

# Annual Repoert

july 2012-june 2013



**Civil Society Human and 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 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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### Abbreviations

ALC	Adult Literacy Centre
BHU	Basic Health Unit
CBA	Community Birth Attendant
CBO	Community Based Organization
CBS	Community Based School
CBR	Community Based Rehabilitation
CCB	Citizen Community Board
CHIP	Civil Society Human and Institutional Development Programme
CSO	Civil Society Organization
DIA	Disability Impact Assessment
DPO	Disabled Persons Organizations
DHQ	District Health Quarter
EPI	Expanded Program of Immunization
FAP	First Aid Point
FLCF	First Level Care Health Facility
FJWU	Fatima Jinnah Women University
HID	Human and Institutional Development
IDP	Internally Displaced People
IEC	Information Education & Communication
IPM	Integrated Pest Management
KPK	Khyber Pukhtoon Khwa
LHW	Lady Health Worker
MCHC	Mother Child Health Care
MoU	Memorandum of Understanding
NGO	Non-Government Organization
PWD	Person with Disability
SBA	Skilled Birth Attendant

SBKWU	Sardar Bahadur Khan Women's University
TBA	Traditional Birth Attendant
TT	Tetanus Toxide
UC	Union Council
VHC	Village Health Committee
VTC	Vocational Training Centre
VAW	Violence Against Women
WO	Women Organization

## **General Information**

### **Board of Directors**

Mr. Mohammad Ajmal Malik *Chairman*

Dr. Muhammad Ramzan *Director*

Ms. Kaisra Jabeen Butt *Director*

Mr. Iftikhar Javed *Director*

Mr. Safdar Awan *Director*

### **Management of CHIP**

Ms. Lubna Hashmat *Chief Executive*

Mr. Muhammad Irfan Fareed *Company Secretary*

### **Auditors**

BDO Ebrahim & Co., Chartered Accountants

**Registered / Head Office**

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**Field Office 1**

Sohawa District Jhelum

92-544-711314

**Field Office 2**

Sanghoi- District Jhelum

92-544-663233

**Field Office 3**

Notak – District Bhakkar

92-453-432228

**Field Office 4**

Skardu – District Skardu

92-5815-452007

**Performance Highlights**

***Financial Highlights***

1	Revenue for the year 2012-2013	PKR 14,800,000
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***Organizational Highlights***

1	Number of employees at the end of the year	60
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2	Number of client organizations served in last three years	10
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3	Number of offices	5
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4	Number of districts served in last three years.	12
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***Operational Highlights***

1	Number of programmes implemented	10
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2	Number of programmes under progress at year end	9
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4	Number of CBO partners (etc.)	137
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5	Number of community women trained	6300
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6	Number of community men trained	5400
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7	Number of Beneficiaries Reached	100,000
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## 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 non profit 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 mission, vision 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 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 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 academician, 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 Farooq**

Shahnaz Farooq has an extensive experience of working with 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. **Mr. Safdar Awan**

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

### 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 Jhelum.

## 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.

### 1.1 Types of Interventions by CHIP

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

- Formation of Community Organizations;
- Capacity Building of Community Organizations;
- Coordination and Cooperation with Local Administration.

<i>Geographical Coverage</i>	<i>Beneficiaries</i>
Punjab Province: District Jhelum and Bhakkar	79,000 people including 556 disabled persons and
Gilgit Baltistan: District Skardu and Ghanche	170 women survivors of violence.
	190 elderly people
	46 children with disabilities

### 1.2 Major Achievements under Each Intervention

#### 1.2.1 Formation of Community Organizations

Communities were facilitated to organize themselves in the form of community organizations in 75 villages of Bhakar, Jhelum, Skardu and Ganche Districts. These COs are named as Village Coordination Committees (VCCs) by the communities. As apparent from the word VCC, these social groups are coordinating the development efforts for their respective areas. 75 VCCs 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. 60 of the total 75 VCCs formed have sub-committees i.e. women committee, 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 have their communal offices for organizational strengthening and village development. These offices are accessible for the disabled members of the VCCs. In total, 1485 households are members of VCCs.



VCC Formation

#### 1.2.2 Capacity Building of Community Organizations

VCCs are trained in project planning, implementation, monitoring and are passed through an extensive capacity building programme. The capacity building training programme 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.



Capacity Building of VCC

The capacity building helped VCC manifold i.e. membership of 75 VCCs was raised to 1875. 375 women and 29 disabled persons are elected members of VCCs for their participation in communal decision-making. In total 79,000 members in 75 communities are benefitting from the development efforts. VCCs raised PKR 1.16 million as of their communal saving and 75 VCCs have their organizational accounts to deposit communal saving. 17 VCCs (10 in Sohawa, 3 in Bhakar and 4 in Skardu) established their communal enterprises for financial resource mobilization. These communal enterprises resulted in earning a profit of PKR 0.25 million other than

providing employment opportunity to the poorest of the poor and marginalized from these 17 communities.

### **1.2.3 Coordination and Cooperation with Local Administration**

Coordination and cooperation of VCCs with line departments and local administration resulted in mobilizing communal development funds. 5 VCCs from Jhelum got approval of PKR 8 million for the construction of a road (length 16 Kms) from town to their UC. 2 VCCs in Lehri UC of Sohawa got approval of PKR 6.6 million for the construction of concrete link road.

## 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. Community mobilization process in the localities with higher number of communal social and development issues is fast and long lasting. VCCs mobilize and sometimes generate local resources for their communal development i.e. rehabilitation and development of water resources, construction of road, streets, drains and culverts along with health and education facilities etc.

### 2.1 Types of Interventions by CHIP

- Construction of Accessible Toilets;
- Rehabilitation of Drinking Water Schemes;
- Construction of Communal Dams;
- Construction of Streets.

### 2.2 Major Achievements under Each Intervention

#### 2.2.1 Construction of Accessible Toilets

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 and women, adult girls and disabled persons have to face difficulty. To pursue, 10 accessible latrines for 10 disabled persons and their families were constructed. These latrines were made accessible for the disabled persons for their independent use and mobility as these latrines were provided with support handles, ramps and sitting or elevated commodes. 20 latrines for 20 women headed households in Bhakar were constructed. General health situation of the communities and environment of the villages were both improved.



Accessible Toilet

#### 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 natural climatic changes, 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, 5 existing communal wells were rehabilitated. Community contributed 30% of the total as of their share in the water resource development projects. 6 water sources (2 hand pumps, 2 shallow wells & 2wells) were installed in 6 villages (ArnialPhoolan, GurrahUtam Singh, DhokTahliyan, MiyaniBala, PamalFrash andBelaMohrra). 137 Households benefited from 6 water sources. 6 water committees comprising of 15 members were formed.



Construction of Well

#### 2.2.3 Construction of Communal Dams

Pakistan is an agrarian country and its economy is hugely dependent upon cropping and its productions. Irrigation water particularly in rain fed areas is either entirely not available or the depth of the water table does not permit its use for



Water Conservation Dam

irrigation purposes. To use rain water, water conservation practice was promoted, and 3 water conservation dams and 1 retention wall in Jhelum and Ganche were constructed. Water channels i.e. distributors from the dam in Ganche were lined and paved to stop the seepage. Construction of dams directly resulted in the increased area of agriculture land and communities are raising fish for communal fund raising.

#### 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 Bhakar identified and implemented 5 streets construction projects in their villages. In each of the villages, communal streets having large number of disabled persons were constructed. Total length of the streets was 3000 sq.ft. Hygienic environment in the villages and mobility during the rainy days was improved. 160 disabled persons, 4100 households and elderly benefitted from the construction of the streets. Community contributed 30% as of their share in the street construction projects.



Street Pavement

### 3. Promoting Good Health

Good health generally is the foundation for a 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 Village Health Committee (VHCs). VHCs raise awareness in their communities on vaccination both for women and children together with ensuring the development and functioning of respective health facilities. VHCs mobilize resources from District Health Departments for the staff recruitment, medical camps and medication during seasonal diseases etc.

#### 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 grass root level. Mother-child health, vaccination of children, adolescent reproduction and sexual health issues are all addressed.

Geographical Coverage	Beneficiaries
<b>Punjab Province:</b>	4000 children under 23 months old
<b>District Jhelum</b>	1700 pregnant women
<b>GB Province, District Skardu</b>	25,000 community members/parents/decision makers

Details of the interventions under good health component are as under:-

- Awareness raising on preventive health care;
- Capacity building of existing health personnel;
- Strengthening existing health facilities;
- Improved Eye Health Services;
- Adolescent Reproductive Health;
- Linkages development on issues related to mother and child health care.

#### 3.2 Major Achievements under Each Intervention

##### 3.2.1 Awareness Raising On Preventive Health Care

Striving towards achievement of Millennium Development Goals (MDGs), CHIP in partnership with VCCs and VHCs is raising awareness on mother and child health care and immunization. VHCs are raising awareness on the importance of vaccination for women and children 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:-

a. 70 health promoters conducted health awareness raising sessions on ‘Three Delays’, ‘Antenatal and Postnatal Checkups’, ‘Safe Delivery’, ‘Danger Signs of Pregnancy’, ‘Pneumonia’, ‘Immunization of Mother and Child’ and ‘Danger Signs of Diseases of Children’. 3400 health sessions were conducted and 1700 mothers and decision makers were reached;

b. Puppet shows were conducted to raise awareness on the importance of immunization coverage in 15 villages. Entire family members including children watched puppet shows. 8000 community members of all age groups of both genders participated;

c. Theatreperformances were conducted on the importance of safe delivery practices and maternal childcare. Stories were designed in view of mal practices and their implications;

d. Wall chalking regarding awareness raising messages pertaining to vaccination and safe delivery practices along with routine check-ups was done on 20 prominent locations and crossings;

e. These awareness raising messages were aired on local cable networks and local radio stations for wider dissemination.



Capacity Building of SBAs

### 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 Skardu and Jhelum were trained in safe motherhood and 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 facilities located at village UC, Tehsil and District levels were improved and strengthened through repair and provision of equipment support. 11 existing health facilities (BHUs and FLCF) in Bhakar, Jhelum and Skardu were renovated and improved. These health facilities were made accessible for the disabled persons, elderly and expectants through the construction of ramps and accessible toilets. 25 vaccinators, 4 dispensers, 30 SBAs and 20 Lady Health Workers were trained and sensitized about vaccine administration, schedule of vaccination, 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 Vaccination for Eligible Children and Women

Vaccination for the children ageing below 24 months and for women of child bearing age was facilitated during the reporting year. District Health Departments in Skardu, Swabi and Jhelum facilitated the vaccination process through providing their vaccinators and vaccination antigen. Above 3000 children of below the age of 24 months and women of child bearing age were vaccinated as per their vaccination schedules.

### 3.2.5 Improved Eye Health Services

Wood together with cow dung cakes and kerosene oil is used for cooking purposes. Eye diseases particularly amongst women



<i>Geographical Coverage</i>	<i>Beneficiaries</i>
<b>Punjab Province: Districts Jhelum and Gujrat</b>	15900 community members and students

are common. Market research in District Jhelum and Gujrat was conducted. Interviews of existing optometry services, service providers and facilities were conducted. An idea about place, price and types of product regarding spectacles and vision testing services was decided on the basis of market research. External consultant to conduct interviews and collect views regarding eye health and care services of TMA, political personalities and influential persons was hired. Opinion of these studied variables from the

communities helped the finalization of location of vision centres in District Jhelum and Gujrat. Subsequent to the conduct of these interviews, market research report was finalized. Financial feasibilities for the establishment VCs at three locations i.e. Sohawa, Jhelum and Lala Musa in Gujrat District were developed. Estimations about break even and profit making points were made. List and costing of the equipment to be provided for the establishment of 3 VCs and optical laboratory were finalized. Knowledge, attitude and practice surveys were conducted in exiting programme villages of Sohawa, Jhelum and new localities of Lala Musa. Knowledge, attitude and practice surveys helped in documentation and recording of communities understanding, perspective and knowledge of eye testing services and attitudes. The survey also helped in recording the communities understanding and existing practices regarding blood pressure and diabetes. The survey resulted in finalization of services at vision centers i.e. blood pressure, diabetes and vision testing services being offered at VCs. Initial contacts and preliminary meetings with course coordinator at PICO in Peshawar helped in the identification of 3 optometrists for the delivery of the services at vision centers. 3 sales persons to receive and record patients were deployed at vision centers. Laboratory technician was appointed to prepare and fix spectacles at optical laboratory established in Sohawa. The design of the vision centers both interior and exterior was finalized by an interior designer. Standardization and branding along with accessibility for the disabled persons were key features for the design principles. Start-up inventory of ready-made glasses frames, lenses and sunglasses for Optical Laboratory was provided to 3 vision centers. Three vision centers were renovated and standardized on the principles of branding and accessibility. Each of the vision centers was provided with a reception cum display unity, one optometry unit and a toilet along with water. Each of the vision centers was accessible for all forms of disability. Except vision centre in Sohawa was provided with an optical laboratory for the fixing and delivery of spectacles to all the 3 vision centers. The launch ceremonies for the vision centers were organized and the influential from communities and donor organization along with project staff participated in the ceremonies. Three vision centers in District Jhelum and Gujrat were established. State of the art diagnostic centers have been equipped for eye and vision testing. Optometry and retinoscopy, both manually and by using auto refractor is conducted. To increase the outreach community, eye screening programme in the schools located in the rural areas was started. 14698 community members and students in schools of Jhelum and Gujrat benefitted from the services of vision centers and community eye screening programme.

### **3.2.6 Adolescents Reproductive Health**

CHIP worked in six slum areas of Islamabad i.e. 48 Quarters, 100 Quarters, Hansa Colony, Shakrial Colony, Faisal Colony and France Colony sensitized 3,378 adolescents of the age 9-19 years regarding their rights, sexual and reproductive health especially against HIV, AIDS and other STDs. Adolescent Friendly Centres (AFCs) were established with the primary aim of raising awareness through 23 community health promoters. CHIP 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. In order to make the communities self-reliant, strategic plans of all AFCs are being developed in Urdu and English of which fundraising for continuation of activities of AFC is an important part.

Health and Environmental Committee (HEC) was formed comprising of male and female community elders, parents, teachers and religious leaders in target communities to complement 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. A referral mechanism was established between AFCs, the government and private sectors through data collection and maintenance of referral records.

### **3.2.7 Linkages Development on issues related to Mother and Child Health Care**

VCCs and VHCs were facilitated to establish linkages and synergies to improve health situation in their respective areas. CHIP facilitated these linkages and synergies mechanism through the conduct of health forums. 8 health forums in Skardu and Jhelum were organized and 210 representatives from VHCs, VCCs, health facilities and district health administration participated in these health forums to discuss the activities pertaining to the improvement of health facilities. Health forums facilitated the appointment of the vaccinators and vaccination camps were organized in villages in collaboration with district health department benefitting more than 300 children of 0–23 months.

#### 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 the 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.

<i>Geographical Coverage</i>	<i>Beneficiaries</i>
<b>Punjab Province:</b>	556 disabled and 53,000 family and other community members.
<b>District Bhakkar</b>	
<b>Gilgit Baltistan: District Skardu and Ghanche</b>	190 elderly people 25 children with disabilities

##### 4.2 Major Achievements under Each Intervention

###### 4.2.1 Rehabilitation and Confidence Building

Rehabilitation of disabled persons was facilitated through medical assessment and subsequent provision of assistive devices. 556 people with disabilities in Skardu, Ganche and Bhakar were assessed for their impairments by disability experts i.e. physiotherapist, audiologist, optometrist and psychologist. 87 people with physical disabilities were given assistive devices i.e. orthotics, wheel chairs and CP chairs.

These 87 people with disabilities were provided trainings on independent living and using assistive devices. 27 of them were students of special education center.



Fitting of Hearing Device

###### 4.2.2 Inclusion Of People With Disabilities in Mainstream Development

Inclusion of people with disabilities in mainstream development is done through the following ways:

###### Inclusion of Children with Disabilities in Education

Primary education of children is promoted as a basic right of all children. 25 children with disabilities have been admitted in primary education. This has boosted their confidence and socialization skills. Teachers and non-disabled children have also realized the importance of inclusion of children with disability in education.



Puppet Show in Schools

###### Inclusion of Children and Youth with Disabilities in Sports

Village level sports are promoted among children and youth. They are made aware to include children and youth with disabilities in sports activities. As a result, about 10 youth with disabilities participated in sports and are members of their village sports' teams.



Inclusion of Disabled in Sports

### Inclusion of People with Disabilities in Community Organisations

Community organizations for men and women are formed to facilitate communities to address their communal issues collectively. 29 people with disabilities have become members in community organizations. As a result of engagement of people with disabilities in community organizations, village development plans have incorporated needs and demands of people with disabilities as well. This has massively increased the confidence of the PWDs and has finally brought them into limelight.

### Improving Access of People with Disabilities to Health Care Services

Assessment and referral facility has been established with District Social Welfare Department. 27 of a total of 29 medically assessed disabled persons have received their disability certificates and are entitled for benefits and exemption on fares, taxes and fee.



Provision of Enterprise Material

### Engagement of People with Disabilities in Economic Activities

16 people with disabilities have been facilitated to set up small grocery shops, poultry units for selling eggs, barbershops and tire puncture shops etc. The engagement of people with disabilities in economic activities has enhanced their confidence and they participate in family and communal decision-making. The community members and specially their family members have started to recognize their potential and capabilities. The economic independence has made them role models for others in the communities. The communities have started to accept the fact that disability should not be considered a barrier in decision-making processes.

### Awareness Raising Campaign in Communities

For the social inclusion of the PWDs 30 puppet shows in 20 villages and 10 schools have been conducted on the theme of inclusive development by community organizations. These shows were attended by more than 9,000 community members of all ages and genders especially women, children, elderly people and youth. As a result of awareness raising activities, there has been a considerable change in their lives, which has made them realize their existence in their families. They have begun to participate in social activities being held in their villages. In result of this effort, the community organizations, families and communities of people with disabilities have welcomed the idea of mainstreaming people with disabilities in the local decision making process and participation in social events as well.



Puppet Show on Inclusion of PWDs

### Accessibility in Village Surroundings

Accessibility in village surroundings such as streets, path ways, drains, mosques, schools, shops and basic level health care facilities etc. is a pre-requisite for the mobility of people with physical disability and blind/low vision. Community organizations of three villages have mobilized resources and made their primary village school accessible. 30 houses of the disabled persons are accessible and have accessible toilet.

#### 4.1.10 Advocacy

Advocacy for the rehabilitation and inclusion of the disabled persons was continued. 2 Disabled People Organizations (DPOs) in District Jhelum and District Skardu were formed. DPOs have been lobbying with district line departments for the extension of their departmental services towards the disabled persons. 4 provincial and 1 national level consultation workshops in Pakistan were conducted and participated by the District, Province and national level stakeholders i.e. social welfare department, directorate general of special education, DPOs and planning commission. Ideas and recommendations to promote inclusive development in rural areas were collected. Field experience learnt while rehabilitation and inclusion of disabled persons combined with recommendations from the consultation workshops held at provincial and national levels was documented in the form of guidelines. The guidelines were titled as “Guidelines for Promoting Rehabilitation and Inclusion of Persons with Disabilities in Mainstream Development”. Directorate General of Special Education endorsed these guidelines for the replication and dissemination.

## 5. Promoting Human Rights

Happy families respect each other's rights and form a healthy society. CHIP aims to promote a concept of happy family for promoting human rights for all. We also strengthen the local support mechanism in accordance with issues related to the rights of women, marginalized and persons with disabilities.

### 5.1 Types of Interventions by CHIP

Although we are promoting the concept of happy family in all geographical areas under all programmes as a cross cutting theme, however, a dedicated programme on violence against women is being implemented in 18 villages of District Jhelum (Punjab). Some of the major interventions being implemented are as follow:

- ➔ Monitoring and recording of situation of violence against women
- ➔ Strengthening of community organisations on importance of happy family
- ➔ Inculcating assertiveness and decision making skills in the youth
- ➔ Awareness raising of communities
- ➔ Tehsil Level Network to Promote Women Rights

<i>Geographical Coverage</i>	<i>Beneficiaries</i>
<b>Punjab Province: District Jhelum</b>	170 women survivors of violence. 18 community organizations and 14,000 community members

### 5.2 Major Achievements under each Intervention

#### 5.2.1 Monitoring and Recording Of Situation of Violence against Women

We have trained human rights activists available in 18 villages. These activists were assigned responsibility to monitor and record situation of violence against women in 18 villages of district Jhelum. Since the activists are associated with their respective community organization, therefore this process has strengthened our referral system as well helped us design a more survivor oriented programme. The monitoring of year 2012-13 recorded 170 cases of violence in 20 villages. The major violence types are physical abuse, mental torture and restricted mobility. A large number of victims of violence were given counseling and guidance regarding coping mechanisms. Sessions with family members have also been designed and conducted in order to improve the situation.

#### 5.2.2 Strengthening of Community Organisations & Masalehti Anjuman

We aim to strengthen and convince communal set up on the concept of happy family. Trainings of 18 community organizations were conducted on the concept of happy family, values and human rights. These community organizations were also facilitated in identifying happy families within the villages and conduct discussion forums and analyze how these families became happy and link these with positive values, human rights. These forums are creating a conducive environment for victims of violence and creating a peer pressure for perpetrators. Community organisations and human rights activists have become a great support for women victims of violence with whom they have started exchanging their feelings and getting counseled.



Capacity Building of Masalehti Anjuman

Masalehti Anjumans are responsible to facilitate process of reconciliation particularly that relates to family cases. Mostly they receive cases of divorce, inheritance, child custody and maintenance etc. 15 members of 5 Masalehti Anjumans were imparted training on convention on the elimination of all forms of Discrimination against Women, Family Laws, Negotiation Skills and record keeping. As a result all Masalehti Anjumans have got sensitized about women rights and management of cases with complete objectivity.

### 5.2.3 Inculcating Assertiveness and Decision Making Skills among Women

We aim to inculcate positive values, assertiveness and decision making skills in Women Survivors of Violence to enable them to avoid any situation of violence and manage it in a positive and assertive manner. In this regard, sessions have been conducted on values, assertiveness and decision making skills. They were also imparted basics trainings on family laws and available mechanisms for seeking justice. These trainings have enhanced the horizons of Women Survivors of Violence and strengthened their assertiveness and decision making skills.

### 5.2.4 Awareness Raising Of Communities

A mass awareness raising campaign was launched at village and Tehsil level through multiple mediums such as radio programmes, newspaper coverage, interactive theatre shows, puppet shows, discussion forums and commemoration of National and International Human Rights Days. Our awareness raising campaign reached to more than 14000 community members. The campaign has developed a sense of realization among the communities to show reverence for human rights, which particularly include the rights of women.



Puppet Show on Inclusion of WSVs

### 5.2.5 Tehsil Level Network

Tehsil level network comprised of lawyers, women rights promoters, health personnel and members of community organizations formed and strengthened. The network aims to become the voice of women survivors of violence and facilitate them in acquiring justice.

## 6. Promoting Quality and Outreach of Education

CHIP aims to contribute to Millennium Development Goals by establishing primary education systems in remote areas especially targeting education of girls. We also invest in teachers for improving the quality of education.

### 6.1 Types of Interventions by CHIP

Our interventions are being implemented in District Upper Swat (Khyber Pakhtunkhwa). The following types of interventions were implemented for promoting quality and outreach of education.

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

### 6.2 Major Achievements under Each Intervention

#### 6.2.1 Primary Education through Community Based Schools

Communities in the villages are deprived of basic educational facilities, which have consequently hindered their progress and growth. We are running 10 community based schools in Upper Swat. About 735 children are studying in these schools and centers consisting of 441 girls and 284 boys. The syllabus certified by provincial authorities is adopted in these schools. The teaching methodologies of our schools are made interactive and activity based to engage children. Competence level of children is assessed through external examiners.

#### 6.2.2 Capacity Building of Teachers

In order to strengthen the quality and environment of education of community based schools, teachers were trained in teaching methodologies and classroom management, development of learning aids, lesson planning and syllabus of each class. Monthly meetings were organized with teachers to follow up the application of learning and issues faced. On job assistance was extended through regular visits to each school. As a result of our teachers training programme, local girls with low academic background are able to develop their teaching skills and contribute for the promotion of education in their respective villages. Engagement of women teachers is also promoting importance of education for girls.

#### 6.2.3 Financial Assistance for Higher Education of Poor Girls

The percentage of women reaching higher education is very low in Pakistan mainly due to economic reasons. We are promoting higher education among women through our scholarship support programmes for graduate as well as Masters Programme. Presently 26 girls are being supported for Masters Programmes and graduate programmes in Fatima Jinnah Women University Rawalpindi and Sardar Bahadur Khan Women University.

### 6.3 An Example of Our Success– Where there is a Will There is a Way

I always wanted to be at the top! This was my dream when I was admitted in the school. I was very good in studies and always passed the exams with distinctions. My teachers used to call me a role model. I had a strong belief that I would be at the top.....but I never knew that my family circumstances would hinder me to be at the top. I am Rizwana Gul aged 22 years old. I live in a small house located in a congested narrow street in Rawalpindi. My family comprised of five members including me. I have three younger sisters studying in grade 10<sup>th</sup>, 8<sup>th</sup> and 5<sup>th</sup>. My mother stitches clothes at home. My father passed away three years back in a road accident, which brought a turning point in my life. Although we were never a well off family, my father used to earn enough for meeting our daily life needs and education. He was working as an admin officer in a local Bank. After his death we realized how difficult it is to earn and meet the daily life needs. My mother started stitching clothes on payment basis and raised some income sufficient to meet our food needs with great difficulty. I was studying in grade 13 and started helping my mother in her work in the evenings.

<i>Geographical Coverage</i>	<i>Beneficiaries</i>
<b>Khyber Pakhtunkhwa Province: District Upper Swat</b>	700 children living in out of reach communities
<b>Punjab Province: District Rawalpindi</b>	30 poor girls unable to afford their higher education

I did not have any support to continue my education. I was very depressed sitting under a tree and planning to quit the university and help my mother on a full time basis to support the education of younger siblings. My teachers noticed that my performance was continuously declining and one day I was called up in the councilor's office to discuss the matter. I reluctantly shared my resource constraints to continue the education and there I was asked to apply for a financial assistance. I never knew that such a facility is available through CHIP. I applied and successfully qualified the criteria. My dream redeemed and I was again hopeful to be at the top. I continued my struggle! Studying and helping my mother in the evening in her work was my routine during the last three years. I completed my degree three months ago. While I was giving final exams, my head of the department recommended my name to a very prominent private sector organization as a research assistant. I appeared for an interview with no experience in hand. The interview panel was looking out for a fresh candidate having potential of undertaking desk researches and policy analysis. I was given a test to test my abilities. The results were very encouraging and I was selected. Never thought I would be a professional at the age of 22. I am very happy that small financial assistance has contributed a lot to the completion of higher education and has made me able to live a professional life. I am very hopeful that one day I will be at the top to help Pakistan become a developed country Insha Allah.

## 7. Income through Promotion of Environment Friendly Livelihoods

CHIP has strived to work for the support of the communities to enable them to earn their livelihood and to be self-sufficient. Our interventions intend to instill a sense of independence and self-reliance in the communities in order to realize their worth and potential. Pakistan has great natural resources, which if utilized and managed effectively, can raise livelihoods as well as contribute to the conservation of environment as well. We aim to promote natural resources for conservation as well as for promoting livelihoods in rural communities.

### 7.1 Types of Interventions by CHIP

Our interventions are being implemented in Bhakkar of Punjab Province through the following interventions.

- ➔ Strengthening of Entrepreneurial Skills
- ➔ Facilitation for Setting up Small Scale Enterprises
- ➔ Facilitation for Setting up Communal Enterprises

### Geographical Coverage

**Punjab Province:  
District Bhakkar**

### Beneficiaries

191 widows, divorcees, disabled and unemployed youth

### 7.2 Major Achievements under Each Intervention

#### 7.2.1 Strengthening of Entrepreneurial Skills

191 vulnerable individuals were imparted training on Entrepreneurial Skills. All of them were provided career counseling support to determine their way forward. Each one of them prepared their business idea and conducted small market research within their own village. This not only boosted their confidence but also raised their social status.

#### 7.2.2 Facilitation for Setting up Small Scale Enterprises

191 vulnerable individuals (16 disabled persons, 34 unemployed youth, 41 women survivors of violence and 100 widows) were facilitated in setting up small-scale enterprises. As a result 191 individuals have a regular source of income and a contribution to their family income. This has improved their quality of life and access of many individuals to health and education. The types of income earning sources include tire repair shops, tailoring shops, general merchant shops, goat farms, backyard poultry farms and barbershops etc. They have become real life examples for others and have become a source of encouragement for other peers to move forward and prove their abilities.



#### 7.2.3 Facilitation for Setting up Communal Enterprises

Community Organizations work on volunteer basis and requires additional funds for running and management of its affairs on regular basis. 17 community organizations (3 in Bhakkar, 10 in Sohawa and 4 in Skardu) were facilitated in setting up communal enterprises under their organizational ownership. Community organizations have employed unemployed youth for running and management of the enterprise. The types of enterprises established are catering shops (three), stationary shops (two), sheep farms (eight), fish farms (two), flour mill (one) and general grocery shop (one).

## 8. Relief and Rehabilitation for People in Need

The prevailing incursion of natural calamities and the security state of affairs in Pakistan has given rise to consistent emergency situations in the country. CHIP aims to respond to the emergency situations provided if they are genuine and need based. It is in fact a collective responsibility of the entire nation to extend their support and assistance to help people in need.

### 8.1 Types of Interventions by CHIP

Relief and rehabilitation activities were implemented in District Bhakkar and Layya. Some of the major activities implemented were as follow:

- ➔ Winterization Kits for Tenants of DG Khan;
- ➔ Support for Drugs/Medical Camps;
- ➔ Construction of Flood Resisted Housing Structures;
- ➔ Rehabilitation of Agriculture Land through Land Levelling and Construction of Dam.

<i>Geographical Coverage</i>	<i>Beneficiaries</i>
<b>Punjab Province: District Bhakkar, GB Province, District Ganche and Skardu</b>	287 flood affected houseless families. 100 farmers.

### 8.2 Major Achievements under Each Intervention

#### 8.2.1 Winterization Kits for Tenants of DG Khan

Massive rains in August 2012, affected the Tehsil Tonsa and Tehsil DG Khan in southern part of Punjab. During and after floods affected communities were living in tents. To protect the people from winter winterization kits were distributed in the communities. Each of the winterization kits was comprised of quilts, blankets and warm clothes for each of the family members. Stagnancy of flood water resulted in the outbreak of malaria and dengue fever. To prevent and protect the affected communities, people were provided mosquito nets.

#### 8.2.2 Drugs/Medical Camps

3 Medical camps on general diseases were held in 3 villages of Bhakar. 374 community members from the villages benefitted from these camps. Health department of Bhakkar facilitated the medical camps by providing their equipment and human resources. No additional cost on the purchase of medical equipment was incurred.

#### 8.2.3 Construction of Flood Resisted Housing Structures

287 families were provided support to construct their houses in Bhakar. Each of the houses was consisted of one room, one toilet and one traditional kitchen. Seismic principles for the construction of the structures were followed. Horizontal and vertical reinforcement in the structures were provided to increase the strength and protect them from collapsing in floods again. 4 ditches were filled and repaired to stop the stagnancy of flood water.



#### 8.2.4 Rehabilitation of Agriculture Land

In Ganche, the agriculture land and irrigation system was destroyed by the flash floods. Food security for the 100 villages in village Kharkoo, District Ganche was ensured through rehabilitation of 100 Kanals of agriculture land and constructing a dam for the irrigation purposes.

## 9. Case Studies

### 9.1 Now we have our own School Building

Saray syedan is a village of UC Pail Banny Khan of Tehsil Sohawa and situated at a distance of 20 KM away in South east of Sohawa town. Total households are 65 with the 549 natives. Basic facilities in the village i.e. hospital, schools, water sources are missing. CHIP facilitated the mobilization process in the village and a VCC was formed. VCC prioritized the absence of school especially for girls as major problem. 60 school going children were not enrolled in school due to unavailability of school. CHIP and VCC jointly established a community based school consisting of one room. VCC provided local teacher and a room and 40 children were enrolled.



As time went on, the strength of the students was increased to 62. VCC realized the need for school building. VCC donated a 1 kanal piece of land for school. But VCC do not have enough money for community contribution. VCC in experience sharing meeting discussed their problem with VCCs from other villages.

VCCs in other villages started fund raising for the school building and raised an amount of PKR 29,000. Subsequent to the collection of community contribution, the construction of school building was started. Now School building is constructed with two rooms and a corridor. 62 students are enrolled in the school with 7 classes and two teachers. The school has its own saving account and school fee and funds are deposited. Students are very happy to have their permanent school building where they can get education.

## 9.2 Water Resource Development through Local Resource Mobilization

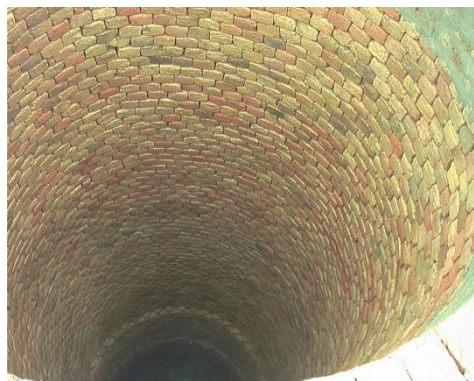
Dhowk Mirbaz is one of the marginalized villages in Tehsil Sohawa located in south west at a distance of 30 Kms at Chakwal road. Total population of the village is about 560 persons inhabiting 65 households. 90% population is agrarian with 10% employed as govt. and private servants.



The village is located across a nullah (natural stream) and there was no road to this village. CHIP conducted PSA and VCC was formed. VCC was named as Sahara VCC and has 25 members including 5 women. As a result of PSA villagers identified the need for drinking water as one of the major problems. Despite having 12 household shallow wells, the quantity of the water was not sufficient. 10 of these shallow wells are saline and water table in the wells was very low. Mostly women from the village visit adjacent villages to fetch water.

Sahara VCC as its first priority decided to rehabilitate one well adjacent to their village and feasibility was prepared. Total estimated cost to rehabilitate the well was PKR 60,000. VCC collected PKR 25,000 from their village and the project provided construction material for the remaining 35,000. VCC formed a water committee as its subsidiary and tested the sample of well water from the National Institute of Health. During the rehabilitation work, heavy rains damaged the well water and VCC couldn't escape their well. Heavy rains raised the cost to PKR 70,000. VCC contacted local Govt. and got approval of PKR 10,000 to continue their well rehabilitation work.

### Well After the Rehabilitation



The well was dug 30 ft. down the ground and lined with bricks. Well pad is constructed and well is covered with iron cover. The water discharge in the well is increased to such a level that one can touch the water inside well from the neck of the well. Water committee is responsible for disinfection of water by chlorination on quarterly basis.

But it is not over yet. VCC continued their journey towards betterment and decided to rehabilitate their livestock pond. Construction of livestock pond is their self-initiative. Livestock pond in village was filled with soil and does not have sufficient water for the available livestock. Mostly women are responsible for livestock management and they have to travel nearly 5 Km to the nearby pond. Women mobility in these villages is little and not considered good. VCC collected the livestock fund from the community and mounted an amount of PKR 8000. They asked a local tractor with cutter to dig their livestock pond. Once heavy rains resulted in the damage of well rehabilitation but at the same time filled the pond with water. Now the pond has a big quantum of water in livestock pond and community is of the view that it is sufficient for their livestock for a year at least. VCC has established a real example of communal development through local resource mobilization.

### 9.3 Life's Little Tests

She longed to go outside and play hopscotch with the other girls. Like any other 16 year old, all she ever wanted was to sit on the porch with her friends on a hot summer afternoon, an ice lolly in one hand, as they talked about ordinary things: clothes, school and family. She wished to be able to visit her friend's houses on her own, spend the evening doing their homework from school together. She wanted to live in a world where her biggest worry was being scolded by the teacher for not learning yesterday's lesson or fighting over new clothes with her sister.

But life threw her a different curve instead. Born with a hearing impairment and permanently deformed legs, Alia spent a life dependent on her

mother to fulfill even her most basic needs. She had barely known a life outside the confines of her house. The few times that she had seen the outside world, she had been carried by her mother. As time went by and Alia became older, it became increasingly difficult for her mother to carry her outside the house. By age 11, Alia had learned to live with her condition, no questions asked, and so had her mother. But no matter how strong they were, they could never have prepared for what came next. One day, bored by her loneliness and lack of electricity in the household, Alia began to play with the fodder cutting machine. Her mother tried to stop her but she knew that the machine was not much of a danger because of no power in the house. But her worst fears were realized when she heard her daughter scream; as she rushed to the other room, she saw Alia fainted in a pool of her own blood. Oh Lord, another test for her little one? How would she survive without her arm?

Her mother loved Alia; she spent most of her days helping Alia move around the house, take her to the toilet, change her clothes. But there was always a single regret that plagued her mind: what if it was their poverty and illiteracy that had reduced Alia to this condition? What if she had stopped her daughter from playing with that machine that day? If she had the money to afford Alia's treatment earlier on, would her daughter's life be different? CHIP's arrival in the village was like a breath of fresh air. The CHIP-provided doctor for the village examined Alia and she underwent a further medical examination conducted by an Ear, Nose & Throat specialist. Based on these assessments, Alia was able to obtain a disability certificate and simultaneously CHIP provided her with a wheel chair and toilet chair to help improve her mobility both within and outside the house. She was also provided with hearing aid to help her in communicating with others. All of these interventions have proved to be life changing for Alia.

It is strange how overcoming a hurdle that appears small to us can be an achievement of a lifetime for somebody else. For Alia, being able to independently brush her hair, change her clothes, eat her food or use the toilet was a massive achievement. Not only did it boost her self-confidence, it restored in her a sense of hope that she had lost long ago. As part of her rehabilitation programme, she was also given training on various topics including disability equality and independent living, both of which went a long way in pushing her out of her inertia. At the same time, she was made to undergo counseling sessions and speech therapy to help improve her communication skills. The sessions had a great impact on her every day social life. The girl who spent most of her day lying in bed alone, depressed, wondering what a burdenshe is on her family now spends her day with her two best friends who visit her daily.

Alia has come a long way since. She had known a hard life and there were times when she considered her existence to be meaningless. But who would have known that she would one day leave that behind her? She takes part in her family decisions and exuberates the confidence of a young 16 year old as she slowly moves towards a slightly normal and happier life.

#### Alia Siddique

<b>Age</b>	16
<b>Gender</b>	Female
<b>Village</b>	Dilawar, Darapur, Sanghoi
<b>Disability</b>	Hearing Impairment; Deformed Legs; Amputated Forearm.
<b>CHIP Interventions</b>	Medical Assessment; Disability Certificate Wheel chair; Hearing Aid; Workshops on awareness raising, mobility and speech therapy.