# Annual Report

## July 2020 – June 2021

CHIP
VALUE INVESTMENT

# TABLE OF CONTENTS


# Social Mobilisation

Social mobilisation is used as a tool for developing local human resources and for building institutions in order to instil problem solving through indigenous solutions. Through social mobilisation, communities are re-organised, capacitated and enhanced to form community organisations to oversee local development. In CHIP, social mobilisation manifested through community organisations, women organisations, self-help groups, etc. Moreover, these community organisations were facilitated to develop synergies with the respective line departments and other civil society organizations working in the target areas. Through such interventions, marginalised community members contributed in communal decision making and raised their concerns at district, province and national level.

**Types of Interventions**

- Formation of Community Organisations (COs), Women organizations (WOs), Self-help Groups (SHGs), Muhalla-level Health Committees (MHCs), District Coordination Committees (DCCs);
- Capacity Building and Enhancing the Maturity Levels of COs;
- Coordination between COs and Local Administration;
- Door-to-door Visits by Community Resource Persons (CRPs);
- Community Engagement and Awareness Sessions;
- Identification, Strengthening and Engagement of Existing Community Structures; and
- Trainings on Designing and Conducting Household Coverage Surveys.

**Major Achievements**

***Formation of Community Organisations, Women Organisations, Health Committees, Self-Help Groups and District Coordination Committees***: In order to organise communities in Layyah, 20 COs and WOs were formed in 20 newly identified villages in which 572 males and 600 females participated during the formation process. Moreover, these COs and WOs included 18 PWDs (16 in COs and 2 in WOs) in the executive body membership. The COs and WOs also organised sitting arrangements for community meetings and also developed their strategic plans to devise their village development plans (VDPs) and actively engaged in implementation process for the overall development of the community. Since good health is pertinent thematic area of CHIP, 114 muhalla-level health committees were formed in all the areas where immunisation coverage was being pursued, such as Islamabad (20), Rawalpindi (18), Peshawar (2), Lakki Marwat (12), Quetta (20), Bannu (12) and Karachi (30). These muhalla-level health committees played a significant role engaging with the respective health departments of their areas to ensure the extension of immunisation services in to their communities.

Moreover, in order to instil sustainability in communities, a total of 25 self-help groups were also formed in Khushab, Mandra, Nowshehra and Quetta with 464 participants, including 245 persons with disabilities (203 men and 44 women). These self-help groups empowered PWDs to participate in the community activities and later also provided assistance during eye screenings camps to communities. To strengthen coordination at the district level, 3 district coordination committees were formed in 3 districts comprising of Chakwal, Khushab and Nowshehra. In the coordination meetings of these district committees, 55 individuals participated, including 3 women. As a result of these coordination efforts, LRBT, social welfare, education, zakat and health departments became members of these committees and extended their support.

***Capacity Building of Community and Women Organizations***: The 20 COs and WOs in Layyah were also capacitated to establish their offices with all basic necessities such as a proper room designated as the office space, furniture to hold meetings, stationery and office supplies. This provided a communal place for organisational meetings and decision making to the villagers. Moreover, it was ensured that all the offices were accessible for the PWDs for attending and participating in meetings. In order to further increase their capacity, the COs and WOs were given trainings on forming their strategic plans, also to devise their village development plans (VDP), and moreover on organizational management, local resource mobilization and record keeping. For this, participation of 2 members from each CO was mandatory. Keeping in view the cultural sensitivity and restriction on the mobility of women, the VDP sessions to WOs were delivered in each village and they were facilitated to develop their VDPs. Through these interventions, the maturity level of COs and WOs was enhanced and they actively implemented their VDPs for the development of their respective villages. In order to increase the sustainability of these organisations, the newly formed COs were oriented through experience sharing visits with the existing COs from the previous years. In these interactions, 57 males from 30 COs participated in which they shared their experiences with the others along with their progress and devised plans for the next quarter.

***Coordination Meetings with Line Departments and Local NGOs***: Engaging with line departments is crucial for the implementation of development interventions. In Layyah, a meeting was organised with 35 participants in which 20 COs participated and 9 persons from different line departments such as deputy director social welfare department, head of planning and management department, district

coordination office, DDO water management, EPI coordinator and representatives of national and international organizations participated. All these officials gave their presentations regarding their projects in Layyah and how these local organizations can be benefitted from their projects. They also shared telephone numbers of their organizations/ offices for further assistance in future. Through this meeting, COs developed their linkages with different line departments and stakeholders and were able to secure projects such as, the CO in Chak 142 constructed 1200 ft soling with the support of local government. Moreover, 5 COs became engaged with Muslim Hands Organisation and installed 37 solar-based water pumps in their villages. While 3 COs registered 12 PWDs from their villages for medical assessment and received disability certificates and computerised national identity cards. Lastly, due to help from local influencers, the CO of Bangla Nasir Khan constructed 400 ft soling and 200 rft tuff tile with the support of their UC Chairman.

In order to facilitate better cooperation and support, 4 meetings were also held in Islamabad and Rawalpindi (2 each) with the health departments and EPI management. In these meetings, the project being implemented in Islamabad and Rawalpindi on essential immunisation was introduced and planning for vaccination outreach activities was devised. Moreover, 8 coordination meetings with health department and EPI staff were ensured in Quetta along with 4 quarterly meetings with health department. Whereas 12 such meetings took place in Karachi, and 6 meetings were held in Bannu and Lakki Marwat which resulted in CHIP's participation to organize a measles campaign in the aforementioned areas and also extended the interventions on routine immunisation to 15 UCs of Bannu and Lakki Marwat. The 144 muhalla-level/ local health committees were also joined with the government health departments to create synergies and enhance cooperation for health and immunisation services.

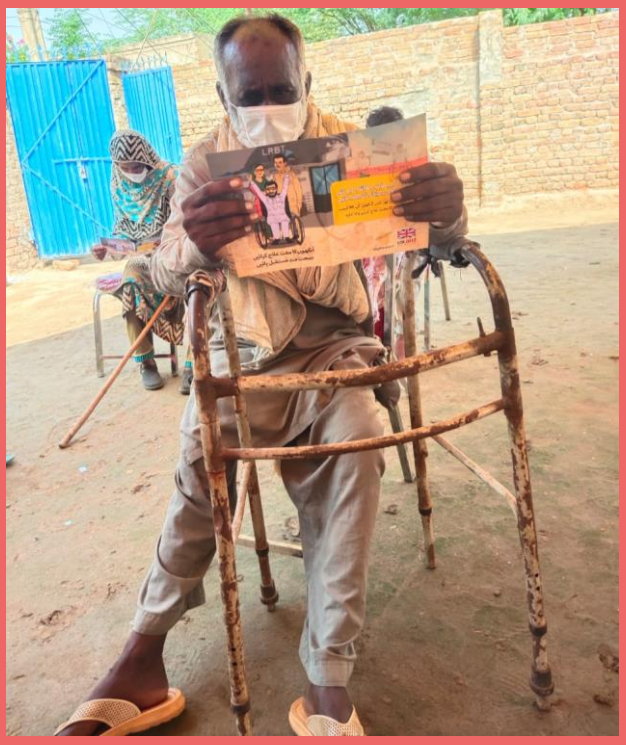
***Door-to-door Visits by CRPs***: In order to reach caregivers directly, door-to-door mobilisation remains the cardinal tool in overcoming vaccine hesitancy. For this, in Islamabad, 13890 households in selected areas of 07 UCs were visited to provide awareness to caregivers about the importance of vaccination for their children. Whereas, 11800 houses were visited in 07 UCs in Rawalpindi by the community resource persons (CRPs), before, during and after the vaccination camps. While around 15000 houses altogether where visited for door-to-door coverage in Peshawar, Bannu and Lakki Marwat while CRPs ensured door-to-door checks in 4000 houses in Quetta. And given that the population in Karachi is quite high, approximately 8000 houses were visited there to mobilize caregivers.

***Community Engagement and Awareness Sessions***: In order to engage communities, 42 sessions were held in Islamabad while 34 were held in Rawalpindi where the muhalla-level health committees and district health department participated along with members of the communities during their monthly meetings to raise awareness regarding importance of vaccination for their children. Moreover, 13 sessions were held with religious groups on the subject of immunization (11 in Lakki Marwat and Bannu

and two in Islamabad). Keeping in view the significant role of religious leaders in Quetta, 38 sessions were conducted with religious leaders and in religious institutions to create awareness in communities about immunisation. Whereas, 6 sessions with religious leaders also took place in Karachi. In light of the significance of religious institutions for local communities, 3 churches were also engaged in Islamabad to increase the immunisation coverage in the residing Christian community. And approximately, 52 mosques were engaged in all the areas where CHIP was working to overcome vaccine hesitancy. Overall, in strengthening routine immunization coverage rates in 30 EPI facilities from Islamabad, Lakki Marwat and Bannu a total of 13,310 community members were reached, which comprised total 4,980 individuals in Bannu (4,167 females and 813 males), 5,830 individuals in Lakki Marwat (1,340 males and 4,490 females) and 2,500 mothers in Islamabad. CHIP also pursued strategies to engage with the youth particularly to create sustainable presence regarding immunisation in target communities. For this, 8 sports events were organised in all the immunisation-focused areas as at least one mega event was organised in all of the locations.

***Identification, Strengthening and Engagement of Existing Community Structures***: A total of 21 existing community structures, 11 from Islamabad and 10 from Rawalpindi, including structures working for education, skill development, women empowerment, public welfare centre, market committees, property offices and youth development groups from the 14 UCs in Islamabad and Rawalpindi were identified and engaged for their participation in the activities geared towards increasing vaccination uptake.

***Trainings on 'Designing and Conducting Household Coverage Surveys' Including Pre-Post Knowledge Tests***: The training on coverage survey was designed to assist 53 CSOs and 40 EPI staff members for improving the data quality and to develop understanding of the survey on childhood immunization and its importance. For this, a training manual based on the WHO guidelines were developed. The training of CSOs was organized on June 28 and 29, 2021 in Peshawar in which a total of 18 males and 11 females participated. In this training, using penta-3 third part coverage the sample size was calculated and then as a demonstration, the participants were asked to calculate the sample size of their respective districts according to the formula shared in the training.



# Disability Mainstreaming

According to the 2017 National census, the total population of Pakistan stood at 212 million in which one million PWDs were reported. The subject of disability mainstreaming merits attention as it is one of the major challenges in Pakistan. It is also important to note that the focus of attention on disability is more on medical rehabilitation than social inclusion and disability mainstreaming. Mainstreaming of PWDs is required in all walks of life on equitable basis, including higher level decision making. Disability mainstreaming is one of the core focuses of CHIP's work across all thematic focuses as well as a dedicated initiative.

**Types of Interventions**

- Identification of Persons with Disabilities (PWDs);
- Health and Hygiene Sessions;
- Assistive Support to PWDs;
- Eye Screening Camps; and
- Training on Disability Equality.

**Major Achievements**

***Identification of Persons with Disabilities***: For this, a baseline survey was conducted in 58 villages of Khushab, Mandra, Nowshehra and Quetta. In that, 1757 persons with disabilities, including 707 women and 1050 men, were identified and their social profiling was completed. These 1757 PWDs were identified for restoring, saving and protecting eye sight related issues.

***Health and Hygiene Sessions***: A total of 18 personal health and hygiene sessions were conducted with 18 self-help groups of Quetta, Nowshehra, Shahpur and Mandra. In these session, 452 individuals, including 207 men with disabilities and 79 women with disabilities, participated in these sessions. The objective of the sessions was to sensitise the participants about the importance of personal hygiene during Covid-19 circumstances. Moreover, the 286 persons with disabilities were also provided hygiene kits and sensitized about Corona SOPs.

***Assistive Support to PWDs***: As a result of engaging different line departments, such as social welfare, education and health, at the district level, 20 wheel chairs were distributed to 20 persons with disabilities to facilitate ease in their mobility.


***Eye Screening Camps***: Additionally, 19 eye screening camps were arranged in 19 villages of Nowshehra, Khushab, Quetta and Mandra. In these camps, 1406 patients were screened including 616 persons with disabilities. From these, 44 persons with disabilities and marginalised community members received cataract surgeries and post-operational rehabilitation and care.

***Disability Equality Training***: In order to enhance the sensitivity towards accessibility and inclusion of PWDs, disability equality trainings were held in all LRBT-CHIP project areas including Quetta, Mandra, Shahpur and Nowshera in which approximately 150 participants received the trainings.


# Good Health

Promotion of good health services and conditions enhance productivity in communities. These measures encompass community-driven stable, cost effective and sustainable approaches such as developing local health personnel in the form of skilled birth attendants, health workers and vaccinators, etc. Concerning the interventions in the promotion of good health, in the backdrop of COVID—19 pandemic, the primary focus was on immunisation, especially routine immunisation which had decreased substantially in the communities in Pakistan due to resistance and misinformation because of the ongoing pandemic. These and other projects were implemented and executed with support and collaboration of Government Health Departments and Local Administration. Moreover, in these projects, the partner COs acted as front runners and highlighted the problems faced by communities and further suggested local solutions. It can be contended that the coordination between COs and governments departments became strong and durable for future interventions and cooperation.

**Types of Interventions**

- Establishing the Status of Immunisation in Communities (Micro-census);
- Community Engagement for Demand Generation for Immunisation;
- Vaccination and Coverage of Zero-dose and Drop-out Children;
- Typhoid Conjugate Vaccine Campaign; and
- Healthy Baby Shows.

**Major Achievements**

***Establishing the Status of Immunisation in Communities:*** In order to implement interventions, it is first important to determine the status of immunisation in children and communities to assess their views on vaccinations. This became increasingly more important because of COVID-19 pandemic which exacerbated the reluctance to vaccines. In this view, baseline studies in the form of micro-census were conducted in Islamabad, Rawalpindi, Layyah, Peshawar, Lakki Marwat, Bannu, Quetta and Karachi to determine the status of immunisation in children and improve the vaccination coverage to prevent deadly diseases in children. These activities took places in two different phases in Islamabad and Rawalpindi particularly (July—September 2020 and April—June, 2021 in selected 7 UCs). Whereas the micro-census in Peshawar, Lakki Marwat, Bannu, Quetta, Layyah and Karachi was conducted in November—December 2020. The children identified through micro-census suggested that CHIP was

monitoring the immunisation of 25604 children through which zero-dose and drop-out children in particular were identified.

| Table 1 Children Identified in Micro-census for Immunisation | | | |
|---|---|---|---|
| **Locations** | **Male** | **Female** | **Total** |
| Islamabad | 1861 | 1777 | 3638 |
| Rawalpindi | 1398 | 1474 | 2872 |
| Lakki Marwat | 1306 | 1217 | 2523 |
| Bannu | 1258 | 1282 | 2540 |
| Peshawar | 1151 | 1024 | 2175 |
| Quetta | 525 | 570 | 1095 |
| Karachi | 4589 | 4383 | 8972 |
| Layyah | 887 | 902 | 1789 |
| **Total** | **12975** | **12629** | **25604** |

***Strengthening Routine Immunisation:*** As a result of social mobilization and demand generation, the decreasing coverage of routine immunisation was addressed. The focus of CHIP has always been slums, hard-to-reach areas, underserved communities and super high risk union councils (SHRUCs). For routine immunisation, CHIP worked in Islamabad, Rawalpindi, Lakki Marwat, Bannu, Peshawar, Quetta, Layyah and Karachi. In these selected areas, house-to-house visits were done to check status the status of immunization among children under two years of age. After establishing the status of immunisation in children and communities, context-specific community engagement strategies were designed to address resistance to immunisation and prevent deadly diseases in children. As a result of

community engagement and demand generation, the vaccination of zero-dose and dropout children was ensured. The coverage of zero-dose children has been detailed in Table 2, whereas CHIP has ensured the vaccination of 4242 children, that were either on-schedule, defaulter, zero-dose or refusal cases.

**Table 2 Coverage of Zero-dose children**

| Locations | Total Children Identified | Zero-dose Identified | Zero-dose Covered |
|---|---|---|---|
| Islamabad | 3638 | 469 | 43 |
| Rawalpindi | 2872 | 452 | 07 |
| Lakki Marwat | 2523 | 1836 | 622 |
| Bannu | 2540 | 1312 | 424 |
| Peshawar | 2175 | 580 | 270 |
| Quetta | 1095 | 396 | 299 |
| Karachi | 8972 | 2022 | 1415 |
| Layyah | 1789 | 65 | 24 |
| **Total** | **25604** | **7132** | **3103** |

**Table 3 Fully Immunised Children**

| Locations | Male | Female | Total |
|---|---|---|---|
| Islamabad | 95 | 76 | 171 |
| Rawalpindi | 12 | 12 | 24 |
| Lakki Marwat | 208 | 226 | 434 |
| Bannu | 329 | 394 | 723 |
| Peshawar | 242 | 169 | 411 |
| Quetta | 242 | 241 | 483 |
| Karachi | 602 | 592 | 1194 |
| Layyah | 393 | 409 | 802 |
| **Total** | **2123** | **2119** | **4242** |

***Typhoid Conjugate Vaccine Campaign***: In February, 2021, CHIP oversaw the vaccination of children against typhoid in Islamabad. The overall objective of the project was to generate demand for typhoid vaccination and mobilise caregivers to support the Typhoid Conjugate Vaccine (TCV) campaign which was being rolled-out in Pakistan for the first time. The key elements of the project included social mobilisation and advocacy for improving knowledge and practices of caregivers towards typhoid vaccination. Consequently, CHIP was able to achieve its target of vaccinating 236604 children against typhoid by working in 144 slums and peri-urban areas in Islamabad. In the typhoid vaccination campaign, 65569 refusal cases were also mobilised. In order to create greater visibility, information desks were also established at the main traffic junctions all over Islamabad with coordination and help from the Islamabad police department.


***Healthy Baby Shows***: In order to spread awareness about the importance of good health in children and the need for immunisation, caregivers were engaged through healthy baby shows. In this, 3 healthy baby shows were conducted in the 3 UCs of the District Islamabad where almost 100 caregivers participated. Whereas, 4 shows were organised in the UCs of Rawalpindi in which 108 caregivers and children took part. The healthy baby shows were also organized in Khyber Pakhtunkhwa province, 3 in Peshawar with the participation of 71 caregivers, 3 in Lakki Marwat with the participation of 53 caregivers and 3 in Bannu where 78 caregivers were present. Through healthy baby shows, the children with complete immunisation status or whose immunisation is on schedule and maintain good health are given prizes to encourage caregivers to give importance to the health and well-being of their children.

# Water, Sanitation & Hygiene Education (WASH)

The overall goal of the WASH is to promote a clean environment for improved health. Therefore, WASH initiatives are always designed according to local contexts and by keeping in view the availability of resources. In this view, communities were mobilised to adopt environment friendly practices for having safe and low cost water and sanitation facilities. The details of the types of the interventions have been outlined below.

**Types of Interventions**

- Sessions on Solid and Liquid Waste Management;
- Construction of Street Pavement; and
- Installation of Solar-based Water Pumps.

**Major Achievements**

***Solid Waste Management and Sessions***: In Layyah, in order to manage solid waste sessions were given where methods of segregation of solid waste was introduced. In this, the compostable part (organic manure) of the solid waste was used for effective kitchen gardening. This method was introduced and applied in 20 villages in Layyah. The CHIP local staff in Layyah was also trained on this subject through a one-day training program. The sessions on solid waste management were delivered in 30 villages to male and female participants (291 females and 470 males). Along with this, in order to promote liquid waste management, 9 communal washrooms were constructed in 9 villages as part of development projects. These communal washrooms benefit a total 651 beneficiaries, including male, female, children and PWDs. Moreover, in order to sensitise the communities about keeping their environment clean and pollution-free, the environmental committees were formed from within the community organizations in the 30 villages in Layyah. These environmental committees focused on issues such as solid and liquid waste management. In addition to this, sessions on the importance of environmental hygiene and cleanliness were given through 30 meetings in 30 villages to 364 males 291 females where the importance of plantation was also highlighted.

***Construction of Street Pavement***: Given that CHIP mostly works in rural areas to install WASH interventions where rain water or lack of drainage systems flood streets and hinder mobility of locals and the stagnant water also causes hygiene problems. As a result, a street pavement of 530 rft was also constructed by the CO in Basti Kallo where the community provided 681,493 Pakistani rupees as their contribution. Moreover, the CO in Chak 142 constructed 1200 ft soling with the support of local government and with the help from local influencers, the CO of Bangla Nasir Khan constructed 400 ft soling and 200 rft tuff tile with the support of their UC Chairman.

***Installation of Solar-based Water Pumps***: CHIP's focus on maturity enhancement of COs resulted in 5 COs establishing linkages with other civil society organizations and consequently engaged with Muslim Hands Organisation to install 37 solar-based water pumps in their villages. The water pumps provided access to water for the villages while using the abundant sunlight in Layyah as a resource.


# Income Generation

In the backdrop of COVID-19, rural communities in Pakistan have been facing tremendous challenges in securing income and earning their livelihoods. Promotion of income earning opportunities, especially for the unemployed low educated and unskilled youth, is one of the major focuses of our interventions. These interventions are carried out through promotion of technical and vocational skills of poor unemployed individuals, with or without disability, including females.

**Types of Intervention(s)**

- Imparting Technical Skills to Youth;
- Vocational Skills Centre for Females; and
- Skills Training for PWDs.

**Major Achievement(s)**

***Technical Skills for Youth***: These interventions were focused in Layyah where technical skills were imparted to the rural youth in order to improve their chances for securing employment. In this, 15 youth were selected from 10 villages for a computer course, including 3 females and 1 PWD. These skills have helped the rural youth to secure jobs in the city.

***Vocational Skills Training for Females***: Along with this, 33 girls in Layyah received training in vocational trainings focusing on a stitching and embroidery course in Basti Band in Layyah. For this, a professional teacher was hired to provide guidance to the females in the village where they formally organised the course for months with help from the CO and WO in Basti Band. After receiving these skills, the females have been contributing to the income in their families and homes.

***Skills Training for PWDs***: Moreover, with the effort of Social Welfare Department in Khushab, a Technical Skill Center was established with enrolment of 20 PWDs. The Social Welfare Department also provided the place and teachers for training at the skill centre. In this skills training, 10 PWDs were taught to make chairs/ furniture using cane while 10 PWDs were also provided technical skills for using computers.

# Natural Resource Management

The initiatives targeting the management of natural resources focus on conserving, improving and increasing the natural resources along with sensitising the communities regarding the protection of natural resources and their use in a beneficial way for the whole community. Under this, CHIP engages with the Department of Forestry, Soil Conservation and Fisheries and other NGOs to improve natural resource management in rural areas particularly. The major interventions over natural resource management were focused in Layyah where idle land was used for plantation and kitchen gardening was encouraged to improve the nutrition and environment of the communities overall. The interventions contributed to the environment friendly practices for better livelihoods and health.

**Types of Initiative(s)**

- Kitchen Gardening; and
- Plantation for Domestic and Commercial Purposes.

**Major Achievement(s)**

***Kitchen Gardening***: Kitchen gardening was promoted in 30 villages in Layyah where 498 women received seeds of vegetables which they sowed within their houses. The women of the villages participated actively by preparing the land and by looking after the vegetable plants and watering them. Consequently, fresh vegetables are available for consumption in these villages for the locals.

***Plantation of Fruit Plant to Support Nutrition and Environmental Hygiene***: Moreover, 3420 fruit plants of 4 types were also planted in 19 villages (1710 houses in 19 villages). These fruits plants were chosen keeping in view the environmental conditions suitable for their growth. This resulted in the availability of fresh local fruit available at household-level in the villages. This planation drive has not only provided a source of nutrition for the communities but it has also improved the environmental hygiene by reducing pollution in the 19 villages.

# Disaster Risk Reduction & Management

Disaster risk reduction is offered in all areas where regular projects are being implemented while disaster management is offered through funding in areas whenever natural or man-made disasters occur. However, this past year restricted certain field activities due to the ongoing COVID-19 pandemic which was also the focus in terms of risk reduction. Under this, instead of direct engagement with communities, the capacity of the EPI facilities was enhanced.

**Types of Intervention(s)**

- Support to EPI facilities for Compliance with COVID-19 SoPs and Guidelines.

**Major Achievement(s)**

***Support to EPI Facilities for Compliance with COVID-19 SoPs and Guidelines***: In 30 EPI facilities including facilities in Islamabad, Lakki Marwat and Bannu, 18 hand washing units were installed for visitors (four in Lakki Marwat, eight in Bannu and six in Islamabad). Moreover, PPE supplies including 5,800 masks, 167 small and 15 large hand sanitizers and 3,000 gloves were also provided to the EPI facilities in Islamabad. In Islamabad, the vaccinators were provided 1,800 masks, 117 sanitizers (60 ml) and nine sanitizers (500 ml) whereas the vaccinators at the 20 EPI facilities of Lakki Marwat and Bannu were provided with 4,000 masks, 50 sanitizers and 3,000 gloves. The caregivers who visited the selected 30 EPI facilities benefitted from the compliance and supplies at these EPI facilities as well.


# Research & Advocacy

In order to understand context for implementing any intervention, it is imperative to thoroughly comprehend ground realities and for that research bears paramount significance. Research studies are also used to establish facts and generate findings based on systematic analyses. Along with research, advocacy is the tool of civil society organizations to effect policy and planning pertaining to important issues and concerns. Both research and advocacy are used to reach broader audience and for disseminating information to masses.

**Types of Interventions**

- Financial Assessment of CSOs in the Pakistan CSOs Coalition for Health and Immunization (PCCHI;
- Articles on Routine Immunisation Published in National News Outlets;
- Social Profiling of Caregivers in Islamabad and Rawalpindi;
- Commemorating World Immunisation Week;
- Study Conducted to Assess Waste Management Practices and Develop Cost-effective and Manageable Solutions;
- Digital Maps of SHRUCs with their Scale and Population Size; and
- Use of Communication and Social Media for Advocacy.

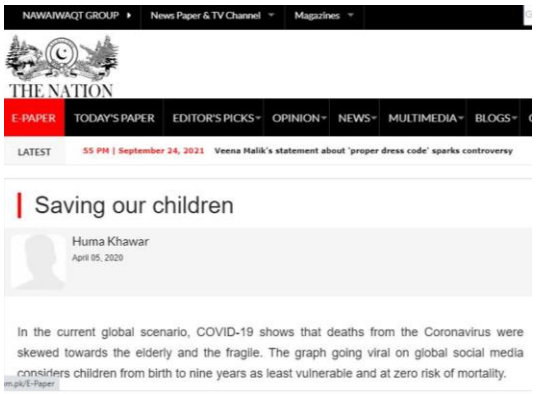
**Major Achievements**

***Financial Assessment of CSOs in the Pakistan CSOs Coalition for Health and Immunization (PCCHI)***: A process of due diligence was undertaken to conduct financial and technical assessment of all the CSOs that are members of PCCHI. The financial assessment was undertaken by the independent ICAP QCR-rated auditors, BDO Co. and Ebrahim. In this, a total of 48 CSOs participated in the due diligence process and 87% CSOs qualified. Consequently, the PCCHI memberships were revised and 42 CSOs which qualified the due diligence process became members of the platform.

***Articles on Routine Immunisation Published in National News Outlets***: For advocacy on the importance of routine immunization and engagement of CSO for demand generation on routine immunization, two articles were published in national newspapers aiming to pin the importance of CSO engagement for demand generation on routine immunization:

- “Immunization amid Covid-19” was published on April 06, 2020 in Dawn. The same article was published in local language Urdu on April 07, 2020 in Dawn; and
- “CSOs Work in Addressing Zero-Dose Children in Urban Slums” was published on April 29, 2020 in The Nation. Moreover, four newspaper articles were published to highlight the importance of immunization:
- The article “Missed Children” was published on April 25, 2020 in Dawn. This was to advocate Sindh government to shift EPI budget to recurrent.
- The article “Saving our Children” was published on April 05, 2020 in The Nation. This was to advocate Punjab government to shift EPI budget to recurrent.
- An article on “Children at Risk of Missing out on Essential Routine Immunization Amid COVID-19” was published on April 06, 2020 in Dawn.
- One article on “Invisible Children” was written on April 26, 2020 in The News.

Six newspaper articles written in national dailies and other print media to highlight importance of routine immunization and engagement of CSO for demand generation on routine immunization.





***Social Profiling of Caregivers in Islamabad and Rawalpindi***: In order to determine the behavioural and social factors of vaccine hesitancy, an in-depth study combining qualitative and quantitative data collection tools was conducted in Islamabad and Rawalpindi. A total of 590 quantitative interviews and 294 qualitative interviews were conducted in the 14 UCs of Islamabad and Rawalpindi to know the perception of the caregivers about the routine immunization. Moreover, 15 qualitative interviews were each conducted in Islamabad and Rawalpindi from teachers, school principals, private doctors, local councillors, businessmen and religious leaders which were local influencers and had enough prowess in the community to convince caregivers for vaccinating their children.

***Commemorating World Immunisation Week***: The World Immunization Week (WIW) was observed from 24th to 30th April, 2021, in close collaboration with District Health Department in Rawalpindi and with the Directorate of Health in Islamabad. During the WIW, awareness raising walks, awareness sessions and seminars along with establishment of information desks and the use of the character ‘Teeko’ was employed to engage caregivers and children in the communities.

***Study Conducted to Assess Waste Management Practices and to Develop Cost-effective and Manageable Solutions***: In Layyah, a study was conducted to assess the advantages and disadvantages of the current waste management practises. Moreover, the use of local materials and indigenous knowledge was explored to find cost-effective ways to manage solid and liquid waste. In this brief study, focus group discussions were used as a tool of data collection from 9 villages in which 127 males and 68 females participated.

***Digital Maps of SHRUCs with their Scale and Population Size***: In a pioneering effort, and in order to get a more realistic picture of the target populations and areas, analysis for eight SHRUCs of Karachi was conducted. By using the land use land cover (LULC) analysis of the eight SHRUCs of Karachi, the existing structures and built-up area is identified. The digitized boundaries available for the eight districts were overlaid on the and population blocks using land scan software was completed. Moreover, ground truthing of the following three SHRUCs has been completed:

- Chishti Nagar
- Islamia Colony
- Mangopir

It was found that the results of the ground truthing had been same as produced by using land scan software. Afterwards, the population comparison map for the micro-plan data regarding population and land scan analysis was prepared and would be further updated after comparison at third level using ground truthing data.

***Use of Communication and Social Media for Advocacy***: In order to reach a larger audience and keep stakeholders engaged, many other tools are utilised for social mobilisation. For instance, in Islamabad and Rawalpindi, 04 WhatsApp groups have been established between vaccinators, DSVs, ASVs and CRPs for the smooth execution and smart coordination with the stakeholders. Aside from this, the 'Teeko' character is used in walks and rallies to attract larger audience. Whereas, mobile miking, masjid/mosque announcements and information desks are the tools used for the public attraction in the communities for raising awareness towards importance of vaccination for their children. In addition to this, 448 radio spots and five radio programmes have been arranged for advocacy on routine immunization (100 radio spots and one programme in Lakki Marwat and Bannu, 348 radio spots and one radio programme in Islamabad and Bannu). Lastly, 42 banners were displayed in EPI facilities and nearby areas on the importance of routine immunization (35 in Islamabad and seven EPI facilities each from Lakki Marwat and Bannu were decorated with banners and standees with messages on routine immunization).

# Way Forward

The aforementioned efforts and measures have been implemented to instil sustainable development through strengthening community structures.

The above stated goals are being contributed in all programmes and initiatives. It is envisaged that these would remain key focus in the coming years as well. Some of the major focuses with reference to the above stated goals are explained as follow:

Human and Institutional Development

Human and institutional development forms an integral part of attaining sustainability in development initiatives. In doing so, local human resources would be developed for enhancing productivity according to individual talent type. Moreover, local institutions would be strengthened to prepare them for taking charge of their own development. Additionally, local institutions would also be mobilised to work in close coordination with district administration and line departments.

Community Engagement for Equity

Equity is one of the major cross-cutting themes which is ensured in all programmes and initiatives. Therefore, the overall aim is to implement specific efforts which ensure that all programmes and initiatives reach out to the extremely deserving people such as women, children, PWDs, vulnerable, marginalised and the destitute. Moreover, these initiatives are designed and implemented keeping in view that these segments of the society are enabled and empowered to improve the quality of their life.

Disability Mainstreaming

Disability mainstreaming is institutionalised and ensured in all programmes and initiatives. In addition, medical rehabilitation and social inclusion of PWDs, according to the principles of community-based rehabilitation, is ensured under disability mainstreaming in all initiatives.

Poverty Reduction and Economic Growth

The future key interventions would continue to contribute in poverty reduction through facilitating decent work and economic growth opportunities to the extremely vulnerable populations, especially women, PWDs and unemployed youth. Therefore, measures for reducing economic inequalities would remain as one of the major focuses, particularly through measures for disability mainstreaming and gender-balanced approaches.

Good Health

The efforts in promoting good health through community engagement and social mobilisation would also remain important focuses especially for promoting childhood immunisation. These interventions would target vulnerable and marginalised communities of underdeveloped areas in Pakistan. Moreover, targeted and dedicated measures would be undertaken towards urban immunization focusing on people living in invisible pockets.

Water and Sanitation

The interventions for the provision and use of clean water and sanitation would be continued in order to contribute in improving environmental hygiene. Moreover, COs would be mobilised to take the lead and come up with local solutions for addressing their community development problems.

Disaster Risk Reduction and Management

The preparedness for any unforeseen disaster and its management would remain a key focus. In doing so, the specific support would be extended to the extremely vulnerable population especially women, person with disability and unemployed youth.

# Success Stories of CHIP

## Immunising the Children against Typhoid in Islamabad

With the joint efforts of UNICEF, Extended Programme on Immunisation (EPI) and Civil Society Human and Institutional Development Programme (CHIP), the immunization drive of Typhoid Conjugate Vaccine (TCV) was planned in Islamabad, particularly in urban and peri-urban areas managed by MCI/CDA.

The campaign was centred on advocacy, communication and social mobilization (ACSM) initiatives which aimed to improve the breadth of protection and enhanced immunity against typhoid in children aged 09 months to 15 years of age. The TCV campaign was planned in 33 union councils and each team was designated a union council comprising of a vaccinator, social mobilizers and team assistants. The overall supervision was ensured by the supervisors' who were senior team members of CHIP. Furthermore, the campaign was divided in two joint phases: pre-campaigning and during campaign ACSM activities. The first round of social mobilization activities began from January 5, 2021 through the team of supervisors while the team of social mobilizers and vaccinators were engaged during campaign days starting from February 1, 2021.

For preparation and coordination for the TCV campaign, CHIP team held 12 meetings with DG Health Office, Islamabad, to ensure efficient coordination and planning. Also, as part of the preparation and coordination phase, around 482 social mobilizers and team assistants were selected from the cadre of polio workers. The social mobilizers and team assistants were assigned sets of responsibilities containing child registration, referral and record keeping of vaccination in order to have updated and verifiable vaccination coverage records of each union council. In order to organise the campaign on ground, CHIP reviewed the micro-plans and maps of 33 union councils. These maps were elaborated to provide indications about the locations of schools, slums, mosques, churches, medical and health facilities, recreational places, etc. Whereas, 33 micro-plans were reviewed in view to ensure coverage of the aforementioned marginalized pockets in the union councils. The experts on immunisation and social mobilisation from CHIP also provided training on mobilization techniques and strategies and on Interpersonal Communications Skills (ICS) to the social mobilisers.

Based on the broad experience of CHIP on immunisation, the strategy of direct communication (sessions) and door-to-door visits was employed with the target communities. In this view, 4464 communal sessions were conducted before and during the campaign. In order to increase awareness during the vaccination process, varying modes of announcements including mobile miking, special character ('Tekku') and drum beaters were also used in communities during the campaign. For this purpose, 767 announcement teams worked in the communities and helped in gathering masses. Moreover, the TCV campaign gained immense visibility in communities by conducting 13 rallies and walks with the participation of local community influencers, females, children, etc. during the pre-campaigning phase.

Another significant strategy was premised on direct engagement with community influencers and notable persons which played an instrumental role in mobilizing communities that were reluctant towards the typhoid vaccination. In doing so, 389 community influencers were engaged in the pre-campaign phase and during the campaign. The influence of religious representatives consisting of molvis, imams and pastors remained unmatched in convincing their respective communities for receiving vaccinations. Based on this, 113 religious representatives were engaged to increase awareness about the TCV and to address the apprehensions of communities about vaccinations. Some of the religious leaders recorded their video messages which were shared with the communities via WhatsApp where numbers were shared with CHIP team. Given that the communities gather in mosques multiple times during the day, 81 sessions about the TCV campaign were conducted with groups of people who had convened for prayers by the CHIP team.

Efforts were also made to engage healthcare workers in order to use their position to remove any misgivings in communities about TCV and for this purpose, 171 meetings were held with health care workers, hospital staff members and medics at medical clinics and stores where health care practitioners were engaged in extending their services. Community structures consisting of community-based organizations or non-governmental organizations or Disabled Persons Organisations were engaged to gather more support for the TCV campaign. And in doing so, 23 community structures were

engaged. A total of 346 local volunteers were also engaged to look after the information desks and to provide assistance in field work to the social mobilizers.

The TCV campaign largely focused on typhoid immunization through coverage of schools. For this purpose, 521 meetings were conducted with teachers and principals in private and government schools to spread awareness about the campaign. Social mobilization efforts were also extended towards conducting sessions directly with students in schools. In doing so, 857 sessions were conducted where queries and apprehension of students were heard and addressed. Along with conventional schools, the religious seminaries/ madaris hold large numbers of students, therefore, 58 sessions were also conducted with them to ensure the TCV coverage of students in madaris. Additionally, consent letters were conveyed to the administration of schools in order to receive parental consent for the vaccination of children. In order to increase visibility of the campaign in relatively far-flung areas, 31 information desks were established through-out the day within union councils and at various traffic junctions to provide assistance to people. Moreover, it was also ensured that the information desks consisted of feedback boxes in which people can conveyed their views, positive or otherwise.

Through these case studies, the socio-cultural context of the refusal and resistant cases is elaborated. In that, cultural and religious conservatism, myths and misconceptions, the fear of side-effects, and the simultaneous roll-out of COVID—19 vaccine remained the most prominent causes of refusing TCV. In addition to this, the target audience comprised of populations in urban slums mostly and children in their early teenage years who proved difficult to handle due to their fear of injections. Therefore, these stories focus attention on how community engagement and interventions have helped address many myths, misconceptions, reservations and a general lack of awareness that have led to refusal towards vaccination of children to deadly childhood diseases, such as typhoid fever.

The TCV campaign by CHIP focused on countering vaccine hesitancy where it was observed that trust in social mobilizers plays a pivotal role in convincing the more traditionally and culturally conservative communities. Additionally, in order to convince large close-knitted communities, engaging local influencers and notable persons from communities paves way in consolidating the trust of the communities and helps in countering their hesitancy. The role of communication skills of social mobilizers is another crucial factor in addressing the concerns of refusal cases. The campaign also underpinned the importance of fact-based arguments, especially while addressing concerns of communities about side-effects. And since the TCV campaign targeted children between the ages of nine months to 15 years, the use of incentives for children in the form of stickers, crowns, ‘Tikku’, etc. played a significant role too.

The campaign highlighted the lifesaving potential of TCV for children in Islamabad, Pakistan, and all typhoid-endemic countries. In doing so, over 0.25 million children in Islamabad were vaccinated by the social mobilisation efforts of CHIP and TCV was consequently added to routine immunisation.

## The Invisible Hands of Infinite Hope

Muhammad Iqbal Ahmed, at fifty-five years of age, had lived all his life in the village of Punja Shareef, District Khushab in Punjab, Pakistan. His family comprised of six family members who all relied on him for their sustenance. Iqbal Ahmed ran a small karyana shop in his village through which he tried to provide for this family members, but the earnings from the karyana shop barely sustained the family. Consequently, the family lived in a humble, semi-pacca house in the village, just as most of the other houses.

The financial conditions of the family worsened two years ago when Iqbal Ahmed started to experience extreme pain and irritation in his eyes. Overtime, his vision deteriorated which hampered his daily activities and impacted the livelihood of the family since the sole breadwinner was unable to look after his shop properly. As the issues with his vision progressed, the financial conditions of his household aggravated, and in turn Iqbal Ahmed was unable to save enough money to get his eyes checked from a medical facility. Moreover, there were no medical facilities available in the village even if he and his family had considered to seek medical attention.

One day Iqbal Ahmed was informed about a free eye screening camp by a community volunteer. He was informed that the eye camp was jointly organized by LRBT and CHIP in his village particularly for persons with disabilities and the marginalized community members. Iqbal Ahmed visited the camp and after his eye screening he was advised cataract surgery by an ophthalmic surgeon for which he was asked to visit the LRBT Hospital in Shahpur. This diagnosis increased his worries and he had lamented, “I was very upset to hear the news about my eyes because I did not have any money to pay for transportation to Shahpur. I knew in that moment that I would not be able to receive the eye surgery and the days for which I could see, at least to some extent, were counted.” A couple of days passed and the program officer responsible for organizing the eye camp in Punja Shareef visited Iqbal Ahmed and informed him that he would arrange for transportation and facilitate a free cataract surgery for Ahmed. This news left Iqbal Ahmed in utter disbelief; he was unable to accept how his fate has taken a twist, but for betterment this time. The very next day, a vehicle was arranged to escort Iqbal Ahmed and three other deserving people from his village to the LRBT Hospital in Shahpur. The LRBT Hospital and staff treated them with care and facilitated three follow-up visits as well along with free eye operations. With the help of the cataract surgery, Iqbal Ahmed was able to resume his daily activities and manage his shop more adequately. He profusely thanked God for his benevolence in sending the CHIP and LRBT teams to his village and also shared his regard for the medical staff who gave him renewed hope for his life. Iqbal Ahmed was insistent that such medical camps were of paramount importance in the remote villages in Pakistan and requested that such camps should be organized in the neighboring villages of Punja Shareef because many people in the rural areas were unable to visit city centers for proper medical attention.

## Stitching Dreams for a Better Tomorrow

Basti Band appeared as any small village in rural Punjab. The houses were semi-pacca, most men worked in farming or at the brick kilns whereas the women were responsible for running the households, looking after the children and animals. Overtime, animal rearing or farm products from domestic animals became the leading source of income for households. This in turn gave the women of the village a more prominent place in securing the livelihoods and they seemed to be taking care of the lion share of the responsibilities at home. This was further evidenced by the fact that no women in the village could be seen sitting idle, they were all engage in some work. However, given the lack of facilities and education in the village, overcoming abject poverty has been a consistent effort despite the efforts of the villagers. When the community resource persons (CRPs) reached the village to form community and women organizations, the villagers responded with overwhelming positivity. They volunteered space to establish office, devised strategic plans and village development plans. Seeing the active participation of women, CHIP asked the executive members of the WO to outline or suggest any avenue for further instilling skills in the women of the village. Consequently, the women requested that a stitching and embroidery course should be arranged for the women, especially youth, of the village so that they could contribute in the income of their households. The WO provided their office space for the classes to take place where 33 female students were enrolled to learn stitching of clothes and embroidery skills to also design dresses. The women brought their own sewing machines while some of them had been prvided the machines so that they could learn the skills. Initially, a member of the WO, who was skilled at stitching and embroidery, had been conducting classes, but in order to learn to stitch clothes professionally, the women at the vocational skill centre requested for a skilled teacher. As a consequence, CHIP in coordination with the Social Welfare Department Layyah arranged for a female teacher to visit the village daily and impart professional training on stitching and embroidery to the women at the vocational centre.

The women at the vocational centre shared their aspirations to open their own clothes, sewing or dress designing shops one day. Most of them were so eager to learn that if they didn't have cloth to practice on, they had used newspaper instead but they wanted to keep learning and enhance their skills. Their professional teacher also remarked that the women of the village had great potential and investing in them could change the future of Basti Band. Therefore, while Basti Band appeared as any rural village in Pakistan, in it was hidden infinite hope and resilience, weaving and stitching dreams for a better tomorrow.