Annual Progress Report

July 2016 – June 2017

Civil Society Human & Institutional Development Programme (CHIP)

CHIP
VALUE INVESTMENT

An
Organisational Profile of
Civil Society Human and Institutional Development Programme (CHIP)

Who Are We

Civil Society Human and Institutional Development Programme (CHIP) is a not-for-profit company created in October 2004 under Section 42 of the Companies Ordinance and registered with Security and Exchange Commission of Pakistan. CHIP has been designing and implementing community development programme for the protection of children, women, disabled and most marginalised communities to help promote their basic rights and to expand their opportunities to reach their full potential since 2004.

Vision

An aware and organised inclusive society capable of realizing its own potential and development.

Mission

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

Our Approach & Strategy

CHIP develops and promotes:

- Strengthening of local individuals and institutions to enhance efficiency and effectiveness of development efforts.
- Synergies and mutual accountability between local administration and community organisations.
- Local resource mobilisation to augment ownership and responsibility in communities while simultaneously improving efficiency in costs.
- An element of 'inclusion' in all our efforts to ensure that everyone is included regardless of gender, disability or any other difference or impediment.
- Research and advocacy as a tool for bringing a positive change at all levels.

What Do We Offer

The programmes are implemented through the following systems. Our detailed strategic focus is explained below:

Project Implementation Services

Under project implementation services CHIP designs and implements development projects or selected project activities directly through its field offices.

Project Management Services

Project Management services consist of fund management, operational planning, establishing a partnership with civil society organizations, recruitment and management of project personnel and procurement on behalf of international development agencies or INGOs, in particular those that choose not to establish their own offices locally.

Target Beneficiaries

Children, women, elderly persons, persons with disability, the economically poor, and the most marginalised sections of society. We facilitate the protection of children, women and the disabled to help meet their basic needs and to expand their opportunities to reach their full potential.

Geographical Outreach

We work in the most underdeveloped, remote and marginalised areas of all provinces of Pakistan.

Our Values

Practice and promote honesty, dedication and commitment

Organisational Information of
Civil Society Human and Institutional Development Programme (CHIP)

Full Name	Civil Society Human and Institutional Development Programme (CHIP)
Legal Status	Not-for-profit company set up under Section 42 of the Companies Ordinance 1984 and registered with Securities and Exchange Commission of Pakistan under registration number 00000004052/20041001.
Date of Registration	October 20, 2004
Chief Executive Officer	Lubna Hashmat
Complete Address	CHIP House # 1 in Fayyaz Market Opposite National Institute for Rehabilitation Medicine -NIRM, Street # 9, G-8/2, Islamabad, Pakistan. Tel: 92-51-111-111-920; Fax: 92-51-2280081 Email: info@chip-pk.org; Website: www.chip-pk.org
Head Office	Islamabad
Field Offices	i) District Jhelum, Punjab Province of Pakistan ii) District Jhang, Punjab Province of Pakistan iii) District Ghanche, Gilgit Baltistan Province of Pakistan iv) District Layyah, Punjab Province of Pakistan
Bank's Name	Habib Bank Ltd. F7 Branch in Islamabad
Auditors	BDO Ebrahim& Co., Chartered Accountants and BDO Ebrahim Consulting (Private) Limited, BDO international is a worldwide network of public accounting firms, called BDO Member Firms. 22 Saeed Plaza ,Blue Area, Islamabad, Pakistan Tele: 051-2872750-1,051-2271816 , Fax: 051-2277995
Certifications	Certified by Pakistan Centre for Philanthropy (PCP)
Memberships	i) Human Resource Development Network ii) Pakistan CSOs Coalition for Health and Immunisation iii) Community Based Inclusive Development for Promoting Rights of Persons with Disability
International Recognition	Case Study of CHIP is documented and available on IVEY business School and Harvard Business Publishing Websites https://www.iveycases.com/ProductView.aspx?id=67379 https://cb.hbsp.harvard.edu/cbmp/product/W15204-PDF-ENG

Abbreviations

CBO	Community Based Organization
CBS	Community Based School
CHIP	Civil Society Human and Institutional Development Programme
CO	Community Organisation
CSO	Civil Society Organization
CWD	Children with Disability
DHQ	District Health Quarter
KP	Khyber Pakhtunkhwa
NGO	Non-Government Organization
NoC	Non Objectionable Certificate
PWD	Person with Disability
TT	Tetanus Toxide
UC	Union Council

General Information

Board of Directors
1. Mr. Mohammad Ajmal Malik Chairman
2. Dr. Muhammad Ramzan Director
3. Ms.KaisraJabeen Butt Director
4. Mr.IftikharJaved Director
5. Mr.Safdar Awan Director
6. Mr. Naeem Bashir Director
7. Ms.ShehnazFarooq Director

Chief Executive Officer
Ms. Lubna Hashmat

Company Secretary
Mr. Muhammad IrfanFareed

Auditors
BDO Chartered Accountants

Registered / Head Office
Plot 1, Fayyaz Market, Street 9, G 8/2, Islamabad,
Pakistan
Telephone: 92 51 2250012-4
UAN 92-51 111-111-920
Fax: 92 51 2280081
E-mail: info@chip-pk.org
Web: www.chip-pk.org

Field Office 1
Tehsil Sohawa & District Jhelum.
Punjab Province,
92-544-711314

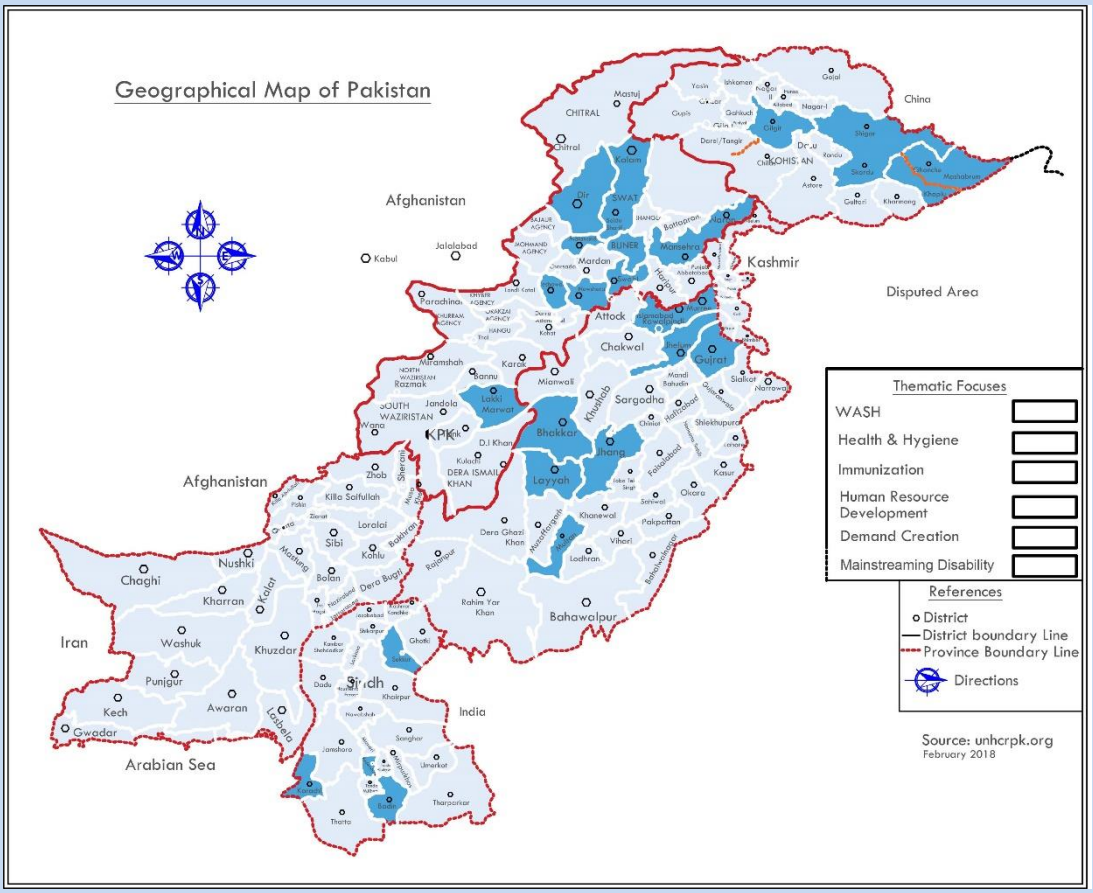
Field Office 2
Tehsil 18 Hazari- District Jhang,
Punjab Province
92-0477-645110

Field Office 3
Tehsil Khaplu, District Ghanche
Gilgit Baltistan Province,
92-5816-450178

Field Office 4
District Layyah
Punjab Province,

Our Geographical Coverage

Province	District
Khyber Pakhtunkhwa	Upper Swat
	All Districts for advocacy on immunisation and engagement of CSOs
Punjab	Jhelum
	Bhakkar
	Jhang
	Gujarat
	Rawalpindi
	Layyah
	All Districts for advocacy on immunisation and engagement of CSOs
Gilgit-Baltistan	Skardu
	Ghanche
Sindh	All Districts for advocacy on immunisation and engagement of CSOs
Baluchistan	Quetta
	All Districts for advocacy on immunisation and engagement of CSOs



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 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 on-going 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.

Our Funding Partners Since 2005

1. Brien Holden Vision Institute	Australia
2. Caritas	Austria
3. Church World Service	United States
4. DFID through Sightsavers	United Kingdom
5. Foundation for the Future	Jordan
6. GAVI through Catholic Relief Services	United States
7. Gavi through UNICEF	United Nations
8. International Development and Relief Foundation	Canada
9. Japanese Internal Cooperation Agency	Japan
10. Light for World	Austria
11. Misereor	Germany
12. Muslim Care	United Kingdom
13. Plan Pakistan	United States
14. Sightsavers	United Kingdom
15. Swiss Agency for Development & Cooperation	Switzerland
16. The Asia Foundation	United States
17. UNDP – Gender Justice and Empowerment Programme	United Nations
18. USAID through Abt. Associates	United States

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 IftikharJaved, 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 honours 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 USAID, UNICEF and British Council international organizations on health and education for more than two decades. She has been associated with almost all private sector schools for the promotion of quality education in Islamabad/KP 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. Kulsum Abbasi
Kulsum Abbasi has graduated in Economics from Lahore University of Management Sciences. Her interests lie in social entrepreneurship and community development with a focus on adaptive leadership and iterative approaches. She has experience in translation from Urdu to English, policy analysis and strategic planning, and can lend her expertise towards preparing feasibility policies.

7. Mian Mohammad Naeem Bashir
Mian Mohammad Naeem Bashir 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.

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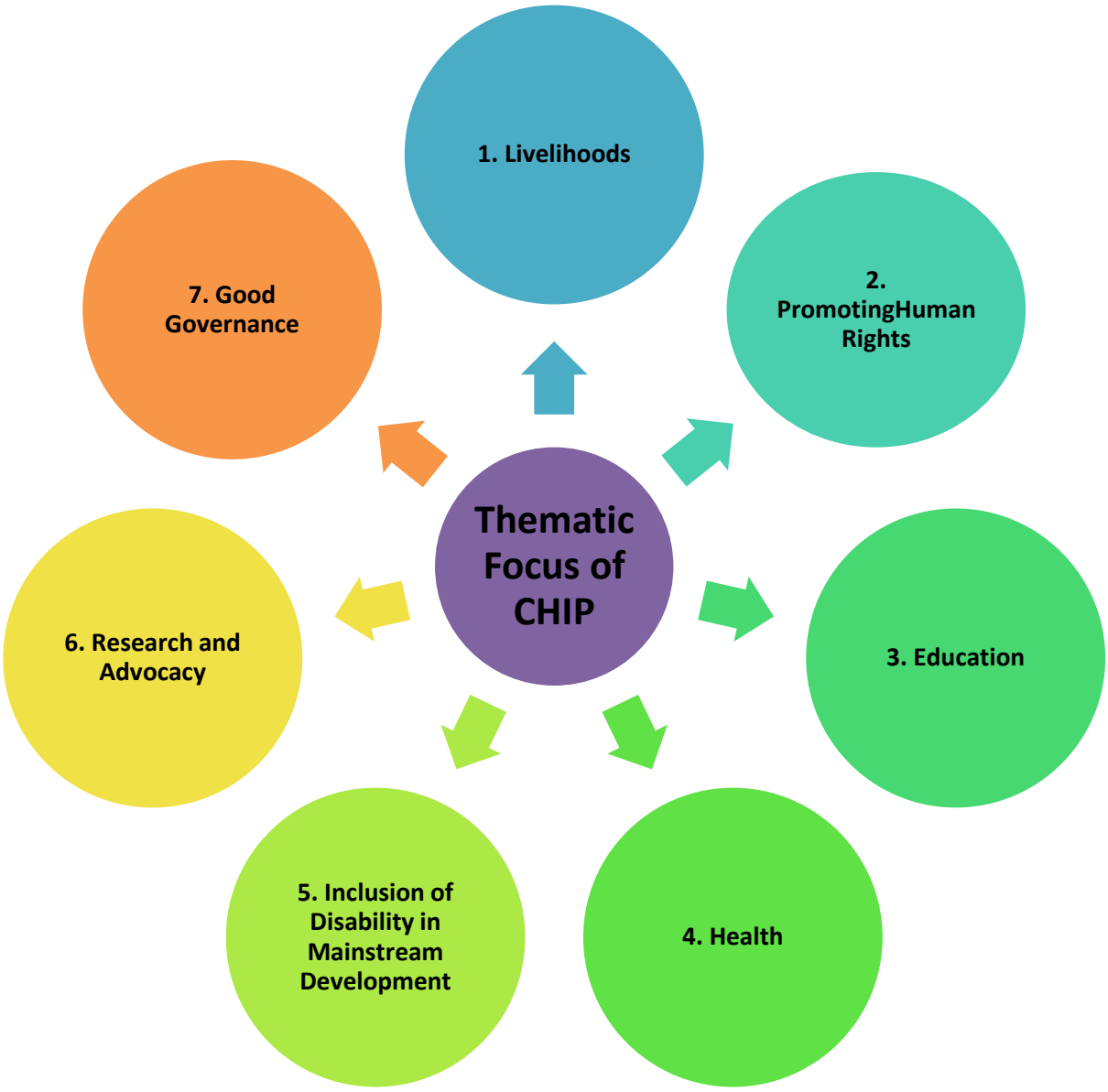
Key Thematic Focus of CHIP



1. Environment Friendly Livelihoods

1.1 Introduction

In a developing country like Pakistan vast numbers of young people are outside the formal school system, requiring the integration of non-formal learning methodologies and literacy programmes into national education programmes[1]. The unemployment rate in Pakistan stands at about 6%[2]. The poor people who lack education and technical skills have no other choice but to fall prey to unproductive activities. The overall lack of education and skills, especially in youth results in very few individuals earning an income to support their families hence, the productive or income earning individuals are much fewer than the number of dependants. The vocational centres are in accessible as they are located in the cities while most of the population that is badly in need of professional training and skill development programmes is located in sub urban and rural areas. They find it hard to travel to faraway places on daily basis. Although Pakistan has a widespread network of CBOs and LSOs that work for human and institutional development but new rules and regulations have made it hard for them to run their activities smoothly making it necessary for them to obtain Non Objectionable Certificates (NoC) from respective provincial governments. All this has put a question mark on their existence and the gap needs to be filled by well reputed organisations.

1.2 Types of Interventions

1.2.1 Strengthening of entrepreneurial skills;
1.2.2 Strengthening of vocational skills;
1.2.3 Facilitation for setting up individual small scale enterprises;
1.2.4 Facilitation for setting up communal enterprises.

1.3 Major Achievements under Each Intervention

1.3.1 Strengthening of Entrepreneurial Skills

In order to strengthen entrepreneurial skills of community members, especially youth and women, 50 entrepreneurs were provided career counselling support and then facilitated to prepare business feasibility for their enterprise. They were also provided with technical assistance to improve their business feasibility. Each entrepreneur was extended a follow up support after one month to check the application of their learning and discuss the challenges that they faced. A session on financial management and record keeping was also conducted to further enhance their entrepreneurial skills.

1.3.2 Strengthening of Vocational Skills

03 adult literacy and vocational training centres were established to strengthen vocational skills of community members, especially youth and women. The centres offer three months tailoring and literacy courses to women and girls. These training centres have been successful in empowering women economically and giving them an opportunity to pursue further education. A total 49 young women are getting benefits from these centres as they are now able to generate income and equally share the financial burden of their household with male members.

1.3.3 Facilitation for Setting up Individual Small Scale Enterprises

In order to support poor and women headed households, 27 unemployed women started their individual small-scale enterprises after pooling their own savings and partial financial support from CHIP. Tailoring, tuck shops, cosmetics, garments and embroidery shops were established. These females are now able to earn an income which has empowered them economically and enhanced their decision making position at household level.

[1] *http://unesco.org.pk/education/documents/Report_Study_on_TVE_at_Secondary_Level_Pakistan.pdf*
[2] *http://www.finance.gov.pk/survey_1516.html*

1.3.4 Facilitation for Setting up Communal Enterprises

04 COs established catering communal enterprises in areas where this facility was not available through putting forward their own resources and 70% support from CHIP. The profits are reinvested to strengthen the communal enterprise. This helped in providing job opportunities for the local unemployed youth.

1.4 Case Study: A Ray of Hope

Name	Asia Bibi
Age	30
Area	District Jhang, Punjab Province
Intervention	Establishing small scale enterprises

Asia Bibi is a resident of village Lodran Wala, Union Council Rashidpur, District Jhang. Asia was unable to attain education due to strict and rigid cultural norms which hinder females' education in her village. To further aggravate the literacy situation, the village school for girls was also shut down. At a young age Asia Bibi was married off to a person belonging from her village. Her family occupation and source of income is daily wage work but unfortunately the income is not enough to fulfil basic family needs. Asia Bibi once learned sewing from her cousin but due to unavailability of sewing machine in her house and lack of funds she was not able to purchase one.

CHIP started an initiative of training women to establish small scale enterprises in District Jhang. When Asia Bibi heard about this initiative she actively participated in this training. After the training, with the financial help of CHIP, Asia Bibi was able to purchase her own sewing machine and was able to establish her own tailoring business. Soon her tailoring skills became famous in the village and she was approached by people from nearby villages to sew their clothes.

After one year of receiving training and establishing a small scale enterprise, Asia Bibi is now earning more than Rs. 2000/month from her tailoring services. She can now contribute financially and support her family members in generating income. This has enabled her to fulfil the basic needs of her family. Asia Bibi is very much satisfied with her earnings and is now happy the way things have changed in her life. Asia Bibi stated:
"How can I forget my bad days, I will make sure that all poor girls learn tailoring skills to help themselves and others."

2. Promoting Human Rights

2.1 Introduction

The situation of human rights in Pakistan is appalling due to which most of the marginalized communities such as women, Persons with Disability (PWDs), minorities and poor families are excluded from political, social and economic development. Women still face many hurdles to access public services such as shelter, legal advice, medical assistance and psycho-social counselling. In Pakistan the number of persons with disability varies from 3.3million to 27million, with government statistics reporting it as much less than they actually are[3]. In the five years since Pakistan ratified the UN Convention on the Rights of Persons with Disability, there has been little progress towards achieving its goal of making persons with disability to participate fully and effectively in society. Poor public services, lack of transparency and tax equality remain major challenges. In order to have peace and harmony and a balance of power between individuals and groups, human rights need to be promoted.

2.2 Types of Interventions

2.2.1 Formation of women groups
2.2.2 Mass level awareness raising campaigns rights of PWDs and CWDs
2.2.3 Monitoring and recording of situation of human right violations
2.2.4 Representative community organisations

2.3 Major Achievements under each Intervention

2.3.1 Formation of Women Groups

12 women groups were formed to provide the opportunity to local women to fully participate in decision making process of their area and ensure inclusive development. They were sensitized on human rights themes such as right to vote, right to health and medical facilities, right to education, etc. Total 247 women participated in 15 meetings which were held to form these groups. Discussions on responsibilities and rights of each gender helped them create a balance of power with the opposite gender hence, leading to their social empowerment.

2.3.2 Mass Level Awareness Raising Campaigns on Rights of PWDs and CWDs

Awareness raising sessions through quiz and drawing competitions were conducted in schools to sensitize children regarding rights of PWDs and CWDs. International day of disability were celebrated with 9 partner CBOs and other stakeholders which helped in empowering PWDs and creating acceptability of PWDs among community members. In total 1096 participants including 186 PWDs participated in these events. Interactive theatre training was conducted to train a local group for awareness raising on rights of disabled persons in targeted villages through performing interactive theatres.

2.3.3 Monitoring and Recording of Situation of Human Rights Violations

Men and women human rights promoters were trained at the village level to identify any type of violations and report to their respective community organisations. Community organisations (COs) were trained in conflict management and perform role of mediator. Community organisations help in promoting positive values at the communal level. Their engagement has created a social pressure on village mates to avoid human rights violations and promote positive values.

2.4 Case Study: Battling Thirst through Community Led Development

Name:	Mehwish

[3] https://www.unicef.org/wash/

Age:	23
Area:	District Sohawa, Punjab Province
Intervention:	Rehabilitation of communal wells and installation of proper pipes

Mehwish, aged 23 years is the daughter of a member of village Mangot CO, located in UC Phulray Syedan. She described animatedly the issues that existed within her village. With the closest water supply at 15 to 20 minutes walking distance – stocking up on water often took between 2 to 3 hours a day, and summers made the trips even more difficult since stocking up too much water led to the stagnation within storage where it would get a malignant odor. This made the already hot summers feel even harsher due to the excessive effort in maintaining a clean water supply. The existing well they had was also decrepit and was found to be deteriorating quickly. The elderly ladies faced all these hardships on a much larger scale and the area in and around the water well used to get muddy and unclean during rainy days, further aggravating the problems.

Tehsil Sohawa District Jhelum is rain fed area. In summer season water table becomes very low. People face problem regarding drinking water. In this situation CO called a mass meeting and discussed the issue as well as its possible solutions. It was suggested by the community to rehabilitate communal well and install proper pipes of water supply in streets from which people connected their household water connections. So CO documented and submitted a proposal to CHIP for technical and financial feasibility. Technical expert from CHIP prepared the feasibilities and drawings and shared them with the respective CO. The CO implemented the project by forming water committees and partially mobilizing financial resources from the community. The main aim of taking community share was to promote a sense of ownership among the community members. The water committees were responsible for purchasing, implementation and maintenance of the project. Hence, this project benefitted around 20 households directly. People are quite satisfied now as they have a permanent source of drinking water. CHIP also ensures that women participation at local level is enhanced thus; it promotes their participation in CO meetings and training. Similarly in implementation of this project women were an integral part who actively took part in consultation meetings and discussions. In an effort to rehabilitate the water supply to the community, Mehwish discussed how the CO along with CHIP worked to rehabilitate the well by raising it and forming a strong base around it. Furthermore, pipes were put to get water as close to the residences as possible through a motorized pump.

The well rehabilitation helped in resisting environmental problems and save women's time as they can now get water using pumps. It strengthened community organisation's capacity in implementing development projects. Furthermore, it also promoted a sense of ownership among the community as they had 40-50% share in financing the project. This has led to an overall increase in the quality of life as fresh water can now easily be accessed for daily use.

3. Promoting Quality and Outreach of Education

3.1 Introduction

Education is the basic right of every human being yet in Pakistan 24 million children of school going age are out of school (The economist, 2016). No country can achieve sustainable economic development without investing in human capital. Education enhances their chances of getting better employment opportunities, high incomes and improves the quality of their

lives leading to broad social benefits to individuals and society. According to Economic Survey of 2016-17, the literacy rate of Pakistan (10 years and above) is 58%. The data shows that literacy rate is higher in urban areas (74%) than in rural areas (49%) and Punjab has the highest literacy rate while Balochistan has the lowest. Due to prevalence of strong patriarchal system and deep rooted cultural norms that discourage females to attain education; there's a wide gap among male and female literacy rates. The literacy rate for males was recorded at 81% and for females at 68%, showing a gap of 13% of female literacy that needs to be bridged[4]. Pakistan has failed to keep pace with other South Asian states in terms of increasing literacy rate; even in areas where primary and secondary education is available, the quality of education is seriously poor. Teachers are often absent and encourage rote learning instead of critical thinking. Hence, a lot needs to be done if Pakistan wants to achieve SDG4 by 2030.

3.2 Types of Interventions

3.2.1 Primary education through community based schools
3.2.2 Capacity building of teachers
3.2.3 Financial assistance for higher education of poor girls
3.4.4 Enrolment of children with disability in schools

3.3 Major Achievements under Each Intervention

3.3.1 Primary Education through Community Based Schools

08 community based schools in Swat are being run. A total 188 children (117 boys and 71 girls, including 05 Children with Disabilities) reinstated their education in these community Based Schools (CBSs). All children were out of school due to unavailability of government school in close vicinity.

3.3.2 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 organised with teachers to follow up the application of learning and issues faced. On job assistance was extended through regular visits to each school. Hence, the teachers training programme helped the local girls with low academic background to develop their teaching skills and contribute for the promotion of education in their respective villages. Engagement of women teachers has contributed a lot in promoting importance of education for girls and enhancing their enrolment rates in schools.

3.3.3 Financial Assistance for Higher Education of Poor Girls

Scholarship support programmes are also being run to promote higher education among girls, especially from poor financial backgrounds for Graduate as well as Masters Programme. Presently, 39 girls are being supported for Masters Programmes and graduate programme in Fatima Jinnah Women University, Rawalpindi (Punjab) and Sardar Bahadur Khan Women University, Quetta (Baluchistan). This initiative ensures that financial obstacles do not hinder girls from attaining higher education and fulfilling their ambitions.

3.3.4 Enrolment of Children with Disability in Schools

In order to insure that children with disability are equally part of the development process, 42 children were enrolled in different government schools and special education centres after assessment which was conducted by a hired professional. Out of 42, 25 children were enrolled in inclusive education and the rest were enrolled in special education. This initiative has greatly helped in changing the mind set of parents and have encouraged them to send their children to schools instead of keeping CWDs at home.

[4] *http://www.finance.gov.pk/survey/chapters_17/10-Education.pdf*

3.4 Case Study: Spreading the Light of Knowledge

Name:	Hussain Zada
Age:	33
Area:	District Swat, Gilgit Baltistan Province
Intervention:	Capacity building of teachers and establishment of Community based Schools

Jukakal is a small village situated in the hilly areas of UC Teerat about 60 km from main Swat city, Mingora. The village comprises of 220 households while average HH size is 8.2. Agriculture, livestock, daily wage laborer and overseas employment are the main sources of income of people residing in this village. There is not even a single government school in the area. Nearest schools from the village are 02-03 km away.

In 2010, IDEAS in collaboration with CHIP established Community based Schools (CBS) in village Jukakal. The community members with mutual consent hired Mr. Hussain Zada as school teacher. At that time Hussain Zada had no teaching skills. To enhance capacity and skills of school teachers IDEAS with the financial support of CHIP organized and facilitated various teacher training (teaching methodology, communication and presentation, school management skills, recordkeeping and documentation). The training not only enhanced capacity of the teachers to teach but also broadened their vision to mobilize respective communities towards education and other social affairs. Mr. Hussain Zada is one of the Community based School teachers who built their capacity and proved to be a committed and responsible teacher. He is now a keen activist for mainstreaming school going children.

Before teaching Mr. Hussain Zada used to meet his domestic needs through daily wage labor and fuel wood collection. After being hired as a school teacher he is now able to meet about 30% of his family's daily needs. The parents and community members of village Jukakal feel quite satisfied due to teaching performance and relaxed attitude of Mr. Hussain Zada with school children and parents.

4. Promoting Good Health

4.1 Introduction

According to World Bank's report, Pakistan has third highest maternal and child mortality rates across the globe. According to Pakistan Demographic Health Survey, 2013, Pakistan's maternal mortality stand at 276/100,000 live births and 55/1000 newborns die annually[5]. Over 36,000 among 200,000 newborn children in Pakistan lose their lives annually due to premature births, while another over 8,000 babies die because of complicated deliveries. Pakistan couldn't even meet its MDGs target in 2015[6] which have now been added to Sustainable Development Goals (SDGs) and the planning to achieve these goals is still off track. Women and children are particularly disadvantaged by socioeconomic and cultural barriers, reducing their access to medical facilities[7]. Around 60% of all births in Pakistan occur at home by traditional dais (unskilled birth attendants)[4]. Immunization coverage in Pakistan has remained stagnant over the years. Only 54% of children aged 12–23 months have received all the vaccinations they need. The proportion of children under 12 months of age/two/five years of age who are fully immunized is around 53%.

4.2 Types of Interventions

4.2.1 Social mobilisation for generating sustainable demand for immunisation
4.2.2 Promotion of safe delivery practices
4.2.3 Organising and strengthening of COs working on health and immunization;

4.3 Major Achievements under Each Intervention

4.3.1 Social Mobilisation for Generating Sustainable Demand for Immunisation

About 2000 caregivers were mobilised to get their children immunized through fixed vaccination facilities and outreach immunization camps. Multiple strategies were adopted for creating demand for immunization. First of all a micro census was conducted to identify zero dose and defaulter children. After that house to house awareness raising campaigns with the use of interactive illustration based materials were conducted. Pre and post vaccination counseling sessions on side effects of vaccine and its management, formation and strengthening of village health committee comprised of community led mass awareness raising campaigns were also conducted. As a result of social mobilization for sustainable demand promotion, 375 zero dose children and 400 defaulter children began immunization.

4.3.2 Promotion of Safe Delivery Practices

28 birth attendants were trained to contribute in reduction of maternal and child mortality and morbidity through improved delivery and child care practices. The core focus of training was to upgrade the skills of birth attendants so that they perform deliveries in a more hygienic and safe manner, discourage harmful practices and refer women with complications to facilities where essential obstetric care is available. The training also focused on health education for pregnant women and antenatal and postnatal care.91 follow up visits were made to gauge the skill level of trained birth attendants and provide them with timely on-job support.

4.3.3Organising and Strengthening of COs working on Health and Immunization;

COs participation in Pakistan's national and provincial health sector planning meetings/ workshops were enabled and liaison and coordination were established. 48 members COs were provided with updated knowledge for promoting equity and coverage in immunisation. Low cost solutions to address barriers to immunisation were made by COs to be followed for improving the coverage where they are present.In order to create awareness about involvement of COs to increase immunization coverage, advocacy messages were developed and disseminated and importance of immunisation was highlighted through radio spots.

[5] *Pakistan Demographic Health Survey (PDHS), 2013*
[6] *http://www.iprjmc.org.pk/lack-of-funds-affects-mother-and-child-healthcare-in-kp/*
[7] *http://epi.gov.pk/wp-content/uploads/2014/09/KP.pdf*

4.4 Case Study: Community's role in enhancing Immunization Coverage

Area:	Wanda Nimari, District Lakki Marwat, Khyber Pakhtunkhua

Lakki Marwat is a conservative area with strict traditional norms and cultural values. Mostly men make all the important decisions and women are not allowed to leave home without accompanying any male family member. Immunization coverage rates are quite low in Lakki Marwat due to various myths and misperceptions that exist in the community. On the first visit of CHIP to Wanda Nimari, the community refused to participate in micro census and the team was encountered with hostility by the community. There are two hamlets and both the hamlets refused to provide any information.

In order to gain local support for CHIP's initiative it was important to first take the local administration in to confidence. Hence, local Union Council'sNazim[8]was briefed about the immunization situation in Wanda Nimari who promised to facilitate the process. He later contacted Nazim of neighbouring Union Council to extend the support for social mobilisation in Wanda Nimari. The Nazim himself belonged to the village Wanda Nimari so he promised to hold a meeting of key influential including his relatives and caste members and invited CHIP Field Coordinator for a briefing session. The Field Coordinator of CHIP then introduced objectives of social mobilisation and highlighted importance of immunisation in the briefing session. In the meeting participants did not show any hostility and remained quiet.

The very next day, outreach immunisation service was arranged in which the Nazim brought his own children for vaccination. This was helpful to gain the trust of other families on immunisation. Six caregivers brought their children for vaccination and gradually the number of caregivers increased. 95 zero dose children received their first dose of immunization. Now only those families who belong to the opponent political party are not ready to get their children immunised.

5. Inclusion of Disability in Mainstream Development

5.1 Introduction

In Pakistan the number of persons with disability varies from 3.3 million to 27 million, with government statistics reporting it as much less than they actually are[2]. In the five years since

[8]*Nazim: Chief of councillors is selected by elections in local government system*

Pakistan ratified the UN Convention on the Rights of Persons with Disability, there has been little progress towards achieving its goal of making persons with disability to participate fully and effectively in society. Pakistan did in fact make early efforts to include persons with disability in 1980s by introduction education and employment policies, setting up special schools and employment quotas that make it mandatory for firms to employ persons with disability. But although these were sound efforts for inclusion of PWDs but they failed to be effective and produce substantial results. Persons with disability still have difficulty exercising their civil and political rights, attending quality schools and finding gainful employment, among other activities[9]. They exist instead as an unheard, and mostly unseen, vulnerable group. According to The Economist Intelligence Unit 2014 estimates, the cost of excluding persons with disability from employment to Pakistan's economy could reach up to US$20 billion a year by 2018[11].

5.2 Types of Interventions

5.2.1 Rehabilitation of PWDs to manage daily life activities;
5.2.2 Inclusion of PWDs in mainstream development;
5.2.3 Accessibility to village surroundings.

5.3 Major Achievements under each Intervention

5.3.1 Rehabilitation of PWDs to Manage Daily Life Activities

Medical assessment of 599 PWDs was conducted and individual rehabilitation plans were also developed. 33 persons with physical disability and 25 persons with hearing disability received and are using assistive devices. 20 Community Mobilizers were trained on physiotherapy, use of assistive devices, sign language, orientation and mobility, brail reading and writing, hygiene and psychosocial support. Community mobilizer conducted individual sessions with 599 PWDs on the above mentioned trainings. 22 PWDs got their disability certificates and 06 PWDs got their special CNICs made. DHQ, social welfare office and NADRA office in District Ghanche, Gilgit Baltistan Province were also made accessible for PWDs.

5.3.2 Inclusion of PWDs in Mainstream Development

09 PWDs established their enterprises through putting their resources. 42 children were assessed by a professional and enrolled in different government schools and special education centres. Out of 42, 25 children were enrolled in mainstream schools and the rest were enrolled in special education. This helps in bringing PWDs in mainstream and enhance their social inclusion as well as provide them with an objective in life.

5.3.3 Accessibility to Village Surroundings

06 CBOs made their offices accessible to PWDs through construction of ramps. One CBO implemented development project of street construction which benefitted 20 PWDs. 42 intellectually impaired people were covered during five-day medical assessment. In this assessment, different tasks were set to accomplish such as, reaching the PWDs, figuring out their conditions, causes of conditions, and social status of connectivity with society, criticality of their impairment and to prepare a possible rehabilitation plan by the facilitation of psychologist.

5.4 Case Study: Where there's a Will, there's a Way

Name:	Zahra Bibi
Age:	45
Area:	District Ghanche, Gilgit Baltistan

[9] *Moving from Margins: Mainstreaming persons with disability in Pakistan, 2014*

Zahra Bibi whose 45 years old, is a resident of village Malagroung in District Ghanche, Gilgit Baltistan. Two years ago Zahra Bibi had an attack of paralysis which halted movement of lower body parts. Due to inactivity and sitting in one position all day, muscles in her back became stiff and she started developing a hunch in her back.

Green Welfare Society in collaborating with CHIP conducted a survey of PWDs in the area. They included Zahra Bibi in the survey and a physiotherapist conducted her medical assessment. After the medial assessment Zahra Bibi was given a walking frame as an assistive device and a few other exercises for her were also suggested. With the help of a walking stick, Zahra Bibi was able to stand and she started walking with the assistance of family members and community mobilizers.

Now Zahra Bibi is not only able to easily walk with the walking frame within the house but she's also able to go outside. She says that her hunch in the back is also getting better with time and the pain she had in her spinal cord has also greatly reduced. Zahra Bibi now wants to start a business with the assistance of community organisation. The community organisation with the help of CHIP gave Zahra a 2 days training on establishing small scale enterprises so that she's able to establish her own business in the future.

6. Research and Advocacy

6.1 Introduction

Research and advocacy is one of the core approaches of CHIP whereby evidence is created and efforts are undertaken to bring positive changes based on primary research. The information and knowledge gathered from the field study is further compiled to develop source for future reference. This information is beneficial to be referred to in the process of development and also guides during designing of policies and projects.

6.2 Types of Interventions

6.2.1 Research and knowledge management;
6.2.2 Advocacy initiatives.

6.3 Major Achievements under Each Intervention

6.3.1 Research and Knowledge Management

The profiling of urban/peri-urban slums of Karachi and Hyderabad was undertaken in collaboration with UNICEF to produce holistic information about total number of slums and preparing Union Council (UC) level maps, their target population, and status of availability of basic services including health and Expanded Programme on Immunisation (EPI). The profiling identified 1,317 slums in 07 districts and 22 towns of Karachi and Hyderabad. District Hyderabad has the largest number of slums (331), followed by two districts of Karachi namely District Malir (289) and District West (287). The slums are located in 207 of 242 UCs of Karachi and Hyderabad. Findings indicate that there are 94 UCs where Community Based Volunteers (CBVs) are appointed and slums exist and 113 UCs where slums exist but CBVs are not appointed. National level desk research on status and barriers to immunisation was also carried out. The information was then made available for wider sharing and dissemination. The primary research was successfully done in Karachi and Hyderabad, Sindh (one urban slum from each district). The report was compiled and shared with Provincial EPI Sindh and Federal EPI.

6.3.2 Advocacy Initiatives

In order to advocate importance of integration of CSOs in health and immunization 40 newspaper articles, radio and TV campaigns were launched. Radio campaign included discussion forum, radio spot on schedule of immunization while TV programmes included discussion forums. Key advocacy messages were formulated, designed and disseminated through multiple mediums such as social media websites, printed materials, banners and desk calendars. Profiles and database of CSOs were also compiled, printed and disseminated.

6.4 Case Study: Profiling of Urban Slums

Name:	Kashif
Age:	27
Area:	Karachi and Hyderabad
Intervention:	Profiling of urban slums

As Kashif entered Orangi Town, to his horror, he found that he was surrounded by vicious goons. Kashif desperately tried to run but he was instantly stopped by one of the goons. Kashif's face showed vivid signs of fear, he did not have time to think and in a moment's notice they had bagged his head, not allowing him to see and took him to an unfamiliar place. They took of the bag and saw him sweating, looking at their faces and then looking around to see where they had taken him, he saw that it was a slum area where there were more goons and he knew there would be no one to help him around, it was there area, an area where no laws applied. He was really scared and begged them to let him go, telling them that he was just an enumerator and that he meant them no harm. The goons asked Kashif to show them his official ID card issued by the health department. Kashif instead showed them a photocopy of the letter issued by the health department as he didn't have an official ID card. He begged them to let him make one phone call, but they would not allow him. They finally agreed after some time.

Kashif contacted his supervisor and other staff members who then came and assured the goons that Kashif was only an enumerator who came to collect some data regarding slums and he meant them no harm. Kashif and his colleagues was finally released but was warned to never come again. Latter on a local was hired to collect information of this particular area.

Hence, the field team and the enumerators had to face numerous challenges while gathering data. Slums in Karachi are located in sensitive areas where looting and plundering; especially mobile snatching is quite common. It was difficult and a time consuming task to locate some of the slums and the local administration was already busy in various campaigns so they provided limited help. Confusion occurred over new and old names of slums and some of the slums were located on the border of two UCs and were double counted at the time of data gathering. Later on those slums were identified and duplication was erased. High resolution pictures could not be taken as the field staff was reluctant to bring their phones and camera in case they got stolen. Enumerator turnover rate was also high hence, the supervisors were asked to be fully aware regarding all the activities that were being carried out to avoid any loss of valuable information. It was a tedious job and the time was limited but due to team work and cooperation the research was conducted on time.

7. Good Governance

7.1 Introduction

Pakistan is confronted, at present, with a variety of governance issues, which have become a hindrance in the smooth and sustainable development of the country. The 2016 Global Competitiveness Report, which compares governance in 140 countries, ranked Pakistan 126th – 14th from the bottom compared to 125th in 2015. Large groups of the population, particularly women, are excluded from political, social and economic development. Hence, there's strong need for community organisations to bridge the gap between community's demands and supply of public goods. The role of strong local institutions cannot be ignored in promoting good governance.

7.2 Types of Interventions

7.2.1 Strengthening of COs to undertake community development;
7.2.2 Linkages between COs and local administration.

7.3 Major Achievements under these Interventions

7.3.1 Strengthening of COs to undertake Community Development

51 community organisations are being supported to improve their organisation maturity. Capacity building exercises on community mobilization, record keeping and community based rehabilitation were conducted with COs in order to encourage them to take initiative and undertake community development projects. Similarly, maturity assessment and strategic plans of 09 COs were documented and implemented as well. Communal toilets, street pavements and sewerage system were built under 16 development projects that were executed by COs in their respective villages. These projects benefited 645 people. The community contributed 25% to 30% of total amount of carrying out these projects to ensure their participation and ownership in the development work. Individual training sessions with 06 COs to help them develop resource mobilization strategies and to mobilize/pool resources for organizational running and management were conducted. Monthly meetings with 18 COs were conducted at village level by 06 COs in which 179 members including 15 women participated. As a result of these meetings, COs were able to mobilize PKR 434,360 as their community savings. This helped in implementing 35 community development projects for CO member villages.

7.3.2 Linkages between COs and Local Administration

Meetings were conducted with health, education, social welfare department, NADRA and Deputy Commissioner Office District Ghanche, Province Gilgit Baltistan and agreements were signed with the respective 4 departments to extend their services for PWDs. A joint meeting between Tehsil Office Infrastructure and Services (TOI&S) and COs was conducted to exchange progress towards community development activities in six Union Councils through COs and TMA. As part of relationship building and linkages development among COs, Tehsil Municipal Administration and elected representatives, a round of meetings were held with UC Sectaries, elected representatives and Tehsil Office Infrastructure (TOI). This also helped in confidence building and creating a positive image of CHIP and its activities among local administration.

7.4 Case Study: United We Stand

Name:	Shamim Akhtar
Age:	52
Area:	District Sohawa, Punjab Province
Intervention:	Construction of paved streets

Hailing from the village of Nathott, in Union Council Kohali, Shamim Akhtar lives with her retired husband along with her 3 daughters and 3 sons. Shamim was famous in her village due to the candles that she produced. Shamim voiced her discontent and frustration about constant land issues that existed in the village. There were no proper roads – only thorough-fares that had been traversed which often became dirt paths. Most of them pass through lands and were easily distorted through rains, which gave birth to most of the border disputes over land. Furthermore, these muddy roads often had stagnant water pools in the after path of rainfall or watering which made it difficult for the elderly to move about and caused diseases such as malaria.

Community Organization (CO) Nathot was formed in 2010 and reformed in May 2014. Initially 25 people became members of community organization which later on increased to 59 members; including women and PWDs. Soon after that community organisation got registered with Social Welfare Department. Community organisation prioritized the problem of muddy streets and carried out sessions to resolve this issue. Executive members of community organisation mobilized 40% of the financial costs from the community as community's share for implementing a development project which included construction of street pavements. Community organisation requested CHIP to provide technical and remaining financial resources. Community organisation's member, Mohammad Jamshaid in collaboration with CHIP implemented a street pavement project in which proper pathways were constructed to facilitate all community members and also to resolve the stagnating water issues. The labourers that were hired for the development project belonged from the same village. Hence, community organisation with CHIPs assistance implemented the development project and resolved the issue permanently.

The overall satisfaction level of the community greatly enhanced due to better roads and streets which even facilitated vehicular transportation and made mobility of Persons with Disability easier. This was a community led initiative which ensured that local human resources were trained and the community had a sense of ownership in the project. The community members whole heartedly participated in its implementation and maintenance. Furthermore, both patients and doctors commuted more frequently, as a result the healthcare of the community was indirectly improved through infrastructural improvement. Finally, while the land issues generally persisted due to the tense history behind them, the border issues were slightly alleviated because of proper.

CHIP HOUSE
Plot # 1, Street # 09, G-8/2,
Opp. National Institute of Rehabilitation Medicine Islamabad
Ph: +92-51-111-111-920, Fax: +92-51-2280081
Email: info@chip-pk.org, Web: www.chip-pk.org
Facebook:https://www.facebook.com/CHIPHOUSE12/