unanimous in asserting that more was still needed to be done if the project

was to contribute to the achievement of the goal to eliminate child labour in the surgical instruments industry. This included the provision of education and other support services to a larger number of children and the need to address the health and safety problems in the workplaces by removing, or at least reducing, the hazardous working conditions in surgical instruments production. In view of the lessons learnt and experience gained so far, the project was extended into a second phase. It aimed to contribute towards the progressive elimination of child labour in Pakistan through reduction of child labour in the surgical instruments industry. This goal was pursued through the expansion of the programme to cover larger numbers of children and by promoting the sustainability of action.

The second phase of the project had the following objectives:

- I. Child labour in surgical instruments manufacturing (including underage workers, hazardous situations and exploitative working conditions) reduced by 50% in the targeted areas of Sialkot District through the provision of education and other support services to children.
  - II. Awareness of child labour issues raised among stakeholders and partners and action initiated to address health and safety problems in the workplace.
6. The Italian government's contribution amounting to US\$673,290 (including savings from Phase I) supported the programmes on NFE, pre-vocational training, OSH and awareness raising through trade unions as well as the management and coordination, plus the operating costs of the project. The SIMAP contribution amounting to US\$226,250 (including savings from Phase I) supported the child labour monitoring element of the project including the salaries of the ILO-IPEC monitors and a database assistant.

#### **Decent Work Country Programme**

7. From the perspective of the ILO, the elimination of child labour is part of its work on standards and fundamental principles and rights at work. The fulfilment of these standards should guarantee **decent work** for all adults. In this sense the ILO provides technical assistance to its three constituents: government, workers and employers. This tripartite structure is the key characteristic of ILO cooperation and it is within this framework that the activities developed by the project should be analyzed.
8. ILO Decent Work Country Programmes (DWCPs) are being introduced in ILO to provide a mechanism through which to outline agreed upon priorities between the ILO and the national constituents partners within a broader UN and International development context. For further information please see <http://www.ilo.org/public/english/decent.htm>
9. The DWCP defines a corporate focus on priorities, operational strategies as well as a resource and an implementation plan that complements and supports partner plans for national decent work priorities. As such DWCP are broader frameworks to which the individual ILO project is linked and contributes to. DWCP are beginning to gradually be introduced in various countries. The DWCP document in Pakistan has been approved and is to run from 2005 to 2009.  
[http://www.ilo.org/intranet/english/bureau/program/dwcp/download/dwcp\\_pakistan.pdf](http://www.ilo.org/intranet/english/bureau/program/dwcp/download/dwcp_pakistan.pdf)

### **Background to Final Evaluation**

10. The project will be evaluated in accordance with ILO-IPEC policies and procedures on evaluation of projects and in line with the agreed evaluation process in the project document.
11. Action Programmes implemented by local partners are subject to a regular self-evaluation process depending on duration and size. Action Programmes supply regular progress reports to the project. A quarterly progress report is prepared by the project as a whole.
12. In ILO-IPEC evaluations of its projects are carried out to enhance organisational learning. As per IPEC procedures, a participatory consultation process on the nature and specific purposes of this evaluation was carried out three months prior to the scheduled date of the evaluation. The present Terms of Reference are based on the outcome of this process and inputs received in the course of the consultative process.

## **II. Scope and Purpose**

### **Scope**

13. The evaluation will cover the IPEC project in Pakistan. The evaluation should **focus on all the activities that have been implemented since the start of the projects to the moment of the field visits**.
14. The scope of the present IPEC evaluation covers all project activities to date including Action Programmes. The evaluation should look at **the project as a whole**, including issues of initial project design, implementation, lessons learnt, replicability and recommendations for the future of this project.

### **Purpose**

15. The purpose of the present evaluation should be to assess whether the objectives of the project were achieved. The evaluation should assess the overall achievement of the project at different levels such as at policy level, organizational (partner) level, beneficiaries' level, community level and household level. The evaluation should try to assess the effectiveness of the project operation/implementation and management both at the implementing agency level and at IPEC level. It should analyze strategies and models of intervention used, document lessons learned and potential good practices, and provide recommendations on how to integrate these into planning processes and implementation of future child labour activities in Pakistan, including for future ILO-IPEC support in Pakistan. A particular focus should be to identify elements of effective models of intervention including its potential use and its strengths and weaknesses.

## **III. Suggested Aspects to be Addressed**

16. The evaluation should address the overall ILO evaluation concerns such as relevance, effectiveness, efficiency and sustainability as defined in the ILO Guidelines on "Planning and Managing Project Evaluations" 2006. This is further elaborated in the ILO document "Preparation of Independent Evaluations of ILO Programmes and Projects" 1997. For gender concerns see: ILO Evaluation Guidance: Considering Gender in Monitoring and Evaluation of Projects, September 2007.
17. The evaluation should be carried out in adherence with the ILO Evaluation Framework and Strategy, the ILO Guideline, the specific ILO-IPEC Guidelines and Notes, the UN System Evaluation Standards and Norms, and the OECD/DAC Evaluation Quality Standard.

18. In line with results-based framework approach used by ILO-IPEC for identifying results at global, strategic and project level, the evaluation will focus on identifying and analysing results through addressing key questions related to the evaluation concerns and the achievement of the Immediate Objectives of the project using data from the logical framework indicators.
19. In general, it is of key importance that the final evaluation opens the doors and causes discussions on the engagement of partners, communities, families (where relevant) and governmental organizations. In particular, the evaluation will review levels of complementarities and synergy at two levels; between the activities carried out by various partners within this project as well as those amongst the IPEC projects in Pakistan under the TBP umbrella. The evaluation should also address any complementarities and synergies between development agencies (UN agencies such as UNICEF, UNESCO, UNFPA etc., as examples); between ministries: ministries of social development / welfare, labour, education, planning; ministries of economy and finances; between the authorities of local level, of regional level and national level; and between agencies of implementation. **The evaluation should examine any linkages with the Decent Work Country Programme.**
20. The specific suggested aspects for the evaluation to address are listed below. Other aspects can be added as identified by the evaluation team in accordance with the given purpose and in consultation with ILO-IPEC Geneva's Design, Evaluation and Documentation Section (DED). It is not expected that the evaluation address all of the questions detailed in the Annex; however the evaluation must address the general areas of focus. The evaluation instrument should identify the general areas of focus listed here as well as other priority aspects to be addressed in the evaluation.
21. Below are the main categories that need to be addressed:
- Design
  - Achievements (Implementation and Effectiveness) of Objectives
  - Relevance of the project
  - Sustainability

Specific aspects to be addressed are in the ANNEX I of this present document.

#### IV. Expected Outputs of the Evaluation

22. The expected outputs to be delivered by the team leader are:
- A desk review
  - Evaluation instrument prepared by the evaluator reflecting the combination of tools and detailed instruments needed to address the range of selected aspects to address and considering the need for triangulation
  - Field visits to project sites in Sialkot, Pakistan
  - Draft evaluation report. The evaluation report should include stakeholder workshop proceedings and findings from field visits by evaluation team
  - Final Report including:
    - ✓ Executive Summary with key findings, conclusions and recommendations
    - ✓ Clearly identified findings
    - ✓ Clearly identified conclusions and recommendations
    - ✓ Lessons learnt
    - ✓ Potential good practices and effective models of intervention.
    - ✓ Appropriate Annexes including present TORs
    - ✓ Standard evaluation instrument matrix

23. The total length of the report should be a maximum of 30 pages for the main report, excluding annexes; additional annexes can provide background and details on specific components of the project evaluated. The report should be sent as one complete document and the file size should not exceed 3 megabytes. Photos, if appropriate to be included, should be inserted using lower resolution to keep overall file size low.
24. All drafts and final outputs, including supporting documents, analytical reports and raw data should be provided both in paper copy and in electronic version compatible for Word for Windows. Ownership of data from the evaluation rests jointly with ILO-IPEC and the consultants. The copyright of the evaluation report will rest exclusively with the ILO. Use of the data for publication and other presentations can only be made with the written agreement of ILO-IPEC. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.
25. The final report will be circulated to key stakeholders for their review. Comments from stakeholders will be consolidated by the Design, Evaluation and Documentation Section (DED) of ILO-IPEC Geneva and provided to the team leader. In preparing the final report the team leader should consider these comments, incorporate as appropriate and provide a brief note explaining why any comments might not have been incorporated.

## V. Evaluation Methodology

26. The following is the proposed evaluation methodology. While the evaluation team can propose changes in the methodology, any such changes should be discussed with and approved by DED provided that the research and analysis suggests changes and provided that the indicated range of questions is addressed, the purpose maintained and the expected outputs produced at the required quality.
27. The evaluation team will be asked to include as part of the specific evaluation instrument to be developed, the **standard evaluation instruments** that ILO-IPEC has developed for documenting and analyzing achievements of the projects and contributions of the Action Programmes to the project.
28. The evaluation will be carried out using a desk review of appropriate material, including the project documents, progress reports, outputs of the project and action programmes, results of any internal planning process in Pakistan and relevant materials from secondary sources. At the end of the desk review period, it is expected that the evaluation consultant will prepare a brief document indicating the methodological approach to the evaluation in the form of the evaluation instrument, to be discussed and approved by DED prior to the commencement of the field mission
29. The evaluation will be carried out using a desk review, field visits to project locations in Sialkot to interview project staff and project partners, beneficiary girls and boys and other key stakeholders.
30. The evaluator will interview the donor representative and ILO-IPEC HQ and regional backstopping officials through a conference call early in the evaluation process, preferably during the desk review phase.

### Composition of the evaluation team

31. The evaluation will be carried out by an evaluation consultant that previously has not been involved in the project. The evaluator is responsible for drafting and finalizing the evaluation report. S/He will have the final responsibility during the evaluation process and the outcomes of the evaluation, including the quality of the report and compliance with deadlines.
32. The background of the **evaluator** (National Consultant) should include:
- Relevant background in social and/or economic development.
  - Experience in the design, management and evaluation of development projects, in particular with policy level work, institution building and local development projects.
  - Experience in evaluations in the UN system or other international context of international TC projects.
  - Prior working experience in Pakistan
  - Experience in the area of children's and child labour issues and rights-based approaches in a normative framework are highly appreciated.
  - Experience at policy level and in the area of education and legal issues would also be appreciated.
  - Experience in the UN system or similar international development experience including preferably international and national development frameworks in particular PRSP and UNDAF.
  - Familiarity with and knowledge of specific thematic areas.
  - Fluency in English.
  - Experience facilitating workshops for evaluation findings.
33. The evaluator will be responsible for undertaking a **desk review** of the project files and documents, undertake **field visits** to the project locations.
34. The evaluator will be responsible for **drafting** the evaluation report. The draft report will be in English. Upon feedback from stakeholders to the draft report, he will further be responsible for **finalizing** the report **incorporating** any comments deemed appropriate.
35. The evaluation will be carried out with the technical support of the IPEC-DED section and with the logistical support of the project office in Sialkot with the administrative support of the ILO office in Islamabad. DED will be responsible for consolidating the comments of stakeholders and submitting it to the evaluator.
36. It is expected that the evaluator will work to the highest evaluation standards and codes of conduct and follow the **UN evaluation standards and norms**.

### Timetable and Workshop Schedule

37. The total duration of the evaluation process including submission of the final report should be within two months from the end of the field mission.

38. The evaluator will be engaged for 20 days of which 7 days will be in the project locations in Sialkot, Pakistan. The timetable is as follows.

Phase	Responsible Person	Tasks	Duration and Dates
I	Evaluator	Telephone briefing with IPEC DED Desk Review of project related documents Evaluation instrument based on desk review	Week of Nov. 26-29 <sup>th</sup> (3 work days)
II	Evaluator with logistical support by project	In-country to project sites in Sialkot for consultations with project staff Consultations with project staff /management Field visits Consultations with girls and boys, parents and other beneficiaries	December 1-9 (7 days)
III	Evaluator	Draft report based on consultations from field visits and desk review and workshop in evaluator's home country	December 10-16 <sup>th</sup> (5 work days)
IV	DED	Circulate draft report to key stakeholders Consolidate comments of stakeholders and send to team leader	December 17 <sup>th</sup> to early January 2009
V	Evaluator	Finalize the report including explanations on why comments were not included Translate the final report	Early January 2009 when comments received from stakeholders (5 work days)
<b>TOTAL WORK DAYS</b>			<b>TOTAL WORK DAYS 20 days</b>

### Sources of Information and Consultations/Meetings

Available at HQ and to be supplied by DED	Project document DED Guidelines and ILO guidelines
	Progress reports/Status reports Technical and financial reports of partner agencies Direct beneficiary record system Good practices and Lessons learnt report (from TPR) Other studies and research undertaken Action Programme Summary Outlines Project files National workshop proceedings or summaries Any other documents relevant to management and related interventions

Consultations with:

- Project management and staff
- ILO/HQ and regional backstopping officials
- Partner agencies
- Social partners Employers' and Workers' groups
- Boys and Girls
- Community members
- Parents of boys and girls
- Teachers, government representatives, legal authorities etc as identified by evaluation team
- National Steering Committee

## Final Report Submission Procedure

39. For independent evaluations, the following procedure is used:

- The evaluator will submit a draft report to IPEC DED in Geneva
- IPEC DED will forward a copy to key stakeholders for comments on factual issues and for clarifications
- IPEC DED will consolidate the comments and send these to the evaluator by date agreed between DED and the evaluator or as soon as the comments are received from stakeholders.
- The final report is submitted to IPEC DED who will then officially forward it to stakeholders, including the donor.

## VI. Resources and Management

### Resources

40. The resources required for this evaluation are:

- For the evaluation team leader:
- Fees for a national consultant for 20 work days
- Local DSA in project locations for maximum 7 nights in various locations in Sialkot
- Travel and visa from consultant's home residence to Sialkot in line with ILO regulations and rules
- For the evaluation exercise as a whole:
- Fees for local travel in-country
- Any other miscellaneous costs.

A detailed budget is available separately.

### Management

41. The evaluation team will report to IPEC DED in headquarters and should discuss any technical and methodological matters with DED should issues arise. IPEC project officials in Islamabad will provide administrative and logistical support during the evaluation mission.

## Suggested aspects to be addressed

### Design and Planning

- Assess whether the project design was logical and coherent and took into account the institutional arrangements, roles, capacity and commitment of stakeholders.
- Assess the internal logic (link between objectives achieved and implementation of activities) of the project and the external logic of the project (degree to which the project fits into existing mainstreaming activities that would impact on child labour).
- Are the linkages between inputs, activities, outputs and objectives clear and logical? Do the action programmes designed under the project provide clear linkages and complement each other regarding the project strategies and project components of intervention on child labour in mining and sharing lessons learned and experiences
- Are the time frame for programme implementation and the sequencing of project activities logical and realistic? If not, what changes are needed to improve them?
- Were lessons learnt from Phase I and other past IPEC interventions (the Carpet project, the soccer ball project, the projects of support to TBP (EC and USDOL) in Pakistan and how were they incorporated into the project design?
- Analyze whether available information on the socio-economic, cultural and political situation in Pakistan was taken into consideration at the time of the design and whether these are reflected in the design of the project.

- How well did the project design take into account existing capacity and local efforts already underway to address child labour and promote educational opportunities for targeted children?
- Assess whether problems and needs of the beneficiaries were adequately analyzed during the design phase of the project and determine whether the needs, constraints, resources and access to project services of the different beneficiaries were clearly identified taking gender issues into concern.
- Have practical and strategic gender needs been adequately addressed in the project design? Was gender equality adequately promoted in the strategy?
- To what extent were external factors and assumptions identified at the time of design?
- Was the strategy for sustainability of impact defined clearly at the design stage of the project?
- How relevant are project indicators and means of verification? Please assess the usefulness of the indicators (including relevant breakdowns by sex, age, etc.) for monitoring and measuring results.
- Were the objectives of the project clear, realistic and likely to be achieved within the established time schedule and with the allocated resources (including human resources)?
- Are there any critical assumptions that were not factored into the project designs?

### **Achievements (Implementation and Effectiveness)**

- Examine the delivery of project outputs in terms of quality and quantity. Were they delivered in a timely manner?
- Assess whether the project has achieved its intended outputs at this time in project implementation and whether it will be possible to achieve its objectives, especially with regard to meeting the target of withdrawing and preventing children.
- Assess the effectiveness of the action programmes implemented and their contribution to the immediate objectives of the project including whether the appropriate agencies/implementing partners were selected.
- What kinds of benefits have the target beneficiaries gained so far?
- Assess the progress of the project's gender mainstreaming activities. Identify whether actions have been taken to ensure the access of girls/other vulnerable groups to services and resources.
- How effective is the project in raising awareness about child labour and in promoting social mobilization to address this issue?
- How effective has the project been in stimulating interest and participation in the project at the local and national level?
- Have actors at the community level in Pakistan been strengthened to plan, initiate, implement and evaluate actions to prevent and eliminate child labour?
- Assess the results of the relationship between the NSC and the implementing agencies. What is their collaboration?
- Examine the capacity constraints of implementing agencies and the effect on the implementation of designed action programmes.
- Which are the mechanisms in place for project monitoring? Please assess the use of work plans and project monitoring plans (PMPs), processes or systems.
- How effectively are strategies for child labour monitoring being implemented?
- Assess the process for documenting, disseminating and replicating/up-scaling pilot projects.
- How did factors outside of the control of the project affect project implementation and project objectives and how did the project deal with these external factors?
- Identify unexpected and multiplier effects of the project.

- Examine how the ILO-IPEC project has interacted with and possibly influenced national level policies, debates and institutions working on child labour.

### **Relevance of the Project**

- Examine whether the project responded to the real needs of the beneficiaries. Does the strategy address the different needs, roles, constraints and access to resources of the target groups?
- Assess whether the problems and needs that gave rise to the project still exists or have changed.
- Assess the validity of the project approach and strategy and their potential to be replicated.
- Assess how the project strategy responded to any changes in the context such as the design and implementation of the project of support to TBP Pakistan

### **Sustainability**

- Assess to what extent a phase out strategy had been defined and planned and what steps are being taken to ensure sustainability. Assess whether this strategy has been articulated/explained to stakeholders.
- Assess what contributions the project has made in strengthening the capacity and knowledge of national stakeholders and to encourage ownership of the project among partners.
- Assess the long-term potential and the technical and financial work of local/national institutions (including governments) and the target groups to continue to work to eliminate child labour as a result of this project.
- Examine whether socio-cultural and gender aspects endanger the sustainability of the programme and assess whether actions have been taken to sensitize local institutions and target groups on these issues.

## **Annex II. Queries for stakeholders**

### **SIMAP**

- What was the utility of the tripartite mechanism created by the ILO to bring PWF and SIMAP on a common platform?
- What are your views on the vendor registration process? Do you feel it threatens your supply chain?
- Why was SIMAP unable to articulate a policy providing terms and incentives for these registered vendors?
- What was your experience of monitoring mechanism developed under the project?
- Is this monitoring mechanism sustainable?
- Have you ever utilized this mechanism to identify registered vendors, or for any other relevant purposes?
- Does this mechanism have any potential compatibility with the child labour monitoring system developed by the district government?

### **PWF**

- What was the utility of the tripartite mechanism created by the ILO to bring PWF and SIMAP on a common platform?
- To what extent were the vendors mobilized by the PWF?
- What are your views on vendors experience and concerns regarding the SIMAP registration process?
- What role can PWF play in ensuring that the vendors registered by the PWF with SIMAP remain committed to the project goals?

### **Generic questions for implementing partners (Sudhar, BLCC and SHAE-Sialkot)**

- What were the major outputs of community based groups (Community Education Committees or Allied Community Groups) formed under the project? Is there any evidence of their sustainability?
- Was there any difference with regards to implementation or outcomes mobile and stationary NFE initiatives of the project?
- How did you avoid duplication when the TBP was launched in Sialkot, did your work on the surgical project benefit the latter's project design?
- Were the project interventions undertaken by you sustainable? How so? What could have been done to make them more so?

### **Sudhar**

- How do you view your multiple roles within this project; a) survey work for the project, implementation of two ILO projects (including the TBP), and implementation of the bridging phase of the current surgical project?
- What findings are emerging from the vendor consultations?
- How can the 'Sialkot Declaration' be operationalized? To what extent did the surgical project help in articulating such a declaration?

### **Local government officials (Education, Community Development, Literacy, Health, Education, Labour)**

- What has been your input on the District Child Labour Elimination Plan of Action (CLEPA)?

- How could the CLEPA being prepared in the bridging phase of the surgical project be operationalized to build on existing ILO outputs under the TBP (like the District Education Plan)?

#### *Education*

- What was your input with regards to the mainstreaming and certification of children being provided NFE under the ILO project?
- What was your experience of allowing the surgical project to open NFEs in your schools?

#### *Community Development*

- To what extent is the Child Labour Monitoring Cell sustainable?
- How is it possible to use findings emerging from the SIMAP monitoring for overall monitoring of child labour in the district?

#### **Registered vendors**

- What is your impression of SIMAP?
- Did you see any benefit from the registration process?
- Would you be willing to become unionized as a platform for SIMAP registered vendors espousing the project principle of becoming child labour free, and would you allow a relevant entity like the PWF to monitor this?

#### **Questions for ILO**

- What was the proportion of project activities in relation to the administrative costs?
- Cost per child?
- What inputs were required by different implementing partners to ensure consistency of desired project outcomes?
- How did the surgical project avoid duplication with the Time Bound Project, and what did the latter learn from the earlier initiative?
- Is it possible to use bridging phase activities like formulation of the District Child Labour Elimination Plan of Action to pilot vocational centres using already developed trainings and manuals prepared by the project?

#### **Issues to explore with project beneficiaries**

- Assess the retention level of NFE beneficiaries who have not been mainstreamed, and observe what they are currently doing

#### **OSH related queries**

- Assess sustainability and maintenance issues within the pilot sites, as well as places of work of the registered vendors

### Annex III. List of stakeholders consulted for the evaluation

#### Sialkot

No.	Name	Designation
1.	Sardar Rehmat-ullah Khan	Secretary, Pakistan Workers Federation (PWF)
2.	M. Nawaz Khan	District Officer, Social Welfare
3.	M. Ashraf Suleri	Executive District Officer, Literacy
4.	Zulqarnain Sahi	District Manager, Employment Exchanges
5.	Javaid Gill	Executive District Officer, Community Development
6.	Zafar Nadeem	Director, SAHE-Sialkot
7.	Waseem Haider	Program In-charge, SAHE-Sialkot
8.	Riaz Ahmad	Team Leader, BLCC
9.	Abdul Aleem	BLCC
10.	Azhar Khalil	BLCC
11.	Mohsin Riaz	Social Organizer, BLCC
12.	Sarfaraz Chaudary	Chairman, SIMAP
13.	A. Bajwa	Vice-Chairman, SIMAP
14.	Jehangir Bajwa	Executive Member, SIMAP
15.	Abdul Waheed	Executive Member, SIMAP
16.	Muhammad Zubair	Executive Member, SIMAP
17.	Amjad Ali Cheema	Executive Member, SIMAP
18.	Abdul Sattar	Executive Member, SIMAP
19.	Rana Sarbuland Khan	Deputy District Education Officer, Education Department
20.	M. Ashraf Suleri	Executive District Officer, Literacy
21.	Yousaf Mashi	Government Primary School Teacher (also NFE teacher for BLCC)
22.	Mohammad Rafiq	Government Primary School Teacher (also NFE teacher for BLCC)
23.	Mushtaq Ahmad	Government Primary School Teacher (also NFE teacher for Sudhar)
24.	Mohammad Safdar	Government Primary School Teacher (also NFE Teacher for Sudhar)
25.	Naeem Ijaz	Social Mobilizer, Suddhar
26.	Javiad Iqbal	Training Coordinator, Centre for Improvement of Working Conditions and Environment
27.	Haji Mohammad Yousaf	Local benefactor and former CMC member in Chrind village
28.	Tahir Mubashir	Head teacher, Government Boys Primary School in Chrind
29.	Benyameen	(Former) Project Manager, ILO-IPEC Project Office, Sialkot
30.	Ashfaq Ahmad	Assistant Project Manager, ILO-IPEC Project Office, Sialkot
<p><i>* Numerous other community stakeholders participated in the evaluation visit discussions. While the findings emerging from these discussions have been mentioned within the report, in reference to given stakeholders, all these other people are not named individually.</i></p>		

## Lahore

No.	Name	Designation
1.	Kurshid Ahmad	Secretary General, Pakistan Workers Federation (PWF)
2.	Usama Tariq	Deputy Secretary General, Pakistan Workers Federation (PWF)
3.	Saeed Awan	Director, Centre for Improvement of Working Conditions and Environment (CWIC&E), Labour Department, Government of Punjab
4.	Ifthikhar Randhawa	Pakistan Employers Federation
5.	Shaheen Attiq-ur-Rehman	Director, Bunyad Literacy Council

## Islamabad

No.	Name	Designation
1.	Sujeewa Fosenka	Chief Technical Advisor, ILO-IPEC, Islamabad
2.	Taseer Alizai	ILO-IPEC Project Manager, Surgical Project
3.	Ifthikhar Javaid	Senior Research Officer, Child Labour Unit, Federal Ministry of Labour

## Annex IV. Evaluation Activities

<b>No.</b>	<b>Tasks</b>	<b>Duration and Dates</b>
1.	Telephone briefing with IPEC DED Desk Review of project related documents Evaluation instrument based on desk review	26-29 November (3 work days)
2.	In-country to project sites in Sialkot for consultations with project staff Consultations with project staff /management Field visits Consultations with girls and boys, parents and other beneficiaries	December 2-6 (5 days)
3.	Meetings with stakeholders (PWF, PFE and BLCC) in Lahore	11-12 December (2 days)
4.	Stakeholder meetings in Islamabad	15 December (1 day)
3.	Draft report based on consultations from field visits and desk review	December 16-20 (5 work days)
4.	Circulate draft report to key stakeholders Consolidate comments of stakeholders and send to team leader	December 22 to early January 2009
5.	Finalize the report including explanations on why comments were not included Translate the final report	Early January 2009 when comments received from stakeholders (4 work days)
<b>TOTAL WORK DAYS ALLOCATED FOR EVALUATION - 20 days</b>		

## Annex V. Chronicle of the Surgical Project (Phase I)

Phases	Duration	No. of Centres	Beneficiary (Children) reached
Phase-I	1999 to June 2002	13 NFE Centres Monitoring ongoing	604, plus 32 late enrollees
Phase-II (including the Bridging Phase from June 2002 to April 2003)	September 2003 to December 2006	22 NFE Centres, 41 NFE Cells OSH interventions by CIWCE Registration of vendors ongoing Awareness raising by PWF Monitoring ongoing	924 470
Expansion	January 2006 to December 2006	16 NFE Centres, Registration of vendors ongoing Monitoring ongoing	619
Extension	January 2007 to December 07	OSH interventions by CIWCE Registration of vendors Monitoring	
Bridging Phase	Jan 2008 to Dec 2008 (now extended until March 2009)	OSH interventions by CIWCE Consensus building of stakeholders (Sialkot Declaration), Preparation of Action Plan by District Government, Vendors registration by PWF	

## **Annex VI. Surgical Instrument Manufacturers Association of Pakistan (SIMAP)'s**

### **Vendors Friendly Policy (Proposed draft)**

The Executive Committee of SIMAP hereby approve the "Vendors Friendly Policy" on improving the reliability of the supply and quality of surgical products, and to simultaneously improve the working environment for surgical manufacturing processes as well, which are all major objectives for SIMAP

#### *SIMAP commitments*

1. SIMAP agrees to sub-contract the work to those vendors who have been registered with SIMAP
2. SIMAP recognizes the undertaking signed by the vendors
  - a. Not to employ children under eighteen years and above fourteen years in hazardous processes, with long hours,
  - b. Not to employ children up to 14 years of age in their workshops
3. SIMAP will ensure that the unregistered vendors will be encouraged to register with SIMAP, up to/by \_\_\_\_\_, otherwise, SIMAP will issue the written warning to the unregistered vendors, and after the stipulated period of the written notice, manufacturers will not sub contract work to the unregistered vendor
4. SIMAP agrees to pay the remuneration to the registered vendors on time
5. SIMAP will ensure to give preference to the registered vendors.
6. SIMAP aims to improve the working conditions and environment at the registered vendor workshop as per OSH principles

#### *Termination clause (for vendors)*

1. Vendors who become signatory to this contract will ensure timely delivery of the concerned surgical products, according to the desired quality specified by the manufacturers, and according to the agreed prices being attached to this contract, or else this contract can be terminated by SIMAP subject to issuance of one written warning.

## Annex VII. Recommendation Matrix

<b>Recommendation matrix</b>		
<b>Concerned stakeholders</b>	<b>Findings</b>	<b>Recommendations</b>
EFP, SIMAP, and vendor workshops	Lack of incentive for vendors to register with SIMAP, and no utility for SIMAP to provide incentives to registered vendors	Exert influence over SIMAP (thru EFP) to adoption of a vendor friendly policy, but such a policy must also be based on the principle of cost effectiveness, quality assurance, and vendor reliability, besides promoting notions of OSH and prevention of child labour
Partner NGOs and PWF	CWIC&E developed IEC materials and conducted awareness workshops but awareness concerning OSH not yet evident in communities	Involve partner NGOs to create OSH awareness amongst a larger audience (Focus group discussions with relevant communities, or even the use of street theatre conducted just outside the vendor shops should highlight specific issues like health hazards of metal dust, for instance, which workers at vendor shops currently seem oblivious to)  Also require PWF mobilizers to wear masks while registering more vendors during the ongoing bridging phase
SIMAP, EFP and new NGO <b>or</b> SIMAP II, PWF and implementing partner NGOs	The monitoring mechanism has been suspended due to SIMAP's inability to sustain it	Revive monitoring mechanism by using the precedent set by the Decent Work Programme by forming a independent monitoring mechanism, working in coordination with EFP and SIMAP. Or form another coalition of small surgical exporters (SIMAP II), and work with them and PWF to monitor vendor workshops (this latter option will bring access to lessen number of vendor workshops, and it will also be a more risky proposition)