

Annual Report

July 2017 – June 2018

Civil Society Human and Institutional Development Programme (CHIP)



Civil Society Human & Institutional Development Programme (CHIP)
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Who We Are

Civil Society Human and Institutional Development Programme (CHIP) is a leading non-profit organization that works for improving and strengthening the functional capacities of individuals, organizations and institutions. It has its head office in Islamabad and field offices in Ghanche, Layyah, Jhang and Peshawar.

Our Vision

An Aware and Organized Society Capable of Realizing its Own Development.

Our Mission

Enabling individuals and organizations to make more effective and efficient development efforts through inclusive, gender sensitive community development programmes.

Our Values

CHIP, being a value led organization promotes its core values of honesty, dedication and commitment. These values are dominantly visible in procedures adopted.

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Abbreviations

| | |
|--------|---|
| CBOs | Community Based Organization |
| CHIP | Civil Society Human and Institutional Development Programme |
| CRPs | Community Resource Person |
| COs | Community Organizations |
| CRS | Catholic Relief Services |
| CWDs | Children with Disabilities |
| DC | Deputy Commissioner |
| DET | Disability Equality Training |
| DHOs | District Health Officers |
| DHQ | District Headquarters Hospital |
| DPO | Disabled People Organization |
| EPI | Expanded Programme on Immunization |
| GB | Gilgit Baltistan |
| GIS | Geographic Information System |
| Kms | Kilometers |
| LGRD | Local Government and Rural Development |
| LHWs | Lady Health Workers |
| NADRA | National Database and Registration and Authority |
| PCCHI | Pakistan CSOs Coalition for Health and Immunization |
| PWDs | Persons with Disability |
| SDGs | Sustainable Development Goals |
| SECP | Securities and Exchange Commission of Pakistan |
| TMA | Tehsil Municipal Administration |
| UC | Union Council |
| UK | United Kingdom |
| UNCRPD | United Nations Conventions on Rights of PWDs |
| VCC | Village Coordination Committees |
| VHCs | Village Health Committee |
| W.C | Western Commode |
| WWDs | Women With Disabilities |

| General Information | |
|--|--|
| Board of Directors | |
| Mr. Mohammad Ajmal Malik | <i>Chairman</i> |
| Ms. Kaisra Jabeen Butt | <i>Director</i> |
| Mr. Iftikhar Javed | <i>Director</i> |
| Ms. Kulsum Abbasi | <i>Director</i> |
| Ms. Shehnaz Zainab | <i>Director</i> |
| Mr. Naeem Bashir | <i>Director</i> |
| Dr. Muhammad Ramzan | <i>Director</i> |
| Ms. Lubna Hashmat | Chief Executive Officer |
| Mr. Muhammad Irfan Fareed | Company Secretary |
| Auditors | |
| BDO Ebrahim & Co., Chartered Accountants | |
| Registered / Head Office | |
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| Performance Highlights | | |
|----------------------------------|---|-----------------------|
| Financial Highlights | | |
| 1 | Revenue for the year 2017-2018 | PKR |
| Organizational Highlights | | |
| 1 | Number of employees at the end of the year | |
| 2 | Number of client organizations served in last three years | |
| 3 | Number of offices | |
| 4 | Number of districts served in last three years | |
| 5 | Number of provinces served | |
| Operational Highlights | | |
| 1 | Number of programmes implemented | 5 |
| 2 | Number of programmes under progress at year end | 5 |
| 3 | Number of VCC partners | 75 (74 VCCs and 1 DP) |
| 6 | Number of beneficiaries reached | 61000 |

Our Governance and Organizational Structure

CHIP has been incorporated as a public company limited by guarantee, without share capital, under Section 42 of the Companies Ordinance, 1984, and has been allowed by the Securities and Exchange Commission of Pakistan (SECP) to regulate the licensing and conduct business of nonprofit nature with special tax exemptions. The organisation is headed by a Chief Executive Officer who is supported by Manager Projects and Manager Finance.

The board of directors comprises seven members, who have been nominated on the basis of their expertise in policy-making, and repute they possess with respect to the services they render in their constituency. The Corporate Services Unit is the core of the organization and maintains mechanisms for financial management; administration, internal auditing and business analysis. This unit is headed by Manager Finance and extends its support for financial decisions.

CHIP has formalized all its procedural manuals and systems that govern all aspects of its work place practices. This ensures that the element of subjectivity is removed from all levels of activities and replaced with a formal, objective, fair and transparent mode of decision-making. This is however an ongoing process and CHIP continues to invest in this very important aspect of its operations.

CHIP is proud to have a competent set of highly qualified and professional team, at various levels. Starting from its Board of Directors and right down to the front line workers, CHIP has carefully chosen its team that whole-heartedly subscribes to its vision, mission, and values.

Board of Directors

| | |
|-----------|---|
| 1 | Mohammad Ajmal Malik |
| | Mr. Malik is a qualified Photogrammetric Engineer from Delft University, Netherlands and is also a Member of American Society for Photogrammetry and Remote Sensing. With almost three decades of social development experience in Pakistan and abroad, he is currently the Chairman of CHIP. |
| 2. | Dr. Muhammad Ramzan |
| | Dr. Ramzan holds a D.Phil from Oxford University, UK. A very experienced and prominent social scientist, has been a member of Agricultural Prices Commission, Islamabad and has worked, inter alia, as a FAO consultant for writing a training manual on Saline water in Asia and Pacific. His contribution to policy making and direction setting aspects of CHIP's management is invaluable. |
| 3. | Mr. Iftikhar Javed |
| | Mr Iftikhar Javed, an experienced and qualified finance professional, is a fellow of the ICMAP since 1985. He has held several senior managerial positions in multinational organizations in Pakistan and abroad for over three decades. CHIP benefits tremendously from his financial skills. |
| 4. | Ms. Kaisra Jabeen Butt |
| | An experienced and dedicated academican, Ms. Butt holds an honors degree in English and Geography from Nairobi University and over four decades of educational/ administration experience in East Africa and Pakistan. She serves on the executive committees of a number of social welfare organizations in Islamabad. Her prime interest lies in education. |
| 5. | Ms. Shehnaz Zainab |
| | Shahnaz has an extensive experience of working with USAID, UNICEF and BRITISH COUNCIL international organizations on health and education for more than two decades. She has been associated with almost all private sector schools for the promotion of quality education in Islamabad/KPK region and is presently working with the Aga Khan University Examination Board. Shahnaz has attended numerous international workshops and courses on Finance, Marketing and Education, which is her field of expertise and very close to her heart. |
| 6. | Ms. Kulsum Abbasi |
| | Ms. Abbasi is a renowned economist and journalist. She has worked on economics sector since past o2 decades and is a writer of many articles on economy, its improvement which were later on published in many national and international economy focused journals. |
| 7. | Mian Mohammad Naeem Bashir |
| | Mian Mohammad Naeem Bashir has done his Bachelors of Science with major in technology. He specializes in establishing and managing wood and chemical industries. He has an international experience of working in Africa on a wide range of industries. Presently he manages a ply wood factory in Jehlum. He has been supporting a wide range of welfare and charity related initiatives throughout Pakistan. Mr. Bashir is especially interested in the promotion of technical skills among the youth... He has a close association with technical and vocational training centers in Pakistan. |

1. Social Mobilization

Social mobilization is a process geared towards organizing communities in the form of Community Organizations (COs). COs are capacitated and mandated to participate in the local development efforts for their respective geographical areas. Marginalized or usually excluded members of a society i.e. disabled persons, women survivors of violence and small castes or non agrarian families are consulted and included as members of COs. As second part of social mobilization component, existing Community Based Organizations (CBOs) and Civil Society Organizations (CSOs) are identified and strengthened in different sectors to help them built their capacities for an effective programme delivery in their areas of working and in focus.

1.1 Types of Interventions by CHIP

Under social mobilization component, following interventions are being implemented in Punjab, KP and GB Provinces:

- Formation of Community Organizations;
- Formation of Disabled People Organization (DPO);
- Capacity Building of Community Organizations;
- Coordination and Cooperation with Local Administration.

•

1.2 Major Achievements

1.2.1 Formation of Community Organizations

Communities were facilitated to organize themselves in the form of community organizations in 74 villages of Jhmag, Layyah, Peshawar and Ghanche Districts. These COs are named as Village Coordination Committees (VCCs) by the communities and the CO comprised of Persons with Disabilities (PWDs) only is named as DPO. As apparent from the word VCC/ DPO, these social groups are coordinating the development efforts for their respective areas and target beneficiaries. 74 VCCs/ DPO differ in terms of their maturity i.e. working in one village or more than one village or vary in terms of financial assets etc. 31 of total 74 VCCs/ DPO formed have sub-committees i.e. women committee and village health committee, water and sanitation committee etc. The formation of sub committees ensured the inclusion of development needs of women and disabled persons in the village development plans. All VCCs/ DPO have their communal offices for organizational strengthening, village development and beneficiary empowerment. These offices are accessible for the disabled members of the VCCs/ DPO. In total, 1850 households are members of VCCs/ DPO.

1.2.2 Capacity Building

VCCs/ DPO are trained in project planning, implementation and monitoring and are passed through an extensive capacity building programme. The capacity building training programme was consisted of following training topics:-

- Disability Equality and Gender;
- Community Mobilization Skills;
- Strategic Planning and Village Development Planning;
- Registration and Record Keeping;
- Financial Management and Resource Mobilization;
- Importance of Immunization for Children.

The capacity building helped VCC/ DPO manifold i.e. membership of 74 VCCs was raised to 1850. 375 women and 29 disabled persons are elected members of VCCs for their participation in communal decision-making. DPO in Ghanche was formed having 25 PWDs as its members. In total 61,000 members in 74 communities are benefitting from the

| Geographical Coverage | Beneficiaries |
|---|---|
| Districts Jhang, Layyah, in Punjab Province: | 74 villages, 61,000 people including 1129 disabled persons, |
| District Ghanche in GB Province: | 1685 children of 0 to 23 months. |
| District Peshawar in KP Province. | |

development efforts. VCCs raised PKR 1.78 million as of their communal saving and 74 VCCs/ DPO have their organizational accounts to deposit communal savings.

1.2.3 Coordination and Cooperation with Local Administration

Coordination and cooperation of VCCs/ DPO with line departments and local administration resulted in mobilizing communal development funds. DPO in Ghanche mobilized space in the District Headquarters Hospital (DHQ) to launch its operations. Deputy Commissioner Ghanche issued the directives to all the line departments for the inclusion of PWDs in their services and programmes like Vocational Training Programme in Social Welfare Office etc. Department of Local Government and Rural Development in Gahnche (LGRD) first time ever facilitated one CBO in Bara area for the construction of accessible water and sanitation facilities. Social Welfare, National Database and Registration and Authority (NADRA), DC Office and DHQ Ghanche made their offices accessible by construction ramps and accessible toilets. Streets constructed in 15 villages of Jhang were visited by Technical Staff of Tehsil Municipal Administration (TMA) Jhang for the endorsement of designs and execution.

2. Community Physical Infrastructure

Communities are usually mobilized towards their communal social and development issues. Through community physical infrastructure component communities are facilitated to improve their communal infrastructure and these infrastructural activities are used as entry point activities to harness and improve the interest of the communities during mobilization. Community mobilization process in the localities with higher number of communal social and development issues is fast and long lasting. VCCs/ DPO mobilize and sometimes generate local resources for their communal development i.e. construction of road, streets, drains and culverts along with provision of accessibility measures in health and education facilities.

2.1 Types of Interventions by CHIP

- Construction of Accessible Public Communal Latrines;
- Construction and Development of Water Resources;
- Construction of Streets and Drains.

| Geographical Coverage | Beneficiaries |
|---|---|
| Districts Jhang in Punjab Province: District Ghanche in GB Province: | 33 villages, 29,000 people including 61 disabled persons. |

2.2 Major Achievements

2.2.1 Construction of Accessible Public Communal Latrines

Poor hygienic environment in the rural areas is one of the under lying causes for the diseases. Unavailability of latrines within household premises contributes towards diseases spread in the villages, women, adult girls and disabled persons have to face difficulty. To pursue, 10 accessible communal latrines for the 10 disabled persons and their families were constructed. These accessible public communal latrines were made accessible for the disabled persons for their independent use and mobility. Accessible toilets were constructed and converted in DC Office, NADRA Office, Social Welfare Office and DHQ Ghanche. As these latrines were provided with support handles, ramps, sitting or Western Commode (W.C). Open defecation was reduced and hygienic environment was ensured.

2.2.2 Rehabilitation of Drinking Water Schemes

Since ages, availability of drinking water has been one of the vital reasons for development of localities. Due to climate change, excessive use and increase in population, water quantity is reducing day by day. Secondly, quality of ground water is affected to a large extent due to human i.e. construction of soakage pits in areas with high water tables etc. Keeping in view the access and availability of the communities towards water facilities, 2 water supplies were installed in Yogo and Kharfaq areas of Ghanche lengthening up to 3 Kms from source to distribution points. Community contributed 50% of the total as of their share in the water resource development projects. 700 households are directly benefitting from these developed water sources.

2.2.4 Construction of Streets

To enhance the accessibility of the disabled persons using assistive devices streets are constructed. Mobility in the rural areas especially during rains becomes difficult even for non disabled persons i.e. elderly and women. VCCs in District Jhang identified and implemented 10 streets construction projects in their villages having length of more than 3 Kilometers (Kms). In Ghanche, 2 streets were constructed lengthening more than half a Kilometer. In each of the villages communal streets having large number of disabled persons were constructed. Hygienic environment in the villages and mobility during the rainy days was improved. 61 disabled persons, 2900 households and elderly benefitted from the construction of the streets. Community contributed 30% as of their share in the street construction projects.

3. Promoting Good Health

Good health conditions are a guarantee to lay foundation for a productive society. As good health directly increases the productivity of the community members and reduces the expenses incurred on medication and treatment. VCCs have sub committees named as Village Health Committee (VHCs). VHCs raise awareness in their communities on vaccination both for women, children together with ensuring the development and functioning of respective health facilities. VHCs mobilize resources from District Health Departments and TMAs for the medical camps, vaccination camps and solid waste management.

3.1 Types of Interventions by CHIP

CHIP has taken forward Good Health as an approach not just a component. As every age group, both genders and government health machinery at all levels are engaged to improve overall health situation at gross root level. Mother Child health, vaccination of children, solid waste management issues are dealt with. Details of the interventions under good health component are as under:-

| Geographical Coverage | Beneficiaries |
|---|---|
| Punjab Province: District Jhang, Layyah | 1685 children under 23 months, 131 pregnant women |
| GB Province: Ghanche District KP Province: District Peshawar | 25,000 community members |

- Awareness raising on preventive health care;
- Capacity building of existing health personnel like Skilled Birth Attendants;
- Strengthening existing of health facilities;
- Solid waste management at 15 locations of Laramah UC Peshawar;
- Linkages development on issues related to mother and child health care.

3.2 Major Achievements

3.2.1 Awareness Raising On Preventive Health Care

Striving towards achievement of Sustainable Development Goals (SDGs), CHIP in partnership with VCCs and VHCs is raising awareness on mother and child health care, hygiene and immunization. VHCs are raising awareness on the importance of vaccination for children and women of child bearing age, delivery preparedness, three delays and seasonal diseases. Information about the importance of mother child health issues worked well and key achievements are as under:-

- 30 skilled birth attendants and 05 CRPs conducted awareness raising sessions with mothers and women of child bearing age on safe motherhood;
- Theatre shows were conducted to awareness on the importance of immunization coverage in 15 areas;
- Wall chalking regarding awareness raising messages pertaining to vaccination and safe delivery practices along with routine checkups was done on 20 prominent locations and crossings;
- 15 dumps of solid waste were removed and hygienic environment of the areas was improved;
- 756 children in Peshawar, 545 in Jhang and 381 children in Layyah were vaccinated to help them protect from 10 deadly diseases.

3.2.2 Capacity Building of Existing Health Personnel

In rural areas, particularly in villages located at far flung distances from the health facility traditional birth attendants assist the delivery process. But these birth attendants usually lack skills required for a neat and safe delivery procedure. To encounter, 30 traditional birth attendants from Jhang and Layyah were trained in safe motherhood and safe deliveries.

Simple, low cost and recognized practices i.e. chord cutting with clean blade etc. were introduced. The trained birth attendants were provided with delivery kits. To further refine their skills, trained birth attendants are being attached with government health facilities for exposure and on job learning.

3.2.3 Strengthening Existing Health facilities

Health facility in Ghanche as DHQ was improved and strengthened through repair and provision of equipment support. DHQ Ghanche was made accessible and accessible toilet was constructed with providing accessibility in waiting area. 02 vaccinators, 1 dispenser, 05 Community Resource Persons (CRPs) and 3 Lady Health Workers (LHWs) were trained and sensitized about vaccine administration, schedule of vaccination and social mobilization techniques and key standards while vaccinating in villages and health facilities. As a result of our strengthening, the immunization coverage has increased and missed and default children have been vaccinated.

3.2.4 Solid Waste Management

Solid waste management at 15 locations of Laramah slum area was ensured by engaging local political representatives, Department of Waste Management and Processing and Village Council. Community and local political representative mobilized resources from communities to clean the streets, drains and pits. Waste management department provided vehicles to transport the solid waste to the dumping sites and village council was facilitated to establish linkages with line departments to continue and regularize this activity.

4. Inclusion of Disability in Mainstream Development

Inclusion of disabled persons is ensured through their rehabilitation by providing medical assessment and rehabilitation devices. Subsequent to the rehabilitation, on the basis of interest, potential and age brackets, disabled persons are included in education, livelihood, socialization and sports.

4.1 Types of Interventions by CHIP

The following types of interventions were implemented for rehabilitation and inclusion of people with disabilities.

- Rehabilitation of people with disabilities to manage daily life activities;
- Inclusion of people with disabilities in mainstream development;
- Awareness raising campaigns;
- Accessibility in village surroundings;
- Advocacy.

| Geographical Coverage | Beneficiaries |
|--|--|
| Punjab Province: Districts Jhang and Layyah Gilgit Baltistan: District Ghanche KP Province: District Peshawar | 1129 disabled people and 30000 family and other community members. |

4.2 Major Achievements

4.2.1 Rehabilitation and Confidence Building

Rehabilitation of disabled persons was facilitated through medical assessment and subsequent provision of assistive devices. 1129 people with disabilities in Ganche, Jhang, Layyah and Peshawar were assessed for their impairments by disability experts i.e. physiotherapist, audiologist, optometrist and psychologist. 128 people with physical disabilities were provided assistive devices i.e. orthotics, wheel chairs and CP chairs. These 128 people with disabilities were provided trainings on independent living and using assistive devices.

4.2.2 Inclusion of Children with Disabilities in Education

United Nations Convention on Rights of People with Disabilities (UNCRPD) defined education as one of the fundamental rights for the disabled persons. To pursue the implementation towards UNCRPD, 25 Children with Disabilities (CWDs) were enrolled in mainstream schools. 19 teachers teaching in these schools were trained in DET and inclusive teaching methodologies. Enrolled CWDs were provided counseling and mobilization support through follow up sessions. These sessions together with school enrollment has boosted their confidence and socialization skills. Teachers and Non disabled children have also realized importance of inclusion of children with disability in education.

4.2.3 Inclusion of Children and Youth with Disabilities in Sports

To promote socialization and participation of disabled persons in recreational activities, inclusive sports activities were conducted in Ghanche and Peshawar. For the socialization of Women with Disabilities (WWDs) and CWDs in door sports' competitions were conducted. These sports competitions and participation of disabled persons contributed towards increased sensitization of communities towards inclusion of disabled persons. As a result about 10 youth with disabilities participated in sports and are members of their village sports' teams in Ghanche.

4.2.4 Inclusion of People with Disabilities in Community Organisations

Community organisations i.e. VHCs having men and women members are formed to facilitate communities to address their communal issues collectively. 29 disabled persons were elected as members of these VHCs. 3 of total 29 included, are executive members or office bearers of the VHCs. Inclusion of disabled persons in the community organizations resulted in the development of inclusive village development plans and the needs of the disabled persons

were included. DPO in Ghanche comprising disabled members only were organized to advocate for the rights of the disabled person and extension of inclusive services by district line departments.

4.2.5 Engagement of People with Disabilities in Economic Activities

Following the rehabilitation of the disabled youth, their engagement in skill development and entrepreneurship provide them an objective to live and raise money to buy their needs. To pursue, 31 people with disabilities have been facilitated to set up small grocery shops, poultry units for selling eggs; barbershops and tyre puncture shops etc. Enrollment in skill development and establishment of the enterprises by the disabled persons resulted in their improved self growth and improved hygienic appearance. The participation of the disabled persons in communal and family level decision making has been improved. The economic independence has enabled disabled persons to buy their needs.

4.2.6 Awareness Raising Campaign in Communities

Twin track approach was adopted for the inclusion of the disabled persons. As inclusion is a two way process and requires both the empowerment of the disabled persons and sensitization of the communities. 30 puppet shows in 20 villages and 10 schools were conducted for the promotion of inclusive development in rural areas. 6,200 families, men, women and children watched these performances. Awareness raising boosted the rehabilitation and inclusion process and participation of disabled persons in communal and social activities has been increased.

4.2.7 Accessibility Provision

DC Offices in Nowshera, Peshawar and Ghanche along with NADRA and Social Welfare were made accessible by providing ramps constructing toilets and installing railings along pathways. Streets and path ways were constructed and drains were provided with drain covers for easy mobility of the disabled persons and elderly.

4.2.8 Advocacy

Advocacy for the rehabilitation and inclusion of the disabled persons was continued. Disabled People Organization (DPO) in District Ghanche was formed. DPO has been lobbying with district line departments for the extension of their departmental services towards the disabled persons. 87 PWDs of 18 years and above received their Special Computerized National Identity Cards (NICs) and 243 PWDs received their Disability Certificates (DCs).

5. Promoting Quality and Outreach of Education

Children particularly girl child living in out of reach communities are helped in accessing quality education. We aim to ensure access to primary education to every child and ensure they complete their primary grades and continue their secondary school with pride.

5.1 Types of Interventions by CHIP

We have established community based schools in Upper Swat (Khyber Pakhtunkhwa). where education of girls was considered a taboo and all schools were damaged to discourage children to access education. Our Major Interventions implemented for promoting education were as follow:

- Primary education through Community Based Schools
- Capacity building of teachers
- Financial Assistance for Higher Education of Poor Girls

Geographical Coverage

Khyber Pakhtunkhwa Province: District Upper Swat Punjab Province: District Rawalpindi

Beneficiaries

364 children living in out of reach communities
10 poor girls unable to afford their higher education

5.2 Major Achievements

5.2.1 Primary Education through Community Based Schools

We have established 10 community based schools in which 364 children in which 141 girls are also studying. Majority of the children belong to very poor back ground and did not have access to education prior to our schools. These children are taught basic manners and hygien education besides school education.

5.2.2 Capacity Building of Teachers

16 teachers are serving in 10 schools. Majority of them are 10th or 12th grade passed. All of them have taken through a series of training on the syllabus and teaching multi grade children. They were also taught basic manners and personal hygiene so that they can replicate this with children. They were also given training on extra curricular activities.

5.2.3 Financial Assistance for Higher Education of Poor Girls

We have established partnership with two women universities for promoting education of poor girls. 10 girls were selected who had good grades but did not have means to continue their education. All 10 girls are studying either in under graduate or Masters programme. Their progress shows encouraging results. 10 girls already enrolled have completed their Masters degree. This small support has brought changes in their economic and social status and improved their quality of life.

6. Income Generation through Environment Friendly Livelihoods

Government of Pakistan stated the need to facilitate youth towards self employment and skill development. As at national level, the creation of employment opportunities for individuals is really little and consistently contributed in raised unemployment. Raised inflation, has also raised the need towards economic empowerment of the communities. Keeping in view the national crises i.e. both inflation and unemployment, CHIP facilitated the enablement and empowerment of individuals to earn their livelihood and to be self-sufficient.

6.1 Types of Interventions by CHIP

Our interventions are being implemented in Jhang and Ghanche through the following interventions.

- Strengthening of Entrepreneurial Skills;
- Facilitation for Setting up Small Scale Enterprises;
- Facilitation for Skill Development.

| Geographical Coverage | Beneficiaries |
|--|--|
| Punjab Province: District Jhang GB Province: District Ghanche | 76 youth including widows and disabled people. |

6.2 Major Achievements

6.2.1 Strengthening of Entrepreneurial Skills

Strengthening of entrepreneurial skills was intended to instill a sense of independence and self reliance in the communities. Independence and self reliance directly impact the personalities and mind sets i.e. increased worth and recognized potential. Pakistan has a variety of natural resources, which if utilized and managed effectively can raise livelihoods. We aim to promote natural resources for conservation as well as for promoting livelihoods in rural communities. 76 vulnerable individuals were imparted training on Entrepreneurial Skills and Business Management. Skills required for record keeping, procurement and sales were imparted beside provision of career counseling support. These trainings helped the individuals to develop their business idea for income generation.

6.2.2 Facilitation for Setting up Small Scale Enterprises

Subsequent to the provision of training and counseling support, 76 youth including young boys, widows, PWDs were facilitated in setting up small-scale enterprises. Enterprises helped the beneficiaries to earn their livelihood regularly to buy their needs. The dependency of the poorest households on the well off has reduced. Quality of life indicators of the 76 households i.e. schooling of children, hygienic appearance, participation and consultation in communal decision making has all improved to a big extent. Wheel repair shops, tailoring shops, grocery shops, goat farms, backyard poultry farms and barbershops are the types of the enterprises.

6.2.3 Facilitation for Skill Development

In GB Province, knitting and weaving skills using locally available raw materials, was a determinant to change people's interest and life. 21 women including 05 women were trained in carpet weaving using local material and resources. Availability of natural and organic fruits like Apricot and Grapes is frequent. Department of Agriculture in Ghanche, facilitated the training of 23 women on pickle making using local skills and available fruits and vegetables.

7. Relief and Rehabilitation for People in Need

Climatic changes together with human interventions have increased the magnitude and intensity of the catastrophes in Pakistan. CHIP being a national organization responded to emergencies whenever they came in considering its national responsibility.

7.1 Types of Interventions by CHIP

Relief activities were implemented in Districts Jhelum and Layyah. The details of the interventions are as under:-

| <i>Geographical Coverage</i> | <i>Beneficiaries</i> |
|--|----------------------|
| Punjab Province: District Jhelum and Layyah | 545 families |

7.2 Major Achievements

7.2.1 Distribution of Food Items Kits During Ramdan and Eid

Poor families with the help of local support i.e. partner organizations were listed for the provision of food items kits in Ramdan and on Eid. People by considering the dignity and respect measures important were listed and provided with 12 food items comprising lintels, drinks, flour and other grocery items. 545 families in Jhelum and Layyah Districts were benefitted.

8. Advocacy and CSO Strengthening for Immunization

CHIP has been working for strengthening of Civil Society Organizations (CSOs) from across Pakistan to organize CSOs in a way that they effectively support respective EPI programmes for increasing and strengthening the routine immunization coverage. CHIP has also been working closely with Federal and Provincial EPI for advocacy for CSOs engagement. The types of interventions carried out are briefly mentioned hereafter.

8.1 Types of Interventions by CHIP

- Capacity building of CSOs on Health and Immunization;
- Facilitation by CSOs to organize District Level Health Forums for sensitization of communities towards immunization;
- Implementation of pilot projects in slums of Rawalpindi and Quetta.

8.2 Major Achievements

- Two pilot projects on demand generation for immunization was carried out in Quetta and Rawalpindi in coordination with respective DHOs and Provincial EPIs. Through these interventions 89% zero dose and 68% under vaccinated children were covered in Quetta and 100% zero dose and under vaccinated children were covered in Rawalpindi from the targeted slum population;
- Database and profile of 81 CSOs were updated and disseminated;
- Elections of Balochistan governing body were held as a result Provincial Executive Body was formed;
- National level donor consultation meeting at Federal EPI during Gavi mission was held to present PCCHI as a future partner to 50 donors and other partners;
- 8 CSOs and CHIP participated in a Monitoring, Evaluation, Accountability & Learning (SMILER) workshop organized by CRS;
- Training of 9 CSOs from across Pakistan on social behavior change for immunization;
- Conducted and developed micro census reports in an urban slum each from Quetta and Peshawar;
- Regular coordination and cooperation meetings were held with Federal EPI and Provincial EPI (where required); and
- Regular meetings with National and Provincial Executive Body were held (in-person and skype)

9. Research

Research and its utilization as an evidence for development planning and implementation was continued and CHIP in 02 mega cities of Sind i.e. Karachi and Hyderabad, conducted research to identify and profile slum areas.

9.1 *Types of Interventions*

- Training and capacity building of teams to identify slums and fill in the profiles;
- GIS Mapping of the slums located in Hyderabad and Karachi.

9.2 *Major Achievements*

- 331 slum areas in Hyderabad and 984 of them in Karachi were line listed and profiles were prepared;
- The research report was published and was used by Provincial EPI cell Sind for the planning of provision of EPI programme for the children residing in slum areas of Hyderabad and Karachi.