

Annual Report 2011-2012

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, field offices in Sohawa, Sanghoi, Skardu and Bhakkar.

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 the provision of value-led Human & Institutional Development (HID) services.

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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List of Acronyms

| | |
|----------|---|
| AFC | Adolescent Friendly Centre |
| AKRSP | Aga Khan Rural Support Programme |
| BISP | Benazir Income Support Programme |
| CBA | Community Birth Attendant |
| CBO | Community Based Organization |
| CBR | |
| CBS | Community Based School |
| CHIP | Civil Society Human and Institutional Development Programme |
| CHP | Community Health Promoter |
| CWD | Children with Disability |
| DARC | Disability Assessment Resource Centre |
| DAWA | Development and Welfare Association |
| DHQ | District Health Quarter |
| DPO | Disabled Persons Organization |
| DRR | Disaster Risk Reduction |
| EM | Effective Microorganism |
| EMONC | |
| EPI | Expanded Program of Immunization |
| FLCF | First Level Care Facility |
| FAO | Food and Agriculture Organization |
| GAVI CSO | GAVI Civil Society Organization |
| GSG | Gender Sensitive Group |
| HEC | Health and Environmental Committee |
| HID | Human and Institutional Development |
| HRA | Human Rights Activist |
| KAP | Knowledge Attitude Practice |
| KPK | Khyber Pakhtun Khwa |
| LHV | Lady Health Visitor |
| LHW | Lady Health Worker |
| MDG | Millennium Development Goal |
| NGO | Non Government Organization |
| NRSP | National Rural Support Programme |
| PWD | Person with Disability |
| SMC | School Management Committee |
| SSP | Single Supper Phosphate |
| THQ | Tehsil Head Quarter |
| TT | Tetanus Toxoid |
| VHC | Village Health Committee |

General Information

Chief Executive Officer: Ms Lubna Hashmat
Company Secretary: Mr Muhammad Irfan Farid
Auditors: BDO Ebrahim & Co, Chartered Accountants

Head Office

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Field Offices

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CHIP Field Office Sanghoi, District Jhelum
+92-544-663233

CHIP Field Office Notak, District Bhakkar
+92-453-432228

CHIP Field Office Mankera, District Bhakkar
+92-453-410610

CHIP Field Office Skardu, District Skardu
+92-5815-452007

Performance Highlights

Financial Highlights

Revenue for the year 2011 – 2012 (PKR)

Organizational Highlights

1. Number of employees at the end of the year
2. Number and names of partner organizations
3. Number of CHIP offices
4. Number of districts served in the last three years
5. Number of provinces served in the last three years

6

Operational Highlights

1. Number of programs implemented
2. Number of programs under progress at year end
3. Number of CBO/CCB etc partners
4. Number of community women trained
5. Number of community men trained
6. Number of beneficiaries reached

Board of Directors

1. Muhammad Ajmal Malik

Mr Malik is a qualified Photogrammetric Engineer from Delft University, Netherlands and is also a member of the American Society for Photogrammetry and Remote Sensing. With over two 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, he 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 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. Mrs Kaisra Jabeen Butt

An experienced and dedicated academician, Mrs Butt holds an honors degree in English and Geography from Nairobi University and over four decades of educational and 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 and CHIP is fortunate to have her intellectual input in this important area.

5. Ms Sameera Raja

Ms Raja has done her Masters in English Literature and has been associated with teaching for the last 30 years. She has been an active contributor for the improvement of quality education especially at the grassroots level through her personal initiatives and with some development NGOs in Pakistan.

6. Mr Safdar Awan

Mr Awan is a renowned automobile professional who has been working with the business community for the last 40 years in Pakistan. He has been engaged in charity oriented interventions since the last 20 years for poor people focusing women and children.

7. Mian Mohammad Naeem Bashir

Mr Bashir has done his Bachelors of Science majoring 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 Jhelum. 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.

Health

Mother and Child Health Care

Striving towards taking steps to achieve the Millennium Development Goals, CHIP has focused on awareness raising regarding mother and child health care, immunization, providing existing facilities with necessary equipment and training of health staff and community members. Keeping in mind the Millennium Development Goal 4, which aims to reduce child deaths by two – thirds by 2015, CHIP focused on working in District Jhelum in Punjab and District Skardu in Gilgit Baltistan.

Our emphasis is on creating self awareness among people so that they make good health a priority in their daily lives. We focus specifically on improving mother and child health care services through equipping the local people with training and facilities to improve the health care situation in their respective areas. This facilitates the sustainability of our endeavors, as well as quells mobility concerns as trained staff and facilities are available within the locality.

Types of Interventions:

- Strengthening of existing health care systems
- Linkage development with government and non government bodies
- Awareness campaigns

Major Achievements under Each Intervention:

- Strengthening of existing health care systems:

We reorganized 70 Village Health Committees in 35 villages of Jhelum and Skardu. 278 VHC members (157 male and 121 female) were given training in organizational management, linkage development and community mobilization for strengthening purposes.

Health promoter trainings took place in Jhelum and Skardu, resulting in the selection of 70 health promoters (35 male and 35 female) from within the communities. They were taught how to conduct health sessions on danger signs of pregnancy, roles of decision makers in preparation of safe deliveries and vaccinations and conducted sessions with 7,188 community members including mothers and decision makers.

CHIP also gave trainings to local health care staff and community members, resulting in the addition of 6 Community Birth Attendants in Jhelum, 5 volunteer vaccinators in Skardu and 14 trained LHWs. A total of 40 FLCF staff members, including doctors, paramedics, medical technicians, LHVs, LHWs, staff nurses, community midwives and dispensers received trainings on record keeping and management, basic emONC services and infection prevention. Two FLCF were strengthened in Skardu through the provision of medicines, solid waste kits and minor repairing to increase their functionality.

- Linkage development with government and non government bodies:

We also organized 2 district health forums in Jhelum and Skardu to create linkages between the community members, CHIP and the government. These forums proved to be a platform through which the true needs of the community were delivered to the government, and the government was able to inform the people about available health care services. Two experience sharing meetings between CBO members, VHC members and health promoters took place in Jhelum and Skardu. Through these meetings, participants got a chance to discuss their strengths and weaknesses and were given an

opportunity to learn from each other. CHIP also facilitated 6 FLCF visits in Jhelum and Skardu by VHC members so that they may monitor the available facilities and create linkages between the community and the FLCF.

After the reorganization of the VHCs and health forums, a marked improvement in the quality of health services provided has been seen in the two districts. Through our community based approach, the awareness level in the communities has increased, resulting in a positive shift in the mindset of the local people where they have begun giving mother and child health priority and have developed a greater understanding of the issues it entails.

- Awareness campaigns:

In an attempt to increase awareness regarding mother and child health care, CHIP organized interactive theatre performances and puppet shows in the target villages. Awareness raising sessions by health promoters were also conducted on topics such as importance of antenatal checkups, decision making, safe delivery methods and immunization, danger signs during pregnancy, planning for emergency situations, breastfeeding, pneumonia and diarrhea were discussed. As a result, 7,188 community members (3594 mothers and 3594 decision makers) have benefitted from these awareness sessions. CHIP also collaborated with the district health department for Mother and Child Week celebrations during which a healthy mother and healthy baby competition was held in Jhelum and a speech competition in Skardu, which proved to be an effective way of promoting mother and child healthcare practices.

Awareness raising messages on antenatal checkups, mother's diet during pregnancy, newborn care, polio and TT vaccinations were also shown on local cable network. Wall chalking regarding vaccination schedules were done in 35 villages of Jhelum and Skardu.

Adolescent Reproductive Health

CHIP worked in six slum areas (48 quarters, 100 quarters, Hansa Colony, Shakrial Colony, Faisal Colony and France Colony) of the capital, Islamabad to create awareness regarding problems and solutions for reproductive health issues in adolescents, and link communities with relevant government and non – government organizations.

Types of Interventions:

- Adolescent Friendly Centres (AFC)
- Health and Environmental Committees (HEC)
- Links with other organizations and government bodies
- Community Health Promoters (CHP)
- Community awareness

Major Achievements under Each Intervention:

- Adolescent Friendly Centres (AFC):

We set up 12 AFCs in the six target communities with the main aim of awareness raising through 24 community health promoters. We strengthened AFCs through capacity building trainings on RHIA, monitoring, life skills and resource mobilization. Recreational and educational activities such as sports competitions, talent shows, poster competition and street theater were arranged for the communities. CHIP also facilitated the selection of potential adolescents with leadership traits for the formation of advocacy groups. The selected adolescents underwent rigorous training on leadership, advocacy skills, interpersonal communication and social mobilization. 12 AFCs were provided with record registers, tables, chairs, cupboards and whiteboards for their operations and management.

In order to make the communities self reliant, strategic plans of all AFCs were developed in Urdu and English of which fundraising for continuation of activities of AFC is an important part. AFCs were made accessible for the disabled persons to equally benefit from the AFC services. In total, 540 adolescents benefitted from the AFC services.

- Health and Environmental Committees (HEC):

We also set up six HECs comprising of community elders, parents, teachers and religious leaders in target communities to compliment and support the activities of AFC. CHIP conducted trainings for HEC members that strengthened their documentation and reporting skills, as well as their social mobilization strategy and skills. Networking along with advocacy skills of HECs were improved and strengthened.

- Links with other organizations and government bodies:

CHIP developed a referral mechanism and established links between AFCs, the government and private sectors through data collection and maintenance of referral records. We also assisted the issuance of disability certificate for adolescents with disabilities, signed a contract with Green Star for provision of contraceptives in communities, facilitated linkages between AFCs and livelihood support providers, as well as linkages between AFCs and Rozan Youth Helpline. 2 MoUs with District Health Services and Pankh Organization were signed for the technical capacity building of AFCs and HECs.

- Community Health Promoters (CHP):

Twenty-three CHPs conducted door to door sessions with adolescents making them aware of reproductive health issues. They also conduct pre and post tests to see the effectiveness of their sessions. CHPs were engaged in developing an overall strategy for the social mobilization of communities for adolescents reproductive and sexual health issues.

- Community awareness:

We believe sensitizing gatekeepers, parents, stakeholders and elders is essential in bringing about change. With the help of social maps, we guaranteed 100% coverage of adolescents in the targeted communities. Females and disabled were encouraged to benefit from the sessions, activities and trainings offered through the project. A number of events and campaigns were organized for awareness raising, such as poster competitions and talent shows. These not only helped the communities in gaining knowledge regarding adolescent reproductive health, but also helped adolescents in getting involved in constructive and creative activities. To raise awareness about reproductive health issues for the adolescents AFCs organized 12 sports events in their respective communities. 6 days hand washing campaign was organized on international hand washing day by each AFCs, each benefitting 100 to 120 adolescents and adults. 20 days reproductive and sexual health awareness campaign was organized in 6 selected slums of Islamabad. District Health Office provided doctors for the awareness raising on reproductive and sexual health issues for the adolescents and treatment of their diseases. Animated stories on each of the topics i.e. child sexual abuse, puberty and hepatitis were developed for broadcasting and onward sharing.

Enterprise for Sight

CHIP has identified three locations in Punjab province for setting up vision centres and an optical lab. The objective behind these vision centres and optical lab is to develop a social enterprise approach towards providing the community with eye health services leading to sustainable economic development. CHIP plans to open these vision centres in Sohawa, Sanghoi and Lala Musa, in addition to an optical lab in Sohawa.

The facilities available at the vision centre will be sight checking, blood sugar checking, blood pressure checking, referral of eye diseases to nearest eye care facility and sale of vision and sun glasses, as well as contact lenses.

Market research and KAP tests have been undertaken in Sohawa, during which the quality of existing services has been checked, along with the situation of demand and supply, pricing, availability of raw material and possible risks. CHIP is hoping to open two vision centers by the beginning of 2013.

Case Study

Securing a Healthy Future for the Children of Noorpur

Spread over a stretch of eight km of fertile agricultural fields and rocky hills, the idyllic beauty of the village of Noorpur, lying an hour away from the urban city of Jhelum, betrays the challenges that were faced by its young mothers and children prior to the implementation of the project on “Strengthening the Health System of the Areas Deprived of Immunization and Mother-Child Health Services” funded by GAVI CSO Support that is being implemented by CHIP in the village.

In a village without basic public health facilities, knowledge of and an understanding of the need for ante, post and neonatal checkups, contraception and immunization was alien prior to 2010. “Daughters-in-law were not even allowed to take Paracetamol - people believed it was a contraceptive!” exclaimed Firdous bibi, the gregarious 35 year old Lady Health Worker of village Noorpur. She has been serving the community for what will soon be two decades. “Vaccinators would be shooed away as families here were convinced that the polio drops and vaccines were a government scheme to reduce the birth rate by making children impotent.”

Firdous bibi was joined by the local health promoter, 38 year old Kulsoom Mehmood, who was trained by CHIP to create awareness in the community on topics in maternal and infant healthcare. Together with the SBAs, Saira Anwar and Munawar Arshad whose social mobilization and mother and child health service delivery skills are also being strengthened under the project since 2010, they have formed a dynamic team that engage in interactive communication exercises to empower women to seek healthcare and provide professional healthcare services, such as deliveries and general checkups free of cost.



“According to our observations, EPI coverage was no more than 50 to 60 percent, two to three years ago,” explained Kulsoom bibi. “But today, we can confidently say that EPI coverage has exceeded 90 percent!” Arriving at these outstanding figures was no easy feat in a village where females rarely study beyond the fifth grade and decision making on health related matters remains deeply patriarchal.

Two doors away from Firdous’s home, 30 year old Zeenat Pervaiz cradled eleven month old Sultan Arif gently in her arms whilst visiting her in laws for the afternoon. Zeenat recently moved with her husband to a separate house at a distant end of Noorpur – an anomaly in rural communities where joint family living structures prevail. As Kulsoom and Firdous take permission to enter the house, Zeenat gleamed.

“Zeenat’s mother-in-law (Ayesha Abdul) would not allow her to receive ante natal checkups. She felt that she had given birth without any medical assistance, so what merited Zeenat special attention. Because of her stubbornness, in only seven years, Zeenat suffered four miscarriages, all in her third month.” Zeenat glanced at the door worriedly as Kulsoom bibi spoke. “With Firdous, I held three one-on-one sessions here to convince Ayesha bibi of the need to let Zeenat at least receive Tetanus Toxoid (TT) vaccine and

go for prenatal checkups. We invited other women to observe and participate in our dialogue so that they too could understand the necessity for maternal healthcare.”

As a result of their concerted efforts, Ayesha bibi allowed Zeenat to receive a TT vaccine and undergo prenatal checkups when she was pregnant with Sultan, resulting in his birth in July 2011. “We had to hold another series of sessions to make sure she allowed Sultan to be immunized!” commented Firdous bibi. As they prepared to return home, Zeenat proudly shared that she has already undergone her first prenatal checkup at RHC Khalaspur. “Now that I know how to secure the life of my children, nothing will stop me from going to the doctor.”

Zeenat sits with her son Sultan on her lap at the VHC office in Noorpur, District Jhelum, Punjab

DISABILITY

CHIP has worked towards inclusive development of disabled people in Jhelum and Bhakkar in the Punjab province and Skardu and Ghanche in Gilgit – Baltistan. As a result of our interventions, PWDs have received medical diagnostic and guidance, CWDs have been mainstreamed in education, and young PWDs have got engaged in income generation activities, adult PWDs have got engaged in decision making systems and elderly PWDs have been engaged in social and religious activities. The families and communities have positive attitudes towards PWDs and the local government has adapted some services according to the needs of PWDs.

Types of Intervention:

- Inclusion of PWDs in Mainstream Development
- Medical Rehabilitation of PWDs
- Accessible Infrastructure
- Awareness Raising
- Linkage Development with Government and NGOs

Major Achievements under Each Intervention:

- Inclusion of PWDs in Mainstream Development:
 - CBOs and Leadership:

We trained the 9 CBOs in Ghanche and Skardu, 30 in Jhelum, and 5 in Bhakkar in social mobilization and disability equality so that they may be sensitized about inclusion of disabled people in the organization. As a result of this, 64 PWDs (30 in Jhelum, 10 in Bhakkar and 24 in Skardu and Ganche) became members of CBOs, resulting in an improvement in their level of confidence and relatively better mobility. By becoming members of CBOs, PWDs were given a platform to voice their opinions, engage in regular meetings and be an active part of the decision making process in the community.

We gave PWDs trainings on leadership after which 23 PWDs (6 in Jhelum, 5 in Bhakkar and 12 in Skardu and Ganche) have become members of executive bodies of CBOs and are leading the decision making process in their respective CBOs for village development. In Jhelum, 30 self help groups and two DPOs were formed by disabled persons due to their high level of interpersonal communication and leadership skills and to advocate for the rights of disabled persons in their respective districts. Karakum DPO in Skardu was formed and facilitated for their strategic plan. Capacity building of CBOs on financial management, record keeping, community mobilization, disability equality and disaster risk reduction was conducted. 64 community volunteers (24 community volunteers from Skardu, 30 from Jhelum and 10 from Bhakkar) were provided trainings to improve their skills in use of assistive devices, self growth, physiotherapy, orientation and mobility and activities of daily living for further replication with disabled persons.

- Fund Raising:

9 CBOs in Skardu and 3 in Bhakkar developed their fund raising strategies. 5 out of total 9 CBOs in Skardu and 3 in Bhakkar based on their available financial resources were selected to provide support for the establishment of their communal enterprises. 5 CBOs from Skardu and 3 CBOs from Bhakkar contributed for their contribution and 8 communal enterprises are functional and helping CBOs in Bhakkar and Skardu to raise funds. Enterprises include stationary store, catering shops and goat farms.

- Sports and Other Communal Activities:

Involving PWDs in CBOs has had far reaching effects. Communities are including PWDs in religious congregations, marriages and funeral ceremonies and other social events. For the inclusion of PWDs in sport related activities, 22 sports committees in Jhelum, 1 in Bhakkar and 1 in Skardu were formed and strengthened. 8 inclusive sports and talent competitions (1 inclusive sports event in Bhakkar for men and

5 for disabled women, 1 talent show in Skardu and 1 inclusive cricket tournament in Jhelum) were organized. Village Sports Committees provided sports materials like ludo, bat, ball, racket and other sports equipments and helped organize sports tournaments. Cricket teams were sensitized regarding the inclusion of PWDs in sports related activities and they agreed to include PWDs in their future sports activities. Tournaments such as this are helpful in keeping PWDs physically active and help them in making friends within their communities. Five inclusive sports events (ludo and mehndi competition) were conducted among female youth in 05 villages.

➤ Enterprises:

We have set up small scale enterprises for 92 PWDs (3 for PWBs in Skardu, 73 for PWDs in Jhelum and 16 for PWDs in Bhakkar) helping in their income generation, increase in confidence level and role in family decision making. Enterprises include tuck shops, tailoring shops, book shops, fruit and vegetable shops, among others.

➤ Education and Vocational Training:

We have facilitated in the enrollment of 148 CWDs (64 from Skardu, 44 from Jhelum and 24 from Bhakkar) into mainstream schools. 22 PWDs were also engaged in learning tailoring skills and other vocational skills from local skilled volunteers. 1 PWD in Jhelum District was enrolled with Government Technical Training Institute i.e. TEVTA to learn tailoring skills.

• Medical Rehabilitation of PWDs:

Medical assessments of 648 PWDs (220 from Skardu, 337 from Jhelum and 91 from Bhakkar) were conducted by physiotherapists, ophthalmic technicians and audiologists. These PWDs also received advice for rehabilitation and inclusion. Based on the findings of the medical assessments, in Jhelum 88 disabled persons (62 physical and 26 hearing impaired) and 62 PWDs from Bhakkar were given assistive devices. We also established two Disability Assessment Resource Centers, one each in THQ Sohawa and DHQ Jhelum for the registration, medical assessment and referral of people with disabilities.

• Accessible Infrastructure:

We provided 72 PWDs with accessible latrines which also resulted in the improvement of safe hygiene practices. Houses of 31 disabled persons with lower body impairments and streets of 65 PWDs were made accessible by constructing ramps, fixing accessible doors and elevating commodes, paving streets and constructing accessible latrines as they did not have latrines before. In Bhakkar 5 existing toilets of the disabled persons were rehabilitated and made accessible for their use independently. As a result of our advocacy, in Jhelum, TMA and NADRA have made their offices accessible through construction of ramps from their own funds. In Bhakkar, 6470 sq.ft. streets were paved benefitting 62 physical disabled persons.

• Awareness Raising:

We mobilized over 9500 people through awareness raising and social mobilization sessions on disability and gender. Over 600 influential people including religious leaders, teachers, shopkeepers, ex local government representatives, Lady Health Workers and community organizations members in the community have been sensitized on disability and gender, as a result of which, the general attitude of families and communities towards PWDs is improving.

We trained 34 community mobilizers to become local community based rehabilitation workers. They were trained to conduct trainings on independent living, self growth, physiotherapy, orientation and mobility, personal hygiene and leadership. Providing necessary rehabilitation services to PWDs was their duty. They also talked to family of PWDs and their peers to help change their attitude towards people with disability.

For awareness raising purposes, we arranged puppet shows, theater performances, quiz and poster competitions and talent shows. The puppet shows and theatre performances highlighted how disabled people ought to be treated and were viewed by 280 men, 446 women and 174 children. In theatre shows, 250 women and 145 men participated to watch the shows. Quiz competitions were held in schools in which causes and types of disabilities, importance of rehabilitation and inclusive education were targeted. The speakers addressed issues on Social and behavioral barriers for PWDs which helped promote friendly behaviors with CWDs and extra-curriculum activities. In Skardu, in the talent show, Director Health Mr. Bismillah Khan expressed his commitment by announcing 2% quota in his departmental employment opportunities. An exhibition stall with products made by PWDs was also displayed to promote their talent. 04 men and 03 women PWDs demonstrated their talents during this exhibition. 02 PWDs, Ghulam Nabi and Mudasar Rafiq presented their life stories in front of audience, making the audience sensitized about the importance of rehabilitation and productivity of PWDs in society.

Wall chalking for messages promoting the rehabilitation and inclusion of disabled persons in Bhakkar, Jhelum and Skardu Districts was done on more than 50 prominent locations. The messages emphasized the inclusion of PWDs in sports, health, education and livelihood.

- Linkage Development with Government and NGOs

Line departments and development organizations in Jhelum and Skardu also extended their services to PWDs. We sensitized over 191 local government officials on inclusive development through various events and forums. In Skardu, due to linkage development, 22 women PWDs and 18 family members of PWDs are receiving financial support from Benazir Income Support Programme (BISP).

Case Study

Fighting for Worth

| | |
|---------------|---|
| Fatima Yusuf | |
| Village | Thorgu Pine, Hussainabad |
| Gender | Female |
| Age | 45 |
| Disability | Severe Arthritis |
| Interventions | Medical assessment; Disability certificate; Walking frame; Accessible washroom; Enterprise. |

Set in Thorgu Pine, Hussainabad, Fatima is seen stumbling across the house struggling to complete her daily chores. She looks out of the small window above the stove to where her husband, Haji Yusuf, is working on the land growing potatoes. He looks up at her their gaze meeting for a split-second, heaves a sigh, shakes his head and goes back to work. Fatima looks away, the familiar bitter feeling of worthlessness setting in.

Fatima was hit by severe arthritis at 18 which had managed to wear her down both physically and emotionally. With a waddling gait, poor balance and frequent falls, Fatima had struggled through life to satisfy even her most basic needs. The six-step wooden staircase in her house leading to the squat latrine posed a constant challenge, one which she could not afford a solution for. The Rs. 4,000 pension her husband earned was hardly enough to make ends meet.

Her disabling condition and economic worries had added wrinkles to her face that deceived her age. At 45, Fatima looked and felt much older. Even her husband did not have much solace to give to her. He said, “She would walk like a goat. We had never thought she was worth anything else.” When CHIP had identified her through the local organization Development and Welfare Association (DAWA), she could not have fathomed exactly how much she could accomplish with just a little assistance.

After a few assessments of her health conditions and disability, CHIP provided her with physiotherapy services and as her condition improved, with a walking frame. CHIP also built her an easy to use toilet for Rs. 47,000, with Yusuf contributing partially towards the money required for construction works. CHIP knew that that the interventions had been successful when a gleeful Fatima commented, “I was so eased by the new toilet! You know how difficult it was for me before.”

But Fatima’s success story does not end here. So far CHIP had only given her a fish to eat; the actual fishing lesson had not even begun. This was crucial if she was to be able to rise above those feelings of worthlessness and attain financial independence. For this end, CHIP orientated her in basic hygiene and accountancy skills and provided her with Rs. 10,000 while she pitched in Rs. 2,500 to set up a retail shop mostly selling children’s goods. Fatima has been running the shop for the last one year.

Fatima initially expressed anticipation over the running of the shop but her business womanly attitude and assistance from her husband has allowed her to reap back Rs. 100 in profit every day. Her husband buys merchandise from Skardu city wholesale market. Fatima has been reinvesting the savings back into the shop claiming that the more items she has to sell, the better. The shop walls have been lined with health posters made by her daughter Maryam. CHIP has trained her as an on-call birth attendant. She has performed four deliveries and holds three health sessions a month for women of the area.

EDUCATION

CHIP made great efforts this year to provide education opportunities to marginalized children in Upper Swat, Khyber Pakhtun Khwa through 10 Community Based Schools (CBS) in 3 Union Councils (Madyan, Mankayal and Teerat) of Tehsil Behrain. CHIP, following its mandate of inclusive development, assisted in the admission of CWDs in mainstream schools of district Jhelum and district Bhakkar of Punjab province and district Skardu of Gilgit – Baltistan province.

Types of Interventions:

- Community Based Schools
- Teacher Training
- School Management Committees
- Inclusion of Children with Disabilities

Major Achievements under Each Intervention:

- Community Based Schools:

We helped reopen, reestablish and strengthen 10 CBS in the remote and inaccessible areas of upper Swat where currently 402, previously non school – going children (216 boys and 186 girls, including 11 children with disability) are enrolled.

We have also conducted hygiene sessions with school children in their respective schools. As a result of these sessions, we oriented 349 children (191 boys and 158 girls) of ten CBSs about the signs, symptoms and causes of seasonal diseases like cholera, diarrhea, dysentery, typhoid, malaria and skin and eye diseases. We also distributed nutrition items, such as milk, to the students to promote their good health.

Our CBSs not only provide children with the opportunity to gain a formal education, but we also engage the students in regular recreational and sports activities and celebration of national days. This helps keep them both mentally and physically active.

- Teacher Training:

One cannot undermine the importance of teachers when it comes to bringing development in the education sector. Capacity of the school teachers have been built in school recordkeeping, latest teaching methodology, gender and disability equality and on effective teaching. 31 teachers teaching in mainstream schools were provided trainings on disability equality and inclusive teaching methodologies.

- School Management Committees:

We strengthened School Management Committees and facilitated them in the smooth functioning of the CBSs and promotion of education in Swat. As a result, the SMCs are functional and are regularly supervising schools, organizing meetings, counseling parents and ensuring children regular attendance in schools.

- Inclusion of Children with Disabilities

148 CWDs were enrolled into mainstream schools in District Ghanche and Skardu of Gilgit – Baltistan Province and District Jhelum and Bhakkar of Punjab Province. This was made possible through:

- Theatre performances highlighting how disabled people ought to be treated were performed

- Quiz competitions, speech competitions, poster drawing competitions were held in schools during which causes and types of disabilities, importance of rehabilitation and inclusive education were targeted
- Teacher trainings focusing on how to teach children with disabilities were conducted for 18 teachers
- Exposure visits to inclusive education model school were organized
- 17 schools were made accessible for CWDs
- Children with disabilities were provided with bags, books, pencils and notebooks to encourage their enrollment in school
- Mobilization sessions were held with parents of CWDs and school management to ensure enrolment of CWDs in mainstream schools
- Non-disabled children were given sensitization sessions for developing cordial relationships with their disabled peers and school teachers were also sensitized for the enrollment of children with disabilities in mainstream schools

Case Study

Basic Facts

Name: Aqeela

Gender: Female

Age: 06 years

Resident of: Village: Baith Bogha South, U/C Yousaf Shah, District Bhakkar

Disability: Physical, weak legs

Her Story

Aqeela is a six years old, very pretty girl. She was born with the physical disability of weak legs that prevented her from being able to stand without support or walk. Until recently she was a picture of pity as she was almost wholly confined to her bed due to her disability. Her parents took her to several doctors but her condition did not improve. The reason behind this was that as they are poor, it was difficult for her parents to provide their child with any advanced medical aid to counter her disability. She belongs to a society where girls are considered inferior due to age old traditions and overwhelming illiteracy. Moreover, her disability brought on a stigma that prevented her from going to school or play with her mates. Her family was not interested in sending her to school or to provide her with medical treatment to resolve her disability issues.



Pre – intervention



Post – intervention

It was with the assistance of CHIP that her disability was identified. A proper medical examination suggested the use of a particular assistive device in the form of artificial supporting leg to enable her to walk and stand and moreover to reduce the radical impact of her disabilities. CHIP facilitators also mobilized and sensitized her family to enroll her in a school so that she may become independent and more skillful in her life. Her family was also encouraged to take care of her nutrition and the community was also introduced to the significance of women education and rights as well.

Now Aqeela has joined school and is in Class One. She is taking a great interest in studies so that she may become a successful and independent lady in future life.

HUMAN RIGHTS

CHIP has made efforts towards social inclusion of women in rural areas of Sohawa, District Jhelum, Punjab. We promoted the concept of 'happy family' and empowered women survivors of violence in 20 villages of 06 Union Councils of Tehsil Sohawa, District Jhelum (Punjab).

Types of Interventions:

- Formation of Gender Sensitive Groups
- Trainings and activities for women survivors of violence
- Awareness raising
- Strengthening of Existing Justice System and Service Providers

Major Achievements under Each Intervention:

- Formation of Gender Sensitive Groups:

We formed Gender Sensitive Groups (GSG) in the villages that comprised of women survivors of violence, giving them a platform to discuss their problems, understand their rights and partake in decision making. Village Based Gender Sensitive Groups were formed in 8 villages for conflict management and referral services. We also identified 20 Human Rights Activists (HRA) and trained them to conduct mobilization sessions with women survivors of violence and their families. Mobilization sessions were conducted on the concept of 'happy family,' self growth, family values, roles and responsibilities, assertiveness and decision making and anger management. Discussion forums with GSG members and HRAs took place to discuss matters concerning human rights.

- Trainings and activities for women survivors of violence:

We identified 210 women survivors in our target villages, out of which 74% suffered from verbal abuse, 69% mental torture and 48% from physical beatings. These women were given trainings on assertiveness and decision making, women protection laws, family laws, interpersonal communication, para counseling and conflict management.

We also arranged recreational activities, such as 'Eid Milan' for confidence building of women and to enhance their social inclusion. Quiz competitions between village based organizations also proved to be an effective method of engaging the community in the project.

We also help set up mini enterprises for women survivors of violence such as small poultry farms and tuck shops. 103 women including 41 WSVs and 3 family members of survivors were oriented about assertiveness and decision making. 88 WSVs were provided support for socialization and participated in sports and recreational activities. 17 training sessions on family laws were conducted with 237 women including 119 WSVs. In total 1893 mobilization sessions were conducted with 210 women in 20 villages. 3 days training on enterprise development for WSVs and HRAs was conducted. In total, 25 members participated and benefitted from this training. Eid events to enhance the socialization for the WSVs were conducted at village level and 152 WSVs from 20 villages participated.

- Strengthening of Existing Justice System and Service Providers

Capacity building of existing justice providers i.e. medico legal officers, lawyers, members of masalehti anjumans was conducted. Trainings on gender, CEDAW, family laws, marriage laws and conflict management and negotiation skills were conducted. 39 HRAs, 4 lawyers, 10 members of masalehti anjumans and 2 medico legal officers participated in these trainings.

- Awareness raising:

We arranged for theatre and puppet show performances on the concept of ‘happy family,’ broadcasted programs on women’s rights on local cable networks in Sohawa and Jhelum. Posters for awareness raising purposes were also designed on topics such as ‘nikkah nama.’ Our findings through the Knowledge Attitude Practice (KAP) survey indicated that the main causes for violence against women were economic dependency of women on men, and general economic instability in the family. Low literacy rate of women and lack of awareness of their rights also leads to their lack of social inclusion.

With the help of lawyers, medico legal officers, the police and media representatives, our project was able to help create awareness regarding women’s rights and strengthen women survivors of violence. Wall chalking regarding messages pertaining to raise importance regarding women rights and their inclusion was done on 20 prominent places. 6 messages on Nikah Nama and its articles supporting and empowering women were broadcasted on Fm-93 for one month. International Human Rights day was participated observed on March 8 in Sohawa at Tehsil level. 18 social events to encourage the participation of WSVs at village level were organized and 443 women including 112 WSVs participated. 21 puppet shows on the topic of Happy Family were conducted in 20 villages and in total 2276 community members including 79 WSVs watched these performances.

Case Study

The Rights Fighter

Survivor Profile

| | |
|-------------------------------|---|
| Age | 33 |
| Education | Matriculated |
| Disability | None |
| Marital Status | Divorced |
| Type of Violence Faced | Physical and mental torture |
| CHIP Interventions | 1. Capacity building (family law, women rights and interpersonal communication trainings); 2. Social inclusion (mobilization session); 3. Economic support (works as an HRA). |

“Listen to your husband! If he is asking for the jewellery he bought you in return for the dowry, give it to him. No woman, or man, in our family has ever washed their dirty laundry in public and gone to court. He is your husband after all. You must tolerate it for the sake of keeping your house together,” her father spat in anger. The disbelief on Kebira’s face was obvious as her own father ranted off against her. But what more could be expected of him? He, too, is a man after all; how natural of him to support their ‘superior’ kind. It was in that moment in time that the 33 year old mother decided to raise her only son differently, to teach him to respect women. And that was the difference between the old and the new her. She was not scared of raising her child alone; in fact, she was glad there was no chance of her son falling into his father’s footsteps.

While Kebira was still married to him she clearly recalled half her days being spent waiting for her husband to return home. Since he had never agreed to their marriage, he spent most of his time dallying

with other women. Her mother-in-law had made it a hobby to lock her out of the house in an attempt to somehow drive her away. She finally decided to leave the house when she discovered a photograph of another woman in her husband's wallet only to return to the prison two years later for the sake of her child. When she demanded a separate home for herself, her husband took her to another house without any furniture or groceries and told her to live there if she could. Her plea for pocket money was dismissed almost instantaneously. To add to the humiliation she had already faced at the hands of her in-laws, her husband accused her of being a woman of loose character when she broke the news that she was expecting a second baby. Enraged, she returned to her father's home resolving never to return.



She had joined the Happy Family programme in the hope that she would be able to resolve her issues. But the awareness she received with regards to her legal rights made her change her mind completely. With some legal assistance, she sued her husband in court for child support and receives Rs. 2,500 from him every month which go towards raising her two children. But having lived with him for so many years, she knows that her husband showed her income to be much less than it actually is so that he would only have to pay a small amount towards child maintenance. Her self-confidence, having attained new heights, has allowed her to step out of the house without hesitation and fight her case with all the strength she can muster. She is currently trying to obtain his real pay slip from his employers to use as evidence against him in court. Simultaneously, she has also filed a case with the Union Council in order to reclaim her dowry. In settlement, her husband's family is demanding back the jewellery she received as a gift on their marriage but legally, both the dowry and the jewellery is hers and she is asserting her right to that property.

Two years into the programme, Kebira's determination and enthusiasm has made her an ideal HRA. She has used her knowledge to create awareness regarding the legal rights and roles of women and the significance of these rights amongst other survivors. Events such as theatre performances, puppet shows and Eid parties were organised to include and integrate the survivors into society and give them a chance to grow and develop. Vice versa, her position as an HRA motivates and strengthens her personality further. Additionally, she works as a lady health worker to help support the little family that she has. She has devoted her life towards working for her children, to educate them, improve their future and raise them responsibly.

She often wondered how her children would grow up to be. She wondered whether or not her son would be able to differentiate between right and wrong, whether or not her daughter would have a happy life, a successful marriage, a loving husband. The thought of her son becoming a man like his father or grandfather plagued her and each time she thought of the atrocities she had to bear in her husband's

house 'for the sake of preserving her home' she resolved to make her son a better man, a man that differentiated between good and bad, not male and female.

WATER AND SANITATION

CHIP believes that both water and sanitation are an essential aspect of human rights as they are interlinked with health, dignity, empowerment and prosperity of communities.

Types of Intervention:

- Rehabilitation of hand pumps and irrigation dam
- Accessible latrines for PWDs

Major Achievements under Each Intervention:

- Rehabilitation of hand pumps and irrigation dam:

In Bhakkar, during the rehabilitation of flood victims, we rehabilitated and installed three communal hand pumps in villages Bait Bogha Shumali, Bait Bogha Janubi and Basti Kanwan Wali. 400 community members were given access to water through the rehabilitation of these hand pumps.

In Skardu, during the rehabilitation of flood victims, we rehabilitated an irrigation dam in village Kharku which not only benefitted the people of Kharku, but of three other adjacent villages too.

- Accessible latrines for PWDs:

We promoted good hygiene practices and sanitation through the construction of accessible latrines for houses that had PWDs and widows. 67 accessible latrines were constructed for PWDs in Bhakkar and 5 were constructed in Jhelum. Due to accessible latrines, the mobility and hygienic conditions of disabled people improved and women in particular shared that this made life much easier for them.

NATURAL RESOURCE MANAGEMENT

Pakistan has abundant natural resources, but the techniques used in managing these natural resources are usually outdated, resulting in their inefficient use. We introduced new techniques to communities in Bhakkar (Punjab) and Skardu and Ghanche (Gilgit – Baltistan) especially to the communities that had suffered from the 2010 floods so that they may improve their economic situation.

Types of Intervention:

- Organic farming
- Bio gas plants
- Trainings

Main Achievements under Each Intervention:

- Organic farming:

In Bhakkar, we imparted training to 270 farmers on organic farming practices focusing on Effective Micro-organism (EM technology). This was a completely new topic for the farmers in Bhakkar, resulting in an increase in their knowledge and improvement in their farming techniques. To further introduce and promote organic farming in Bhakkar, we established three demonstration sites for Beneficial Micro Organism Technology. We selected three locations for the construction of EM Fermentor in consultation with community organizations. The farmers were demonstrated that the application of a wide range of different organic amendments to soils help to ensure a greater microbial diversity. It was also highlighted

through the process of demonstration that the fermenter system increases the organic matter in the soil thus improves physical, biological and chemical properties of the soil. It was also shared that it saves expenses in human labor for transportation and spreading of the manure in the fields. It is envisaged that the three fermenters will maintain approximately 24 acre of lands.

- **Bio gas plants:**

We established six bio gas plants in four villages of Bhakkar to demonstrate alternate energy sources and reduction of economic burdens of buying woods for cooking purposes.

- **Trainings:**

In order to introduce the concepts of crop rotation, organic manure preparation, use of certified seeds, seed germination test, identification of useful and harmful insect in crops and understanding about the techniques of Integrated Pest Management (IPM), we organized trainings for 140 farmers in Skardu.

In Ghanche, we introduced the idea of Tunnel Technology for growing off-season vegetables among 40 selected progressive farmers in Village Kharku. As Ghanche is a fertile growing area for apricot, tomatoes and onions, we trained 180 women on importance of food preservation, identification of equipments used in preservation, raw materials selection, and different formula of product preparation, solar drying method and packing of products. The participants were also provided opportunity to prepare apricot squashes, tomatoes juice as well as drying the apricot and onion through solar dryer. A solar dryer was prepared with the help of local carpenter for vegetables and fruit drying and demonstrated in the training. By the end of the trainings, the women had produced 30 bottles each of tomato juice and apricot squash, 10KG of dried onion and 6KG of dried tomatoes.

As a result of the trainings we conducted, 140 farmers improved their crop yields for tomatoes, bottles guard and potatoes and red bean crops, 140 famers improved their farming skills (ploughing, leveling etc), 15 farmers grew off seasonal vegetables through tunnel farming and 180 women are trained in fruit and vegetable preservation.

LIVELIHOOD

The 2010 floods caused immense destruction, affecting over 25 million people. CHIP helped the flood victims of Bhakkar (Punjab) and Ghanche and Skardu (Gilgit – Baltistan) by reestablishing their means of livelihood so that they may generate income from agriculture.

Types of Intervention:

- Seeds and fertilizers
- Livestock farms
- Poultry farms

Major Achievement under Each Intervention:

- Seeds and fertilizers:

In Bhakkar we supported 300 flood affected farmers for seeds and fertilizer to grow mungbean crop in six villages to fulfill their domestic food need and restore livelihood means. Each farmer was given 14 KG Seed bag of mungbean and two bags of Single Super Phosphate (SSP 18%) fertilizer. The support was provided to only those households who suffered losses during floods, who did not own land and took land on shared crop basis for their livelihoods, who did not receive any support for the previous *Rabi* crops from any organization, who have already prepared farming land for cultivation of Mungbean; and who have previous good track record of mungbean cultivation.

In Skardu, we gave input support to 140 families for growing potatoes, bottles guard and tomatoes. For the distribution of red beans seed, we selected 121 farmers for 2nd crop of red bean. Each farmer was provided 2.5 kg seed of red beans and 11 kg fertilizer (single super phosphate) which was sufficient for one kanal.

- Livestock farms:

We set up 15 livestock farms in five villages of Bhakkar enabling landless families in restoring their earnings and promotion of good breed of goat and utilization of manure for farming. This resulted in the contribution of 72 three months pregnant cross beetle goats and the selected families contributed 24 cross beetle male goats.

- Poultry farms:

We gave training in poultry farming to 105 women from five villages of Bhakkar. The objective of supporting poultry farming is twofold i.e. to set up home based income earning sources for their family support and enabling landless families in restoring their earning as well as nutritional support source and promotes organic sources of earning which can be utilized in kitchen gardening. The poultry farms started from 18 set (3 male and 15 female's birds).

Case Study

This is My Second Marriage and a big Expectation to have children

Of Mr Shamsheer, Basti Kanwan Wali



1- Personal Profile

| | | |
|-------|--|---|
| i) | Name | Shamsheer |
| ii) | Gender | Male |
| ii) | Age | 25 |
| iii) | Village/UC | Basti Kawan Wali, U/C Yousaf Shah |
| iv) | Any disability | Nil |
| v) | Marital status | Married |
| vi) | Any Children | Nil |
| vii) | Educational level (Regular/Religious) | Quran Sharief |
| viii) | Any exposure of areas outside residential area | Nil |
| ix) | Earning any income or not | Yes, from Farming and Livestock (5000-6000/- per month) |
| x) | Any special skills he/she has | Farming |

2). Situational Analysis

- i) Economic situation before disaster

Mr Shamsheer said that have small family and serve up normal and happy life with mud made house before disaster. Main sources of earning is agriculture and livestock but farming on share basis, in livestock I have 2 cows and 7 Goats rearing for milk purpose and selling byproducts of livestock for livelihood. I have also small shop in village; meet our daily need of our family. By the previous flood September 2010 our family life and economic condition is totally disrobes.

- ii) Major damages as a result of disaster focusing:
Any human loss, house, grains, land, personal health and any other
Personal feelings after undergoing disaster

The major damaged are as following;

- 1- Two rooms of house;
- 2- 7 Goats and one cow;
- 3- kitchen Non and food items;
- 4- Standing Kharif crops Cotton, Mungbean & fodder crop was also washed away due to massive floods in District Bhakkar in 2010 monsoon season. Shafiting family and other house accessories to near relatives in Mohammad Ali Shah for one month and after 1-2 months time, the flood water slowly started to move away and like many other farmers, Shamsher, after returning to her place, were grieved to see her crops, completely destroyed village shop. With a damaged house, and no resources to cultivate crops for the Rabi and Kharif season, Shamsher stood dependent and helpless waiting for some sort of help from the great losses.

It would be a very difficult task to restart normal family life, said by Shamsher. He said that the major issue is earning sources and the house hold items, clothing, crockery and other items which seem so small but are very important for a human life. We didn't know where to go, with old mother, sisters some remaining livetsocks how could we leave without knowing about our destination, asks by Shamsher.

iii) **Economic situation after disaster**

During two months of 2010 flood, our family lived in Camp provided by NRSP and food and non food items provided by Relief organization. little bite start earning for survival through labour works in village but our family survivor and other basic requirement was not fulfil. The start of cold weather season of previous year December 2010, we was shift family our relative home in Basti Mohmmad Ali Shah for one month with support of some influential from our relatives.

iv) **Major Support Provided by CHIP**

The CHIP agriculture support seed of wheat, cotton, fertilizers and Hygiene Kits) for Rabi and Karif season cultivated on two acre, simultaneous was the milestone boosting in our earning source and meet food requirement for one year said by Shamsher. In Kharif Season June, 2011 total cotton cultivated on 2.5 acres land through share crop basis and got 15 Maan (total 600 kg). From net profit an amount of Rs. 42, 000/- reconstruct the damaged house, purchase cow for milk purpose and arranged marriage program to start new life. This is a second Marriage of Mr Shamsher, from the first have no children and he will big expectation of children from the second marriage and now we have some good position in a new way said by Shamsher.

iv) **How CHIP's support has helped in terms of addressing post disaster problems**

After the big production of Wheat and Cotton, we are starting to start once again normal life, the entire family is happy as they believe that the CHIP support has not only helped them to revive their agricultural livelihood, but they have also attain food self-sufficiency for a period of 12 months. CHIP agri support in Rabi and kharif season is the fuel of survival; our family is able for my 2nd marriage program.

v) **How do you see your life in next three years**

The vision of Mr. Shamsher is clear and said that after three years, has a happy family, Car, Children and increased farming on share basis and will save amount for education of Children and its marriage.

vi) **What do you want to do to achieve quality of life for you and you family**

I will try to improve and increase farming and livestock and along with continues labour this will lead to achieve quality life and happy family.

RELIEF AND REHABILITATION

Pakistan suffered, yet again from natural disasters in the year 2010. Unprecedented high monsoon rains lead to floods that affected over 25 million people. Villages were swept away; bridges and other infrastructure destroyed and people were left homeless. CHIP worked in the flood affected areas of Bhakkar (Punjab) and Skardu and Ghanche (Gilgit – Baltistan) to bring relief and rehabilitation to those affected by the floods.

Types of Intervention:

- Housing
- Medical camps
- DRR
- Hygiene awareness

Major Achievement under Each Intervention:

- Housing:

We constructed 314 flood resistant houses for flood affected families in Bhakkar and Skardu. The houses consisted of a single room, traditional open air kitchen and a toilet with a septic tank and sanitary system. Over 400 people benefitted from these houses, as most were without shelter after the catastrophe hit their area.

- Medical camps:

For instant relief, we organized two medical camps for 6 days in villages Kharku and Talis of District Ghanche. The purpose of medical camp was to provide basic level medical support for flood born diseases. 995 patients (including 20 PWDs) received diagnostic and medication for gastric, pulmonary, skin and other diseases.

- DRR:

We trained 36 members of community organizations in Bhakkar on Disaster Risk Reduction so that they would become aware of the basic precautions to be taken in case of an emergency, especially for rescuing human life. Resource persons from rescue services were invited to sensitise members about available facilities by the government as well.

- Hygiene awareness:

We deployed health promoters to give hygiene education sessions to the flood affected families of Bhakkar as part of their rehabilitation process. Over 400 individuals benefitted from these sessions that improved their personal hygiene and sanitation practices. After the sessions, we organized hygiene competitions in the respective villages and inter-villages to highlight the importance of hygiene in which over 200 community members participated and received hygiene kits.

Case Study

Sahiba..... “I feel protected and secure now”

Sahiba is a six years old girl and a resident of Ali Abad Qumra a beautiful scenic valley of District Skardu. She was not only loved by her parents but was adored by her grandfather too. One night she was at her grandfather's home as she in normal routine used to stay there. She was absolutely unaware of the approaching tumult and did not have the bleakest ideas that this would be the most horrible night of her life.

The dawn of the next morning was a harbinger of mourning and bereavement as a flood in the village had swallowed 36 residents of the village. Moreover, it also damaged the agricultural land of the affectees which was a major source of livelihood for them. There was quite a chaos in the village and everyone was wandering to trace their missing family members. Sahiba after looking at her surroundings was also terrified and expressed to her grandfather, “Dear Grandpa! My home has also been ruined and my family members are also missing I wish that I could find them as I miss my mother a lot”

The tents which were provided to the affectees showed a dismal picture as they were not protected by the piercing cold outside and children were unable to bear the cold and cried the whole night. The mothers were very apprehensive regarding the survival of the children but were helpless. Though the affectees were provided shelter in tents but their requirement of accommodation could not be fulfilled as they were not being protected from the cold weather.

- Observing this hopeless situation Civil Society Human and Institutional Development Programme (CHIP) initiated the process of providing an appropriate accommodation to the affectees through financial assistance of Light for the World. A ray of hope was arisen for the people stricken with miseries of losing their beloved ones, their earning sources, crops and houses. In this regard, CHIP supported the affectees in construction of their houses so that they are not only provided with proper accommodation but can also be saved from the harsh cold. “



Accommodation of the affectees in tents in such a severe cold was quite a challenging task. The process of construction was being thoroughly supervised and monitored by the staff of CHIP. At least at this stage the communities were provided with a shelter and they could now think about pursuing to earn their livelihood in future.

The communities were quite content by the process of construction and stated that; “We are highly impressed by the commitment and dedication shown by the team of CHIP and can depend upon the efforts of CHIP as it has previously successfully implemented a project regarding rehabilitation and inclusion of people with disabilities in our village”.

Sahiba was one of the survivors who had been provided with shelter and she overwhelmingly expresses the fact that, “We are grateful to CHIP for extending a great amount of cooperation and support”. Though Sahiba has lost her family but she was relieved by the fact that she at least has been provided with shelter as she being a girl was vulnerable to the society which could create problems for her in future.



Case Study – God Help Those Who Help Themselves!



Name: Ashraf

Gender : Man

Age: 28 years

Resident of Village Kharku

Ashraf is a resident of village Kharku in District Gangche. Ashraf lives in joint family system along with his parents, spouse, siblings and a little daughter. Agriculture is the only livelihood for all 8 family members of Ashraf. Ashraf and his brothers own 12 Kanal land and they consider thier agricultural production and thier house as necessary sources for the survival of thier family.



Reconstructed House

A dreadful night of August 8, 2010 has changed the whole landscape of Kharku within few hours by the advent of fierce flood in a local stream. Fortunately all villagers were saved due to a warning from a team of volunteers. This team was posted on the stream by keeping an eye on the floods in other local streams of Baltistan. In this flood about 75% fields were completely destroyed and all households received damages but fifty houses were entirely swept away from the valley. Ashraf and his family were one of the vitims. They have lost thier all survival resources in floods. The poor family was compelled to live in a tent instead of thier sweet home. The cruel floods also swept away the only source of livelihood (12 Kanal Land) of family. In this situation they were not able to find any ray of hope and clouds of pessimism enveloped all their happiness.



Rehabilitated Land

In this hopeless situation, CHIP in collaboration with local community became a ray of hope for Ashraf and his family. The project benefitted Ashraf by constructing a small house, rehabilitating his 2 Kanal land and providing agricultural inputs.

These interventions enhanced the courage of Ashraf and he worked hard for growing the crops in year 2011 and also cleared his remaining land of 10 Kanal by himself. This year Ashraf recieved the much agricultural yield as compared to last years. He and his family are very happy and once again they have enough sources required for their survival.



Agricultural Production

RESEARCH & ADVOCACY

CHIP partakes in research and advocacy to heighten public awareness of important issues and to bring them into notice of decision makers. In Skardu, we lead an advocacy campaign through DPOs on the importance of inclusive development. Meetings were held with district government officials and non government departments to encourage them to keep disability quotas in their job advertisements. The media was used to create awareness through radio talk shows, cable messages and wall chalking. As a result of our advocacy campaign, the local administration in Skardu circulated circulars to all department heads to ensure disability quotas in job advertisements and other NGOs such as AKRSP agreed and included the issues of disable persons to their programs and implementations.

The following major researches were undertaken:

1. Inclusion of PWDs in Livelihood, Jhelum. CHIP presented a paper on in CBR Congress held in Manila during Dec 2011
2. Research on Correlation between Use of Assistive Devices and Social Inclusion amongst PWDs:

56 PWDs in Skardu (31 males and 25 females) were interviewed door – to – door to analyze the impact of usage of assistive devices on the quality of life of PWDs. The research proved that providing assistive devices was highly beneficial in improving the quality of life of PWDs.

3. Research on Changes in the Quality Of Life of Children As A Result Of Inclusion in Education: 64 school going and 10 non school going CWDs were interviewed in Skardu. The questionnaire was designed by incorporating different sets of indicators regarding the knowledge driven empowerment, physical health, hygiene, mental health and social inclusion. The aim and objective of this research was to study the impact of education on the quality of life of CWDs and to compare it to those who are not part of inclusive education. The overall research result verified that the inclusive education intervention has been highly beneficial for CWDs as it has improved social and personal conditions of CWDs and their families has opened the opportunities CWDs and made livelihood and social inclusion a possibility.

4. Research on changes in the quality of life of PWDs: 93 PWDs, engaged in livelihood, were interviewed door – to – door in Skardu. The questionnaire explored the changes in quality of life of PWDs objectively. Variables such as self image and satisfaction from life were used to reveal the subjective perception of changes. The aims and objectives of this research were to analyze the changes in quality of life of PWDs as a result of engagement in livelihood activities. Results showed a positive effect on the lives of PWDs, their families and communities. The PWDs have evolved into independent individuals and have experienced improvement in their social, economical and personal spheres of life.

5. Research on the level of empowerment of PWDs: A total of 202 PWDs were interviewed in Skardu to measure the changes in level of empowerment as a result of inclusive development strategies. Besides individual interviews with the PWDs, education centers, enterprises and homes were also visited in order to make an overall observation of their environment. The research has shown that the inclusive development intervention by CHIP proved very beneficial to PWDs to become a productive part of families and communities.

6. Legal Empowerment of the Poor:

600 people were interviewed in Skardu for this research. It focused mainly on identifying the barriers and disadvantages the poor people face which isolates them economically, socially and politically including geographical barriers, financial barriers (cost of accessing the law), and language problems, complexity of legal procedures, cultural norms and delay. It also looked at the components of the Pakistan justice system including informal justice mechanisms and the flaws that lead to implementation gaps.