Annual Report
July 2013 – June 2014
Civil Society Human and Institutional Development Programme (CHIP)
Who We Are

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

Our Vision

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

Our Mission

Enabling individuals and organizations to make more effective and efficient development efforts through the provision of value-led Human & Institutional Development (HID) services.

Our Values

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

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<tbody>
<tr>
<td>ALC</td>
<td>Adult Literacy Centre</td>
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<td>BHU</td>
<td>Basic Health Unit</td>
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<td>CBA</td>
<td>Community Birth Attendant</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CBS</td>
<td>Community Based School</td>
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<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<td>CCB</td>
<td>Citizen Community Board</td>
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<td>CHIP</td>
<td>Civil Society Human and Institutional Development Programme</td>
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<td>CSO</td>
<td>Civil Society Organization</td>
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<td>DIA</td>
<td>Disability Impact Assessment</td>
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<td>DPO</td>
<td>Disabled Persons Organizations</td>
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<td>DHQ</td>
<td>District Health Quarter</td>
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<td>EPI</td>
<td>Expanded Program of Immunization</td>
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<td>FAP</td>
<td>First Aid Point</td>
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<td>FLCF</td>
<td>First Level Care Health Facility</td>
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<td>FJWU</td>
<td>Fatima Jinnah Women University</td>
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<td>HID</td>
<td>Human and Institutional Development</td>
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<td>IDP</td>
<td>Internally Displaced People</td>
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<td>IEC</td>
<td>Information Education &amp; Communication</td>
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<td>IPM</td>
<td>Integrated Pest Management</td>
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<tr>
<td>KPK</td>
<td>Khyber Pukhtoon Khwa</td>
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<tr>
<td>LHW</td>
<td>Lady Health Worker</td>
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<tr>
<td>MCHC</td>
<td>Mother Child Health Care</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>NGO</td>
<td>Non-Government Organization</td>
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<td>PWD</td>
<td>Person with Disability</td>
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<tr>
<td>SBA</td>
<td>Skilled Birth Attendant</td>
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<tr>
<td>SBKWU</td>
<td>Sardar Bahadur Khan Women’s University</td>
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<tr>
<td>TBA</td>
<td>Traditional Birth Attendant</td>
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<tr>
<td>TT</td>
<td>Tetanus Toxoid</td>
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<td>UC</td>
<td>Union Council</td>
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<td>VHC</td>
<td>Village Health Committee</td>
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<td>VTC</td>
<td>Vocational Training Centre</td>
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<td>VAW</td>
<td>Violence Against Women</td>
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<td>WO</td>
<td>Women Organization</td>
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</table>
General Information

Board of Directors

Mr. Mohammad Ajmal Malik  
Chairman

Dr. Muhammad Ramzan  
Director

Ms. Kaisra Jabeen Butt  
Director

Mr. Iftikhar Javed  
Director

Mr. Safdar Awan  
Director

Mr. Naeem Bashir  
Director

Ms. Shehnaz Farooq  
Director

Ms. Lubna Hashmat  
Chief Executive

Mr. Muhammad Irfan Fareed  
Company Secretary

Auditors
Deloitte Chartered Accountants

Registered / Head Office
Plot 5, 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
www.chip-pk.org/dfid

Field Office 1  
Sohawa District Jhelum
92-544-711314

Field Office 2  
Sanghoi- District Jhelum
92-544-663233

Field Office 3  
Notak – District Bhakkar
92-453-432228

Field Office 4  
Skardu – District Skardu
92-5815-452007
**Performance Highlights**

**Financial Highlights**

1. Unaudited Revenue for the year 2013-2014  
   \[\text{PKR} \, 88,668,955\]

**Organizational Highlights**

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

**Operational Highlights**

1. Number of programmes implemented  
   10
2. Number of programmes under progress at year end  
   9
4. Number of CBO partners  
   100
5. Number of community women trained  
   6300
6. Number of community men trained  
   5400
7. Number of Beneficiaries Reached  
   115,000
Our Governance and Organizational Structure

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

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

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

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

1. Mohammad Ajmal Malik
   Mr. Malik is a qualified Photogrammetric Engineer from Delft University, Netherlands and is also a Member of American Society for Photogrammetry and Remote Sensing. With over two decades of social development experience in Pakistan and abroad, he is currently the Chairman of CHIP.

2. Dr. Muhammad Ramzan
   Dr Ramzan holds a D. Phil from Oxford University, UK. A very experienced and prominent social scientist, he has been a member of Agricultural Prices Commission, Islamabad and has worked, inter alia, as a FAO consultant for writing a training manual on Saline water in Asia and Pacific. His contribution to policy making and direction-setting aspects of CHIP’s management is invaluable.

3. Mr. Iftikhar Javed
   Mr Iftikhar Javed, an experienced and qualified finance professional, is a fellow of the ICMAP since 1985. He has held several senior managerial positions in multinational organizations in Pakistan and abroad for over three decades. CHIP benefits tremendously from his financial skills.

4. Ms. Kaisra Jabeen Butt
   An experienced and dedicated academician, Ms. Butt holds an 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/KPK region and is presently working with the Aga Khan University Examination Board. Shahnaz has attended numerous international workshops and courses on Finance, Marketing and Education, which is her field of expertise and very close to her heart.

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

7. Mian Mohammad Naeem Bashir
   Mian Mohammad Naeem Bashir has done his Bachelors of Science with major in technology. He specializes in establishing and managing wood and chemical industries. He has an international experience of working in Africa on a wide range of industries. Presently he manages a ply wood factory in Jhelum. He has been supporting a wide range of welfare and charity related initiatives throughout Pakistan. Mr. Bashir is especially interested in the promotion of technical skills among the youth. He has a close association with technical and vocational training centres in Pakistan.
1. Social Mobilization

CHIP facilitates the communities to organize themselves in the form of Community Organizations (COs) through social mobilization. Participation of disabled persons, women headed households and non-agrarian families are objectively ensured. We promote an aware and organized society capable of realizing the need for its own development.

1.1 Types of Interventions by CHIP

Our interventions on community mobilization are being implemented in two districts of Punjab and two districts of Gilgit Baltistan. The social mobilization is done through following interventions:

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

1.2 Major Achievements under each intervention

1.2.1 Formation of Community Organizations

Communities were organized as Village Coordination Committees (VCCs) in 65 villages of Bhakkar, Jhelum, Skardu, Ghanche and Upper Swat. These VCCs vary in terms of their maturity, scope for development work and geographical outreach. Under each VCC, communities have also formed sub committees e.g. there are 65 women groups under each VCC to ensure coordination and communicating with women on communal matters.

35 Village health committees are also formed in 35 villages of Jhelum and Skardu. The village health committees coordinate with health department for improving the immunization coverage and quality and outreach of available health facilities in their respective villages. They also coordinate with lady health workers and birth attendants in case of any maternal child health care issue.

Mature 40 VCCs in Jhelum were facilitated to form Six Union Council Level Membership Based Organization (UCMBO). UCMBOs tap resources from UC administration, Tehsil Municipal Administration (TMA) and elected parliament representatives and are linked with UC Office. UCMBOs are registered with Social Welfare Department as Community Based Organizations (CBOs). 6 UCMBOs of Sohawa Tehsil District Jhelum facilitated the formation of VCCs in 18 new villages. 9 CBOs in Skardu were identified and reactivated for their engagement in inclusive communal development activities. All VCCs have their communal offices for organizational strengthening and village development. In total, 2147 households are members of VCCs.

1.2.2 Capacity Building of Community Organizations

All VCCs were trained in project management and implementation through a series of trainings. These trainings were Disability Equality and Gender, Community Mobilization Skills, Strategic Planning, Registration and Record Keeping. Trainings on financial

<table>
<thead>
<tr>
<th>Geographical Coverage</th>
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<tbody>
<tr>
<td>Punjab Province:</td>
<td>115,000 people including 850 disabled and 181 women survivors of violence.</td>
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<tr>
<td>District Jhelum and Bhakkar</td>
<td>300 elderly people</td>
</tr>
<tr>
<td>Gilgit Baltistan:</td>
<td>65 children with disabilities</td>
</tr>
<tr>
<td>District Skardu and Ghanche</td>
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Meeting of VCC
management and resource mobilization were conducted for 65 VCCs. As a result of capacity building of community organizations membership of 65 VCCs was raised to 2040. 505 women and 49 disabled persons were elected as members of VBO/VCCs for their participation in communal decision-making. 18 newly formed VCCs in Sohawa and 15 in Bhakkar developed their strategic and village development plans. In total 115,600 members in 65 communities are benefiting from the development efforts. 65 VCCs have their organizational accounts to deposit communal saving as cumulative saving of VCCs was raised to PKR 2.3 million from PKR 1.16 million in 2012-13. 4 VCCs in Jhelum and 3 in Bhakkar established their communal enterprises for financial resource mobilization. Yearly revenue from communal enterprises established in year 2012 – 13 was raised to PKR 0.49 million and is deposited in the organizational accounts.

### 1.2.3 Coordination and Cooperation with Local Administration

4 UCMBOs in District Jhelum mobilized development projects of PKR 3.2 million from elected Member National Assembly, Union Council Administration and Soil Conservation Departments. These projects are consisted of street pavement, irrigation well, construction of link road and repair of cattle pond. 5 newly formed VBOs/ VCCs of Bhakkar mobilized funds from TMA for the construction of 5 streets in their villages respectively. The total amount mobilized is PKR 0.9 million.

### 2. Community Physical Infrastructure

CHIP strives to mobilize communities for improving their communal infrastructure through local resource mobilization. As an incentive communities are facilitated in analysing their communal problems and prioritize them collectively. Some of the major problems of communities are construction and or rehabilitation of communal infrastructure such as drains, ramps, boundary walls, household toilets, street pavement and drinking water schemes. We aim to facilitate out of reach communities to construct and or rehabilitate communal infrastructure that reduces their vulnerability to diseases and disasters.

#### 2.1 Types of Interventions by CHIP

- Construction of Accessible Toilets for disabled people
- Rehabilitation of Drinking Water Schemes
- Construction of Communal Drains
- Construction of Communal Streets
- Construction of Ramps for improving Accessibility of Disabled People

#### 2.2 Major Achievements under Each Intervention

##### 2.2.1 Construction of Accessible Toilets for Disabled People

Open defecation is one of the major reasons of a number of epidemics in villages. Disabled persons, elderly and women in particular face a lot of difficulty. To address these, 31 accessible toilets for 31 disabled persons and their families were constructed. As a result the personal hygiene and environment of the villages was improved. 31 houses of the disabled persons were made accessible for reduced dependency and increased mobility within houses.

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<td>Gilgit Baltistan: District Skardu and Ghanche</td>
<td>300 elderly people 65 children with disabilities</td>
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Planning Meeting with VCCs
2.2.2 Rehabilitation of Drinking Water Schemes
Water is one of the basic facilities. Keeping in view the access of the communities towards water facilities, 3 existing wells were rehabilitated. 3 shallow wells were drilled and 2 were provided with hand pumps. Community contributed 30% of the total as of their share in the water resource development projects. 520 households are directly benefitting from these developed water sources.

2.2.3 Construction of Communal Drains
In Jhelum, 1 sewer was laid and 4 drains were constructed for the drainage of waste water. Drains were provided with drain covers for the easy mobility of the disabled persons using assistive devices and elderly.

2.2.4 Construction of Communal Streets
36 streets construction projects and 1 culvert were implemented. Universal access for the disabled persons, elderly, and expectants was ensured. Hygienic environment in the villages and mobility during the rainy days was improved. 160 disabled persons, 4100 households and elderly benefitted from the construction of the streets. Community contributed 30% as of their share in the street construction projects.

2.2.5 Construction of Ramps for improving Accessibility of Disabled People
Public Buildings and VBO offices were made accessible for the disabled persons and elderly. 5 schools, 2 NADRA offices, 4 BHUs were renovated and made accessible for the disabled persons, elderly, expectants and patients. District social welfare department in Jhelum was repaired and provided ramps for the independent mobility of the disabled persons.
3. Promoting Good Health

CHIP strives to work for better health of the communities through community driven, cost effective and sustainable approaches. We aim to address the Maternal and Infant Mortality, which is at a rise in the communities.

3.1 Types of Interventions by CHIP

Our development initiatives for promoting good health and restricting the increased rate of Maternal and Infant Mortality are aimed at the areas of Jhelum (Punjab), Swabi (NWFP) and Skardu (Gilgit-Baltistan). The following types of interventions are being carried out:

- Awareness raising on preventive health care
- Capacity building of existing health personnel
- Strengthening existing of health facilities
- Linkages development on issues related to mother and child health care

3.2 Major Achievements under Each Intervention

3.2.1 Awareness Raising On Preventive Health Care

Pakistan is lagging behind in achieving targets for Millennium Development Goals particularly targets agreed for MDG 4 and 5 about reducing child mortality and improve maternal health. Women are not aware with the actual cause and deprived of the adequate facilities in result of their ignorance. Looking at the awareness of expecting mothers in the villages training of the communities was of utmost importance and invited immediate attention. There were a number of difficulties encountered by the expecting mothers before the process of delivery. Due to long distance and low level of affordability success rate of deliveries has always been hampered. This consequently results in cases of maternal and infant mortality in villages. Keeping in view this situation the activities were undertaken:

a. Health Sessions have been conducted by 70 Health Promoters to increase the awareness of the communities. In total 5000 Health Sessions have been conducted in District Jhelum and Skardu. In case of women 3400 sessions have been conducted and for men 1600 sessions have been carried out. With the help of these sessions 1600 men are made aware and in the same way 3500 women have been conveyed different aspects of Mother and Child Health Care. The focus of these health sessions was on ‘Mother and Child Health Care (Decision Making)’, ‘Three Delays’, ‘Antenatal and Postnatal Checkups’, ‘Safe Delivery and Danger Signs of Pregnancy’, ‘Pneumonia’, ‘Immunization of Mother and Child’ and ‘Danger Signs of Diseases of Children’.

b. 40 Religious leaders were sensitized on importance of immunization for children and pregnant women. These religious leaders have replicated same sessions with the community members during their religious gatherings.

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<tr>
<td>District Jhelum and</td>
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<tr>
<td>Bhakkar</td>
<td>5000 children under 23 months old</td>
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<tr>
<td></td>
<td>1500 pregnant women</td>
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<td></td>
<td>30,000 community members/parents/decision makers</td>
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Training of Religious Leaders
c. 70 puppet shows were designed and conducted on the importance of immunization coverage. This puppet shows targeted school children and women. Since the puppet shows convey message in a light mode therefore it caught attention of about 20,000 community members of all age groups of both genders.

d. Interactive theatres were designed and conducted on the importance of safe delivery practices and maternal childcare. Stories were designed in view of mal practices and their implications. Interactive theatres got immediate attention of women and raised their awareness level.

3.2.2 Capacity Building of Existing Health Personnel
Maternal and Infant Mortality is encountered due to lack of Skilled Birth Attendants (SBA), which results in delivery of babies in an unsafe manner from untrained birth attendants. In most of the cases due to high cost and difficulty in transportation the situation is further worsened. This consequently gives rise to a drastic increase in Maternal Mortality and Infant Mortality rate. With the aim of dealing with this issue a training of birth attendant was conducted on safe delivery methods for 35 community women from District Jhelum and Skardu. Their capacity and level of understanding was further enhanced on men and women reproductive system, danger signs during pregnancy, antenatal and postnatal check-ups, safe delivery at home, neo natal care, post natal care, breast feeding and diarrhoea. The purpose of the training was to develop their capacity so that in future they are able to handle deliveries in a safe manner. They were later attached with the hospital for gaining practical experience of safe delivery practices.

3.2.3 Strengthening Existing of Health facilities
10 existing health facilities (BHUs, MCH Centres and dispensaries) in Skardu and Jhelum were strengthened through supply of basic equipment, medicines, minor repair and making these accessible for people with disability. In addition 30 vaccinators and 51 Lady Health Workers were trained and sensitized about vaccine administration, schedule of vaccination and social mobilization techniques and key standards while vaccinating in villages and health facilities. As a result of our strengthening, the immunization coverage has increased and missed and default children have been vaccinated.

3.2.4 Improved Eye Health Services
In rural areas, mostly women cook by using wood as fuel together with cow dung cakes. Eye diseases particularly amongst women are common. To address, a vision centre in Tehsil Taxilla of District Rawalpindi was established. These vision centres in Districts Jhelum, Gujrat and Rawalpindi benefitted 11700 community members and students. State of the art diagnostic centres have been equipped for eye and
vision testing. To increase the outreach community screening programme in the schools was conducted.

3.2.5 Linkages Development on issues related to Mother and Child Health Care

Linkages have been developed with public sector for seeking their cooperation to work on the issue of mother and child health care. Due to limited outreach and poor access in majority of the villages communities at large are not aware with the prevalent health measures and practices. For this reason they are not updated with different ailments and are also required to be informed about different remedies and vaccinations in this regard. To counter this issue District Government in collaboration with CHIP organized vaccination camps. These camps targeted pregnant women and missed and default children.

12 District Health Forums were organised in District Jhelum and Skardu. There were 480 participants in all which comprised of District Health Management, Members of Village Health Committees and Basic Health Care Providers. These forums created accountability and pressure on district administration for improving its services and coverage. As a result of these Health Forums, the outreach and coverage of health services have increased in remote villages. These forums are also giving opportunities to trained birth attendants to acquire practical training from the Rural Health Centres, Tehsil Headquarter Hospitals and District Headquarter Hospitals.
4. **Inclusion of Disability in Mainstream Development**

CHIP aims to enable people with disabilities to become an equal member of mainstream society. We are promoting a rights based approaches to disability whereby rights and dignity comes first.

### 4.1 Types of Interventions by CHIP

Our interventions are being implemented in District Skardu, District Ghanche (Gilgit-Baltistan), Jhelum and Bhakkar (Punjab). The following types of interventions were implemented for rehabilitation and inclusion of people with disabilities.

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

#### 4.2 Major Achievements under each Intervention

#### 4.1.1 Rehabilitation and Confidence Building

Medical assessment of 850 people with disabilities was undertaken and their rehabilitation and inclusion plans were developed. 245 people with physical disabilities were provided orthotics, wheel chairs and CP chairs. They were also imparted trainings on independent living. 850 people with disabilities were provided sessions on self-growth interpersonal communication, personal hygiene and independent living. These sessions helped in enhancing their confidence level and proved a step towards reducing their dependence and vulnerability.

#### 4.1.2 Inclusion of People With Disabilities in Mainstream Development

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

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

Primary education of children is promoted as a basic right of all children. 65 children with disabilities have been admitted in primary education. This has boosted their confidence and socialization skills. Teachers and Non-disabled children have also realised importance of inclusion of children with disability in education.

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

Village level sports are promoted among children and youth. They are made aware to include children and youth with disabilities in sports activities. As a result about 101 children and youth with disabilities have started participating in village sports.

#### Geographical Coverage

| Punjabi Province: District Jhelum and Bhakkar | 850 disabled and 30,000 family and other community members. |
| Gilgit Baltistan: District Skardu and Ghanche | 300 elderly people |
| | 65 children with disabilities |

**Provision of Surgical Shoes**

**DET Session in School**
4.1.5  Inclusion of People with Disabilities in Community Organisations

Community organisations for men and women are formed to facilitate communities to address their communal issues collectively. 103 people with disabilities have become members in community organisations. As a result of engagement of people with disabilities in community organisations, village development plans have incorporated needs and demands of people with disabilities as well. This has massively increased the confidence of the PWDs and has finally brought them into limelight.

4.1.6  Improving Access of People with Disabilities to Health Care Services

Assessment and referral facility has been established in Tehsil Head Quarter Hospital Sohawa. About 526 persons and 115 children with disabilities accessed and benefitted from the assessment and treatment at the hospital in Sohawa and Jehlum. Where as in GB Province 205 disabled were medically assessed. Lady Health Worker and Community Birth Attendants have been sensitised on disability equality.

4.1.7  Engagement of People with Disabilities in Economic Activities

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

4.1.8  Awareness Raising Campaign in Communities

For the social inclusion of the PWDs 240 puppet shows in 100 villages have been conducted on the theme of inclusive development by community organisations. These shows were attended by more than 30,000 community members of all ages and genders, especially women, children, elderly people and youth. As a result of awareness raising activities, there has been a considerable change in their lives, which has made to realise their existence in their families. They have begun to participate in social activities been held in their villages. In result of this effort the community organisations, families and communities of people with disabilities have welcomed the idea of mainstreaming people with disabilities in the local decision making process and participation in social events as well. 256 men and women with disabilities have started participating in communal social activities.

4.1.9  Accessibility in Village Surroundings

Accessibility in village surroundings such as streets, path ways, drains, mosques, schools, shops and basic level health care facilities etc. is a pre-requisite for the mobility of people with physical disability and blind/low vision. Community organisations of five villages have mobilised resources and made their primary village school accessible. While 7 villages have mobilised resources and made their streets and pathways...
accessible. 11 community organisations have mobilised resources and made their mosques accessible.

5. Promoting Human Rights

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

5.1 Types of Interventions by CHIP

Although we are promoting the concept of happy family in all geographical areas under all programmes as a cross cutting theme however a dedicated programme on violence against women is being implemented in 30 villages of District Jhelum (Punjab). Some of the major interventions being implemented are as follow:

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

5.2 Major Achievements under each Intervention

5.2.1 Monitoring and Recording Of Situation of Violence against Women

We have trained human rights activists available in 20 villages. These activists were assigned responsibility to monitor and record situation of violence against women in 20 villages of district Jhelum. Since the activists are associated with their respective community organisation therefore this process has strengthened our referral system as well helped us design a more survivor oriented programmes. The monitoring of year 2013-14 recorded 200 cases of violence in 20 villages. The major violence types in physical abuse, mental torture and restricted mobility. A large number of victims of violence were extended counselling and guidance regarding coping mechanisms. Sessions with family members have also been designed and conducted in order to better the situation.

5.2.2 Strengthening of Community Organisations & Masalehti Anjuman

We aim to strengthen and convince communal set up on the concept of happy family. Trainings of 20 community organisations were conducted on the concept of happy family, values and human rights. These community organisations were also facilitated in identifying happy families form within the villages and conduct discussion forums and analyse how have these families became happy and link these with positive values, human rights. These forums are creating a conducive environment for victims of violence and creating a peer pressure for perpetrators. Community organisations and human rights activists have become a great support for women victims of violence with whom they have started exchanging their feelings and getting counselled.

Masalehti Anjumans are responsible to facilitate process of reconciliation particularly that relates to family cases. Mostly they receive cases of divorce, inheritance, child custody and maintenance etc. 24 members of 6 (Six) Masalehti Anjumans were imparted training on Convention on the Elimination of all forms of Discrimination against Women, Family Laws, Negotiation Skills and record keeping.
As a result all Masalehti Anjumans have got sensitized about women rights and management of cases with complete objectivity.

5.2.3 **Inculcating Assertiveness and Decision Making Skills in Women Survivors of Violence**

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

5.2.4 **Awareness Raising Of Communities**

A mass awareness raising campaign was launched at village and Tehsil level through multiple mediums such as radio programmes, newspaper coverage, interactive theatre shows, puppet shows, discussion forums and commemoration of National and International Human Rights Days. Our awareness raising campaign reached to more than 12000 community members. The campaign has developed a sense of realization among the communities to show reverence for human rights, which particularly include the rights of women.

5.2.5 **Tehsil Level Network**

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

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

6.1 **Types of Interventions by CHIP**

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

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

6.2 **Major Achievements under Each Intervention**

6.2.1 **Primary Education through Community Based Schools**

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

6.2.2 **Capacity Building of Teachers**

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

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

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

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

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

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<tr>
<th>Geographical Coverage</th>
<th>Beneficiaries</th>
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<tbody>
<tr>
<td>Khyber Pakhtunkhwa Province: District Upper Swat</td>
<td>700 children living in out of reach communities</td>
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<tr>
<td>Punjab Province: District Rawalpindi</td>
<td>30 poor girls unable to afford their higher education</td>
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food needs with great difficulty. I was studying in grade 13 and started helping my mother in her work in the evenings. I did not have any support to continue my education. I was very depressed sitting under a tree and planning to quit the university and help my mother on a full time basis to support the education of younger siblings. My teachers noticed that my performance was continuously declining and one day I was called up in the councillor’s office to discuss the matter. I reluctantly shared my resource constraints to continue the education and there I was asked to apply for a financial assistance. I never knew that such as facility is available through CHIP. I applied and successfully qualified the criteria. My dream redeemed and I was again hopeful to be at the top. I continued my struggle! Studying and helping my mother in the evening in her work was my routine during last three years. I completed my degree three months ago. While I was giving final exams, my head of the department recommended my name to a very prominent private sector organization as a research assistant. I appeared for an interview with no experience in hand. The interview panel was looking out for a fresh candidate having potential of undertaking desk researches and policy analysis. I was given a test to test my abilities. The results were very encouraging and I was selected. Never thought to be a professional at the age of 22. I am very happy that small financial assistance has contributed a lot to the completion of higher education and begin a professional life. I am very hopeful that I would be at the top one day to help Pakistan become a developed country inshaAllah.
7. Income through Promotion of Environment Friendly Livelihoods

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

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<th>Geographical Coverage</th>
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<tr>
<td>Punjab Province:</td>
<td>300 widows, divorcees, disabled and unemployed youth</td>
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<tr>
<td>District Jhelum and Bhakkar</td>
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7.1 Types of Interventions by CHIP

Our interventions are being implemented in District Jhelum, Bhakkar (Punjab) District Skardu and District Ghanche (Gilgit Baltistan) through the following interventions.

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

7.1.1 Strengthening of Vocational Skills

Women in any nation are phenomenal in the process of development. If women are independent and self-sufficient they can be of an immense support to their families. 150 vulnerable individuals were facilitated in improving their skills. 104 improved their skills through vocational training centres, short training courses organized by CHIP while 46 were attached with a skilled individuals such as mason, tailor, butcher, car repair workshop, plumber, carpenter, electrician, wool spinning and beauty parlour etc.

7.1.2 Strengthening of Entrepreneurial Skills

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

7.1.3 Facilitation for Setting up Small Scale Enterprises

240 vulnerable individuals (74 disabled, 40 women survivors of violence and were facilitated in setting up small-scale enterprises. As a result 240 individuals have a regular source of income and a contribution to their family income. This has improved their quality of life and access of many individuals to health and education. The types of income earning sources include tyre repair shops, tailoring shops, general merchant shops and barbershops etc. They have become real life examples for others and have become a source of encouragement for other peers to move forward and prove their abilities. The communities have become aware of the fact that disability should not be considered a barrier for raising income.

7.1.4 Facilitation for Setting up Communal Enterprises

Community Organizations work on volunteer basis and requires additional funds for running and management of its affairs on regular basis. Seven community organizations (3 in Bhakkar and 4 in Jhelum) were facilitated in setting us communal enterprises under their organizational ownership. Community organizations have employed unemployed youth for running and management of the enterprise. The types of enterprises established are fish farm (one), goat farm (three), computer training centre (one), general grocery shop (one), livestock feed shop (one).

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Women survivors of violence, widows/divorcees, disabled and male unemployed youth
8. Relief and Rehabilitation for People in Need

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

8.1 Types of Interventions by CHIP

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

- Support for Seeds and Fertilizer (50 Kg wheat seed, 2 bag of Urea and 1 Bag of DAP)
- Support for Drugs/Medical Camps
- Preventive Health Care through Mosquitoes/Dengue Spraying
- Construction of Flood Affected Link Road

8.2 Major Achievements under Each Intervention

8.2.1 Support for Seeds and Fertilizer (50 Kg wheat seed, 2 bag of Urea and 1 Bag of DAP)

918 Small farmers owning only 1 acre of agriculture land were identified and listed. The following criteria were developed in consultation with community organizations for the final selection of the small farmers:

- Affected by 2013 floods
- Have not received support from any other organization as yet for any crop
- Was dependent on agriculture for earning income before floods
- Family run by a widow who have children under 12 years of age disabled responsible for running the family’s expense
- Economically poor
- One person from one household e.g. if three brothers are living in a house with their father only 1 household member is eligible.

Based on the above criteria 550 farmers were selected and tokens carrying the name, address and identification number of finalized farmers were distributed to the finally selected farmers. Issuance of tokens and reconciliation of the tokens with the finalized list ensured the confirmation of the right beneficiary. In total 550 small farmers were provided agriculture support. 505 of total 550 were men, 15 were families of disabled persons and 30 houses were headed by women. Distribution of wheat seed and fertilizers helped the recovery of small farmers and ensured the food security for the coming year.

8.2.2 Drugs/Medical Camps

6 Medical camps on general diseases were held in 6 villages i.e. 4 villages of Bhakkar and 2 villages of Layyah. Community members from other villages located adjacent to the villages whereby medical camps were established also benefitted from these camps. Health department of Bhakkar and Layyah Districts facilitated the medical camps by providing their equipment. No additional cost on the purchase of medical equipment was incurred. In total 1124 community members visited the 6 medical camps in 6 villages. 258 of total 1124 were men, 503 were women and 363 were children and 16 were disabled persons. 1124 patients were provided free medicine and diagnostic services along with free medicine.

Geographical Coverage

| Punjab Province: District Bhakkar | 550 flood affected tenant farmers. 1124 flood affected poor families living in out of reach rural areas. |

Distribution of Seed and Inputs
8.2.3 Preventive Health Care through Mosquitoes/Dengue Spraying
Mosquito (Dengue) Killer Spray was done in 6 Villages of Bhakkar. Health department facilitated the dengue spray by providing technical staff, medicine for the spray and fog machine. Project facilitated the transportation cost of the technical persons in above-mentioned 6 villages. 9500 community members living in these 6 villages benefitted. Awareness raising regarding inclusion of disabled persons in the services of the line departments and to include disabled persons in mainstream walks of life was undertaken through developing 6 awareness-raising messages and its painting on 6 prominent walls.

8.2.4 Construction of Flood Affected Link Road
One complete street with 6 ditches leading from link road has been paved. The street/road has had 6 ditches. The community organization contributed over 21.7% of the total cost i.e. PKR 152,000/- while the project contributed PKR 700,000/- for the pavement of the street and filling of ditches.

9. Research and Advocacy
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 the evidence. 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.

9.1 Types of Interventions Conducted
- Research and Knowledge Management
- Organizing and strengthening CSOs into a coalition
- Advocacy through print and electronic media
- Strategy Papers

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<tr>
<td>All Districts of Punjab, Sindh and Baltistan Province</td>
<td>More than 100 million people through research and advocacy campaign</td>
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9.2 Major Achievements under Each Intervention
9.2.1 Research and Knowledge Management
Primary and desk researches were conducted under different thematic focuses. Some of the major topics of researches were as follow:
- End line study on status of immunization and maternal child care
- Desk research on barriers to immunization in Punjab Province
- Impact assessment of poultry farms established through poor women headed households
- Impact assessment of goat farms established through unemployed youth
- Case studies of people with disabilities who have been rehabilitated and socially included
- Impact of inclusive development interventions on the quality of life of people with disabilities.
- Case studies of women survivors of violence
- Impact of women rights interventions on quality of life of women survivors of violence
- Case studies of people benefitted from refractive correction
- Best practices of Civil Society Organizations (CSOs) working on health and immunizations.

9.2.2 Advocacy Initiatives
We are also organizing and strengthening civil society organizations working on immunization and health under one coalition so that CSOs potential can be integrated in health system. The full name of our consortium is Pakistan CSOs Coalition for Health and Immunization (PCCHI). We have
formed a consortium of 48 CSOs working in all five provinces of Pakistan. We have provincial chapters of our coalition, which is available to work in any districts, which require support by CSOs. In order to advocate importance of integration of CSOs in health and immunization 12 newspaper articles, radio and TV campaign was launched. Radio campaign included discussion forum, radio spot on schedule of immunization while TV programme included discussion forums. Key advocacy messages were formulated, designed and disseminated through multiple mediums such as social media websites, printed materials and banners.

9.3 Focal Persons in Department of Health
Two focal persons one each in Sindh and Punjab Provincial Programme on Expanded Programme Immunization have been assigned responsibility of including CSOs in their departmental meetings. Both the provinces have started actively engaging CSOs in their planning and review meetings. MoU has been signed between PCCHI and Provincial EPI Sindh and Punjab to facilitate close coordination and collaboration. Under the signed MoU with Punjab EPI, CSOs attended Convention of ‘District Health Officers’ Punjab to review and discuss the health status/indicators of their respective districts. CSOs also attended a Conference of ‘Executive District Officers’ Punjab (June 2014) to get an orientation of Chief Minister Road Map to improve immunization coverage. Under the signed MoU with Sindh EPI, CSOs participated in series of meetings to prepare surveillance plan for measles. CSOs were also invited to participate in Inter agency coordination committee meeting at federal level, which reviewed and submitted Pakistan’s performance report on immunization to bi lateral donors.
10. Case Studies

10.1 Case Study 1  Broken Threads

“When do you want the clothes by?” Irfan asked. “Can you make them by the end of next week please?” they lady answered back. “I can try but I have a lot of other clothes due by then too. I cannot delay them any further,” he answered back. “Okay then, I guess by the week after?” she murmured. “Yes, that is possible. Goodbye now,” he replied waving at her as she left the shop. He returned back to what he loved doing the most in this world: stitching. Irfan enjoyed the hum of his stitching machine; he found it soothing.

It had marked a turning point in his life and the hum was a reminder of everything good that he had been given in life. It reminded him of his strength and his ability to take charge over his life without worrying about what other people thought of him. He had spent a life wallowing in his miseries, taking to heart what society said about him; but not anymore. No one understood the battle that he had been fighting; it was not easy. What did they know?

Irfan had led a normal life until he turned 10 years old. With the onset of disease, his left leg became two inches shorter than his right leaving him unable to walk. His parents sought treatment for their son but all their efforts were in vain. His condition did not improve. But for Irfan, his disability did not only mean that he became physically incapacitated to move independently. For him, it meant that he was forced to leave school. Almost simultaneously, he found himself ostracised from the rest of the world. The friends he had known now found themselves completely divergent to his. One by one they all left him. Others in society thought it was acceptable to make fun of him and cat-call every time they saw Irfan attempting to walk. He became a sour source of entertainment for everyone and a burden on his family. It was then that he decided to stay at home, in a self-imposed exile. He stopped socialising with people in the village. It was then that he discovered his passion for stitching and it was this that kept him busy at home.

When CHIP visited his village, Irfan was still unsure about what could be done to change his condition. This is who he was. And this is how he would stay. He had convinced himself that nothing could ever change. But how could he have known that change is the only constant in this world. His life changed for the better as quickly as it had deteriorated 18 years ago. After a medical assessment with CHIP, he was given a surgical shoe to help cure his leg length discrepancy and assist in walking from one place to another. He was also assisted in obtaining a disability certificate for himself and a special computerized National Identity Card (CNIC). After further analysis of his potentials, CHIP also helped him to set up his own tailoring shop. Not only did this help him attain financial independence but also assisted in boosting his confidence. It was his way of showing to everyone in the village, everyone who had ever doubted him that he was also capable of making something of himself. He was also capable of earning on his own.

As part of his rehabilitation plan, CCB Dilawar was established through which CHIP conducted awareness raising sessions on disability equality for all members of the
community. The session was attended by farmers, teachers, students and religious leaders alike. The session was the first step towards changing the mind-set of the people around him. But perhaps, the biggest change for Irfan came from within. Once shy and isolated from society, he assumed one of the most important positions in society for a person with disability. During one of the CCB meetings, Irfan expressed his willingness to work for the rehabilitation and inclusion of disabled person. He was then appointed as the community mobiliser for the CCB. The man who once spent weeks on end without stepping outside his house now spend most of his time socialising with others, listening to their problems and helping PWDs cope with issues faced in their daily routines.

10.2 Case Study 2 Superstitious Endings
Abida’s left eye had been blinking the whole day. Her fears were confirmed when the black cat crossed her path as she made her way to the bathroom. Something bad was going to happen. But all these thoughts slipped out of her mind as the door bell rang – it must be her husband coming home for lunch. She opened the door; he glared at her as he entered the house. Was he mad at her for something? Should she ask what was on his mind? She quickly decided against it; best not to ask and instigate him. She knew how short-tempered he was. She quickly scuttled away from where he sat down in the porch. Perhaps, out of sight out of mind? No; not that day.

She knew her marriage was not perfect. She envied those who were happy in their own homes. Why was she not able to find happiness of her own? All her life, Abida had been raised to believe that her ‘real’ home was the one where she lived with her husband, not the one where she had grown up. Then why did she feel like a stranger in her own supposed home? For a little while following the birth of her two children, she felt as if things were changing. But it was not long before things went back to the way they had always been: heartbreaking. But she had found peace in the fact that at least she was married. She had a husband and she had two wonderful children - this was the compromise she had made with life. How could she have known that this was all about to change?

Despite her troubled marriage, she had lured herself into a false sense of security. She would convince herself that it could not get worse than this. Until, he decided to divorce her.

In a society where a woman is considered to be ‘incomplete’ and ‘unfulfilled’ without her male counterpart to spend the rest of her life with, divorce meant that there was no reason to live anymore. It is taboo, a bad omen. And the most paradoxical fact of all: irrespective of whose fault it may be, women are supposed to be home makers and despite their fragile and oppressed positions in their households, women are the ones considered responsible when that home breaks up. Abida often wondered why the society around her was so hypocritical. She was only twenty-five years old and her life was already over – is this all that life had in store for her? She was left at the mercy of a man who did not respect her, and when he decided to leave her, that was it? Even though there were brief periods where she dared question those beliefs in the privacy of her own mind, she would expel such thoughts immediately. She was unlucky. She was a bad omen, a pariah. And she had to live with this for the rest of her life. Her self-confidence was completely shattered when CHIP discovered her and this was the first obstacle addressed in her recovery plan. She was made to attend trainings and counselling sessions which gave her a primer into the rights and responsibilities of women. The workshops gave her a working knowledge of family laws and women rights in Pakistan and how this could benefit her in the future. She also underwent confidence-building exercises, which contributed significantly in overcoming her superstitious and biased
beliefs towards women. Alongside her interpersonal skills training, Abida was provided with the investment capital needed to establish a small tuck shop in the village, her main source of income, with which she supports her two children. Twenty-five year old Abida can be seen leaning over the till of her shop, happily chirping amidst a group of friends. She energetically switches roles as a confident businesswoman and a responsible mother – there is zeal in her stride as she singlehandedly manages daily chores at home while dealing with customers in the shop. The troubles that had plagued her seem to be lost in her past. She wondered how could she have let herself go so easily? There was so much left to live for. She had to make sure her children did not suffer the way she had; vowing to do everything in her power to teach her children the lessons life and CHIP had taught her.

10.3 Case Study 3 Village Stepping towards Real Development

Piran Gujar is the village of District Jhelum and located at a distance of 70 KM from Domeli Mor. Total households are 65 with a population of 410. Basic facilities in village like school, dispensary and communal water sources do not exist.

CHIP started social mobilization in the village with the formation of VCC. VCC prioritized the problems of the village. Women members from the community were taken on board and 5 members were elected to represent women development issues. VCC started monthly saving and opened their saving account. VCC implemented different development projects i.e. rehabilitation of drinking water source, latrines construction and pathways. Women members collected 10,000/- from the women of the community and proposed for a catering project because they have no catering facility available nearby their village. In deaths and weeding occasions, they have to bring catering from long distances. Huge amounts of money are spent on transportation cost. Each member deposits PKR 20 on monthly basis in the saving account. VCC collected PKR 50,000 for the establishment of a catering enterprise for the VCC. CHIP matched an equal amount for the establishment of enterprise. VCC rents out the services and charge a reasonable amount from the users. The enterprise resulted in the collection of PKR 38040/- as financial resource for the organization last year.
10.4  Case Study 4  Case Study of Street Pavement

Village Gegi Chapper is one of the villages of District Jhelum. Village has 101 households. 96% population of the village is clustered while remaining 4% is scattered. Major professions of the villagers are agriculture and livestock management. Village has facilities of link road and Primary school. The major problems of the village are unpaved streets, scarcity of drinking water, lack of skill in women etc. CHIP conducted a PSA in 2013 and VCC was formed. In November 2013 VCC decided to pave their street as the street was the main entrance street for the entire village. Most of the times, waste water from households was standing on the street and hygienic environment of the entire village was really looked badly. Disabled persons, elderly and women all were facing difficulty especially during rains.

Seasonal diseases like malaria, dengue and cholera were common in the village. VCC and CHIP together developed feasibility for the construction of street. Total estimated amount was PKR 140,000 and VCC from within its premises mobilized an amount of PKR 40,000 as of their share. Street was constructed and 7 disabled persons and 72 households are directly benefitting from the street. PWD Adnan (low vision) shared that now he can go to masjid for prayers independently. While it was not possible when street was unpaved.