Annual Progress Report

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

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

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

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

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

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

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

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

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

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

Our Values
Practice and promote honesty, dedication and commitment
Organisational Information of
Civil Society Human and Institutional Development Programme (CHIP)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Civil Society Human and Institutional Development Programme (CHIP)</th>
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<tbody>
<tr>
<td>Legal Status</td>
<td>Not-for-profit company set up under Section 42 of the Companies Ordinance 1984 and registered with Securities and Exchange Commission of Pakistan under registration number 0000004052/20041001.</td>
</tr>
<tr>
<td>Date of Registration</td>
<td>October 20, 2004</td>
</tr>
<tr>
<td>Chief Executive Officer</td>
<td>Lubna Hashmat</td>
</tr>
<tr>
<td>Complete Address</td>
<td>CHIP House # 1 in Fayyaz Market Opposite National Institute for Rehabilitation Medicine -NIRM, Street # 9, G-8/2, Islamabad, Pakistan. Tel: 92-51-111-111-920; Fax: 92-51-2280081 Email: <a href="mailto:info@chip-pk.org">info@chip-pk.org</a>; Website: <a href="http://www.chip-pk.org">www.chip-pk.org</a></td>
</tr>
<tr>
<td>Head Office</td>
<td>Islamabad</td>
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</tbody>
</table>
| Field Offices | i) District Jhelum, Punjab Province of Pakistan  
ii) District Jhang, Punjab Province of Pakistan  
iii) District Ghanche, Gilgit Baltistan Province of Pakistan |
| Bank’s Name | Habib Bank Ltd. F7 Branch in Islamabad |
| Auditors | BDO Ebrahim & Co., Chartered Accountants and BDO Ebrahim Consulting (Private) Limited, BDO international is a worldwide network of public accounting firms, called BDO Member Firms.  
22 Saeed Plaza ,Blue Area, Islamabad, Pakistan  
Tel: 051-2872750-1,051-2271816 , Fax: 051-2277995 |
| Certifications | Certified by Pakistan Centre for Philanthropy (PCP) |
| Memberships | i) Human Resource Development Network  
ii) Pakistan CSOs Coalition for Health and Immunisation  
iii) Community Based Inclusive Development for Promoting Rights of Persons with Disability |
| International Recognition | Case Study of CHIP is documented and available on IVEY business School and Harvard Business Publishing Websites  
https://www.iveycases.com/ProductView.aspx?id=67379  
https://cb.hbsp.harvard.edu/cbmp/product/W15204-PDF-ENG |
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<th>Description</th>
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<tr>
<td>BHU</td>
<td>Basic Health Unit</td>
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<td>CBA</td>
<td>Community Birth Attendant</td>
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<tr>
<td>CBO</td>
<td>Community Based Organization</td>
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<tr>
<td>CBS</td>
<td>Community Based School</td>
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<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</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>CWD</td>
<td>Children with Disability</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>HID</td>
<td>Human and Institutional Development</td>
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<td>KP</td>
<td>Khyber Pakhtunkhwa</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>PATS</td>
<td>Pakistan’s Approach to Total Sanitation</td>
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<td>PWD</td>
<td>Person with Disability</td>
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<td>SBA</td>
<td>Skilled Birth Attendant</td>
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<td>TT</td>
<td>Tetanus Toxide</td>
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<td>UC</td>
<td>Union Council</td>
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<td>UCMBO</td>
<td>Union Council Member Based Organisations</td>
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General Information

Board of Directors
1. Mr. Mohammad Ajmal Malik Chairman
2. Dr. Muhammad Ramzan Director
3. Ms. Kaisra Jabeen Butt Director
4. Mr. Ifitikhar Javed Director
5. Mr. Safdar Awan Director
6. Mr. Naeem Bashir Director
7. Ms. Shehnaz Farooq Director

Chief Executive Officer
Ms. Lubna Hashmat

Company Secretary
Mr. Muhammad Irfan Fareed

Auditors
Deloitte Chartered Accountants

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

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

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

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

Field Office 4
Tehsil and District Skardu,
Gilgit Baltistan Province,
05816450178

Field Office 5
Tehsil Lala Musa, District Gujrat
Punjab Province,
92-537516810
### Our Geographical Coverage

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<tr>
<th>Province</th>
<th>District</th>
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<tr>
<td>Khyber Pakhtunkhwa</td>
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<td>Punjab</td>
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<td>Rawalpindi</td>
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<td>Ghanche</td>
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<td>Sindh</td>
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<tr>
<td>Baluchistan</td>
<td>Quetta</td>
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</tbody>
</table>

Map of Pakistan representing programme areas of CHIP
Our Governance and Organizational Structure

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

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

CHIP has formalized all its procedural manuals and systems that govern all aspects of its work place practices. This ensures that the element of subjectivity is removed from all levels of activities and replaced with a formal, objective, fair and transparent mode of decision making. This is however an on-going process and CHIP continues to invest in this very important aspect of its operations. CHIP is proud to have a competent set of highly qualified and professional team, at various levels. Starting from its Board of Directors and right down to the front line workers, CHIP has carefully chosen its team that whole-heartedly subscribes to its mission, vision and values.
<table>
<thead>
<tr>
<th>Our Funding Partners Since 2005</th>
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<tbody>
<tr>
<td>1. Gavi through UNICEF</td>
<td>United Nations</td>
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<tr>
<td>2. Swiss Agency for Development &amp; Cooperation</td>
<td>Switzerland</td>
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<tr>
<td>3. Light for World</td>
<td>Austria</td>
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<td>4. Caritas</td>
<td>Austria</td>
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<td>5. Misereor</td>
<td>Germany</td>
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<td>6. DFID through Sightsavers</td>
<td>United Kingdom</td>
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<td>7. Muslim Care</td>
<td>United Kingdom</td>
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<tr>
<td>8. USAID through Abt. Associates</td>
<td>United States</td>
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<tr>
<td>9. GAVI through Catholic Relief Services</td>
<td>United States</td>
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<tr>
<td>10. Church World Service</td>
<td>United States</td>
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<tr>
<td>11. The Asia Foundation</td>
<td>United States</td>
</tr>
<tr>
<td>12. Plan Pakistan</td>
<td>United States</td>
</tr>
<tr>
<td>13. International Development and Relief Foundation</td>
<td>Canada</td>
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<tr>
<td>14. Brien Holden Vision Institute</td>
<td>Australia</td>
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<tr>
<td>15. Foundation for the Future</td>
<td>Jordan</td>
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<tr>
<td>16. UNDP – Gender Justice and Empowerment Programme</td>
<td>United Nations</td>
</tr>
<tr>
<td>17. Japanese Internal Cooperation Agency</td>
<td>Japan</td>
</tr>
</tbody>
</table>
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/KP region and is presently working with the Aga Khan University Examination Board. Shahnaz has attended numerous international workshops and courses on Finance, Marketing and Education, which is her field of expertise and very close to her heart.

6. 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.
Key Thematic Areas of CHIP

1. Water and Sanitation
2. Livelihoods
3. Human Rights
4. Health
5. Good Governance
6. Education
7. Need Based Inclusive Disaster Risk Reduction and Management
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1. Water and Sanitation
1.1 Introduction
Global access to potable water, sustainable sanitation and hygiene education can reduce illness and death from water borne diseases, leading to poverty reduction, improved health and socio-economic development. However, many countries are challenged to provide these basic necessities to their populations, leaving people at risk for water, sanitation, and hygiene (WASH)-related diseases. Hygiene, potable water and provision of sanitation facilities are essential for the survival and development of children. Today, there are around 2.4 billion people who do not use improved sanitation facilities and 663 million do not have access to improved water sources\(^1\). Without these basic needs, the lives of millions of children are at risk. For children under five, water and sanitation related diseases are one of the leading causes of death. Every day, over 800 children die from preventable diseases caused by poor quality of drinking water, and lack of adequate sanitation and hygiene\(^1\). 1 in 3 people in the world do not have access to improved sanitation and nearly 1 billion people defecate in the open\(^2\). Hence, it is urgent to make collective efforts and investment in sustainable WASH projects to improve global nutrition and health.

1.2 Current Status of Water and Sanitation in Pakistan
Pakistan is among the 36 most water stressed countries. Water borne diseases are a huge problem in Pakistan; at least 80% of the drinking water in Pakistan is bacterially infected and unsafe for drinking\(^10\). This causes water borne diseases especially among children and women such as diarrhoea, dysentery, cholera, etc. Around 53,000 children die every year from diarrhoea in Pakistan, of which 27,000 are in Punjab only\(^3\). Furthermore, lack of proper drainage system results in malaria and dengue. Hence, there’s a severe need of creating awareness among women (especially mothers and pregnant women) regarding hazards of unsafe drinking water.

It is estimated that about 16 million people in Pakistan have no choice but to collect unsafe water from unsafe sources. 25 million people defecate in the open\(^4\) and 2 out of every 5 schools are missing a toilet\(^5\). It is estimated that the cost of inadequate sanitation in Pakistan is PKR 343.7 billion every year, which is equivalent to about 4% of Pakistan’s GDP\(^6\). Following the floods in 2011, the Pakistan Approach to Total Sanitation (PATS) was developed as a country specific strategy to scale up rural sanitation programmes. In PATS, Pakistan aimed to achieve 15 million fewer open defectors by 2017. However, the progress so far in order to achieve the above mentioned goals is poor.

1.3 Specific Area of Work on Water and Sanitation
CHIP has a long history of implementing credible WASH projects in various areas of Pakistan. Under water resource development and sanitation CHIP in collaboration with implementing partners and beneficiaries try to improve few components. Key elements of each component under WASH are as under:-

1.3.1 Water
1.3.2 Sanitation
1.3.3 Hygiene Education

1.4 Key Results
1.4.1 Water

- The unit for male prisoners in Central Jail Peshawar in Khyber Pakhtunkhwa had extremely poor sanitation system and prisoners were suffering. 12 accessible water

\(^1\) https://www.unicef.org/wash/
\(^2\) https://www.unicef.org/wash/
\(^5\) Alif Ailaan Regional Factsheets 2014 http://www.alifailaan.pk/fact_sheets
points were constructed in collaboration with Police Administration of Central Jail Peshawar.

- Potable water was made available to population living in Jhelum as 12 drinking water sources including 04 wells, 03 shallow wells and 05 hand pumps were constructed and installed.
- 03 water reservoirs were constructed benefitting more than 12 villages and resulted in an increase in the agricultural land and farm productivity;
- Accessible drinking water points were constructed in 04 schools benefitting and providing potable water to 431 students including PWDs.

1.4.2 Sanitation

- 04 Basic Health Units (BHUs) were made accessible and waste water disposal system was made functional by laying down sewers and manholes.
- 30 household having Persons with Disabilities (PWDs) were facilitated for the construction of household accessible toilets.
- 3000 feet streets were paved and drains for the drainage of waste water were constructed for an equal length which contributed towards improved waste water disposal.
- The unit for male prisoners in Central Jail Peshawar in Khyber Pakhtunkhwa was provided with 12 toilets and secondary sewer for the disposal of waste water was laid off which resulted in an improved environment within jail premises.

1.4.3 Hygiene Education

- Health and Hygiene campaigns were launched and quiz competitions were held in schools for behavior change communication.
- 589 students participated in awareness raising sessions in schools and learnt about personal hygiene and appearances.
- Village awareness weeks were organized and drains in the villages were cleaned and dumps of solid waste were disposed of.
- Awareness raising messages and slogans were printed and posted on local rickshaw for public awareness campaigns.

1.5 Case 1: Shortening Distances

Shaheen Akhtar and her 04 young daughters had to fetch water from faraway places. They had to travel long distances to fetch water, often consuming half of their day with little time left for other activities. They often felt over-burdened after completing their daily chores along with fetching water from a faraway located well. The route to the water source was not safe as it was located at a deserted place and the women preferred going in groups rather than alone to fetch water. Water from that well was hard, unclean and unsafe for drinking purposes. The route to the well and the well itself were not cemented and often during rainy season the area around the well used to get muddy, making it difficult for people to easily access the well. Many women and children faced minor injuries after falling from the slippery muddy area around the well.

CHIP decided to intervene by constructing a paved street and shallow well near their homes. It undertook construction of a proper shallow well along with a paved street and ramps which ensured accessibility even for PWDs to the shallow well. The construction of the shallow well near homes and paved street to the well greatly reduced the number of accidents that used to occur during rainy seasons. People could now easily access the well. Women didn’t have to travel long distances to fetch water and were freed from this extra burden. After the intervention, people were able to get clean drinking water.

In Shaheen Akhtar’s words:
“Our lives are now much better as we do not have to travel to faraway places to fetch water.”
2. Livelihoods
2.1 Introduction
Human and Institutional development is comprised of two components i) Human Development and ii) Institutional Development. Human development is a process of enlarging people's choices. But human development is also the objective, so it is both a process and an outcome. Human development implies that people must influence the processes that shape their lives. In order to influence those processes they should also be trained and equipped with required skills. Human Development mainly consists of enhancing literacy levels and providing vocational training to unskilled persons. An institution is an organization or establishment founded for a specific purpose. They are the principal instruments whereby the essential tasks of living are organized, directed and executed and are created to provide a standardized solution to a set of problems7. Human and Institutional Development (HID) is a structured and integrated processes designed to identify root causes of performance gaps in a country or region, address those gaps through a wide array of performance solutions in the context of all human performance factors, and enable cyclical processes of continuous performance improvement through the establishment of performance monitoring systems.

2.2 Current Livelihood Status in Pakistan
In a developing country like Pakistan, it is extremely important to realize that vast numbers of young people are outside the formal school system, requiring the integration of non-formal learning methodologies and literacy programmes into national education programmes8. The institutions in Pakistan have degenerated over the years due to abuse by the elite, malfunctioning of institutions which deny the participation of poor in the decision-making process, rising poverty in turn has led to further decay in the institutions and poor are caught in the vicious cycle. The unemployment rate in Pakistan stands at about 6%9. The poor people who lack education and technical skills have no other choice but to fall prey to criminal and terrorist activities. The country needs a credible and proper human and institutional development framework. The overall lack of education and skills, especially in youth results in very few individuals earning an income to support their families hence, the productive or income earning individuals are much fewer than the number of dependants. The vocational centres are located in the cities while most of population that's badly in need of professional training and skill development programmes is located in sub urban and rural areas. They find it hard to travel to faraway places on daily basis. Although Pakistan has a widespread network of CBOs and LSOs that work for human and institutional development but new rules and regulations have made it hard for them to run their activities smoothly. They are now required to get registered and attain Non Objectionable Certificates from respective provincial governments. All this has put a question mark on their existence and the gap needs to be filled by well reputed organisations.

2.3 Specific Area of Work on Livelihoods
CHIP has strived to work for the support of the communities to enable them to earn their livelihood and to be self-sufficient. 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. The projects aim to contribute to sustainable development goals by improving the socio-economic condition of marginalized communities living in rural areas. The project would establish a model of inclusive community development to facilitate inclusion of persons with disability and the extremely poor along with improving support for increasing immunization coverage and safe delivery practices. The projects aim to empower marginalized communities through inclusive community development. The key elements of projects undertaken on livelihoods are:

2.3.3 Training of Unemployed Youth in Setting Up and Running Small Scale Enterprises;

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7 http://www.letsstartthinking.org/articles/institutional%20Failure.pdf
2.3.4 Facilitation for Setting up Small Scale Enterprises for individuals and Community Organisations

2.4 Key Results

2.4.1 Training of Unemployed Youth in Setting Up and Running Small Scale Enterprises
- Five days training was arranged for the unemployed youth of Districts Jhang and Bhakkar to facilitate them in setting up small scale enterprises at their village levels. The training covered topics such as business management, costing and pricing, six P's of marketing, development of business feasibilities and personal entrepreneurial competencies.
- 34 unemployed youths (including PWDs and women) underwent extensive training as a result of which 17 business opportunities were identified. The process for setting up their identified businesses has been initiated and is currently underway.

2.4.2 Facilitation for setting up Small Scale Enterprises and Communal Enterprises
- Trainings on business management skills and progress sharing meetings conducted with at least 70 youth, men and women entrepreneurs.
- 08 low vision people were provided with jobs; 05 persons were hired as optometrists and 03 as sales persons.
- The market survey and development of social and financial feasibilities of 05 COs was developed. 02 COs established their communal enterprises i.e. 02 enterprises of livestock feed supplements were established.

2.5 Case 2: Silver Lining

Roqia is 25 year old resident of District Skardu. Roqia suffered from a gross deformity of the knee joint due to congenital bilateral valgus which she had experienced at birth. She had never received any proper treatment and she just had to learn to live with the condition that she had been born with. This had automatically vested her with the status of an outsider. No one in the community had ever accepted her as one of their own. She was hesitant and did not want to step outside her comfort zone. CHIP was conducting surveys to identify disables in the region. She was interviewed for the survey and it was through this meeting that CHIP and her local CBO decided to include her in one of their rehabilitation projects for persons with disabilities. Following medical diagnostics, Roqia was told to attend physiotherapy sessions that would reduce the effects of her condition. She was also assisted in obtaining a disability certificate and attended several training sessions that helped in boosting her confidence and realising her rights. CHIP also assisted in helping her set up tuck shop that has now become an important source of income for the family. She finds working and being able to earn an income for her family extremely satisfying.
3. Human Rights
3.1 **Introduction**
In 2008, UN’s Convention on the Rights of Persons with Disability (CRPD) became operational which is the first UN treaty protecting the fundamental rights of persons with disability. The Convention specifies that countries should make an effort to ensure that persons with disability are able to lead a life with respect and dignity and are entitled to broad range of life activities, including quality education, accessible spaces and the right to employment. According to World Bank’s Report on Disability there are 1 billion persons about 15% of the world population have some form of disability. According to UNESCO estimates 1.4m children with disabilities are left without access to either inclusive or special schools. Among them, about 150 to 190 million people have severe disabilities. The number of persons with disabilities is growing because of ageing populations and global increase in chronic health conditions with disabilities. Disability disproportionately affects vulnerable groups such as low income and less educated groups.

3.2 **Current status of Persons with Disability (PWDs) in Pakistan**
In Pakistan the number of persons with disability varies from 3.3m to 27m, with government statistics reporting it as much less than they actually are. In the five years since Pakistan ratified the UN Convention on the Rights of Persons with Disability, there has been little progress towards achieving its goal of making persons with disability to participate fully and effectively in society. Pakistan did in fact make early efforts to include persons with disability in 1980s by introduction education and employment policies, setting up special schools and employment quotas that make it mandatory for firms to employ persons with disability. But although these were sound efforts for inclusion of PWDs but they failed to be effective and produce substantial results. Persons with disability still have difficulty exercising their civil and political rights, attending quality schools and finding gainful employment, among other activities. They exist instead as an unheard, and mostly unseen, vulnerable group. According to The Economist Intelligence Unit 2014 estimates, the cost of excluding persons with disability from employment to Pakistan’s economy could reach up to US$20bn a year by 2018.

3.3 **Specific Area of Work on Human Rights**
CHIP aims to enable PWDs to become an equal member of mainstream society. We promote rights based approaches to disability whereby rights and dignity come first. The projects aim to rehabilitate persons with disabilities for becoming persons with different abilities in a sustainable manner. CHIP developed Community Based Organisations (CBOs) and Disabled Persons Organisation (DPO) as Local Training and Resource Centre (LTRC) to rehabilitate and include PWDs in mainstream society. Inclusive sports competitions were organised at tehsil and district levels to promote sports amongst person with and without disability. International days for disability were celebrated to raise awareness at a mass level including local stakeholders and change makers. These events were attended by PWDs and non PWDs and promoted social interaction and acceptability of social and physical differences. The key elements of the projects under taken for PWDs are:

- 3.3.1 Medical Rehabilitation;
- 3.3.2 Social inclusion of Persons with Disabilities (PWDs)
- 3.3.3 Empowerment
- 3.3.4 Strengthening of Line Departments and Promotion of Accessibility and Inclusion
- 3.3.5 Community Awareness and Sensitization towards Rights of PWDs

10 Guidelines for Promoting Rehabilitation and Inclusion of People with Disabilities in Mainstreaming Development, June 2012
11 Moving from Margins: Mainstreaming persons with disability in Pakistan, 2014
3.4 **Key Results**

3.4.1 **Medical Rehabilitation**
- Profiling and mapping helped the identification of 1291 PWDs. Based on the profiling of PWDs medical assessment of the disabled persons was conducted. Medical experts i.e. physiotherapist and audiologist conducted the medical assessment.
- Rehabilitation process for PWDs was implemented as medical assessment of 719 PWDs was conducted and individual rehabilitation plans were developed.
- Medical assessment resulted in the development of enabling and empowerment plan of the disabled persons i.e. physical disabled persons were recommended for the provision of wheelchair and toilet chairs, provision of prosthesis, construction of accessible latrines.
- 123 PWDs were provided trainings to use assistive devices and provided assistive devices for improved mobility of PWDs with less dependency upon their family members and assistants.

3.4.2 **Social Inclusion of PWDs**
- Implementing partners all across field offices of CHIP were sensitized to make themselves accessible for the participation of PWDs.
- 45 CBOs/CCBs and UCMBOs were advocated for and included PWDs and their family members in their general and executive bodies. PWDs empowerment and participation along with inclusion of their needs in the development agenda cum village development plans are few integral milestones achieved by CHIP and its partners.
- Human resources locally termed as Community Based Rehabilitation Workers (CBRWs) were trained and their skill set was improved through their capacity building programme. This capacity building programme enabled them to provide rehabilitation and inclusion services at community level.
- 176 medically assessed disabled persons were recommended for the establishment of small enterprises.

3.4.3 **Empowerment**
- Empowerment processes of PWDs lead towards formation of a Disabled People Organization (DPO) which was provided technical support to mobilize resources and helped the employment of 11 PWD members in government and private departments.
- 59 people including 30 PWDs, 11 women and 09 men established their livelihood means on cost sharing basis subsequent to their training and capacity building in business management skills.
- Empowerment of PWDs and sensitization of 45 implementing partners all across CHIP Field Offices ensured the participation of PWDs in marriages and sports.

3.4.4 **Strengthening of Line Departments and Promotion of Accessibility and Inclusion**
- Capacity building events at District levels for the line departments including District Social Welfare Department, Education and Health Department and NADRA were conducted.
- Sensitization resulted in making District Social Welfare Departments in Jhelum, Bhakkar and Skardu accessible having accessible facilitation counters and WASH facilities.
- Other services i.e. NADRA Offices and DHQs in Ghanche and Bhakkar were made accessible for an easy and independent access of PWDs.

3.4.5 **Community Awareness and Sensitization towards Rights of PWDs**
- Puppet shows were organized to raise awareness on the inclusion of PWDs in mainstream walks of life. In total 1998 community members (1651 children, 185
men/women and 162 disabled persons) and special education school participated in puppet shows.

- An inclusive Cricket Tournament was organized and cricket teams each having PWDs as its members participated. Out of 117 participants, 23 PWDs actively participated in the cricket tournament.

- Speech competition was held in schools at District levels. Total 524 participants (176 girls, 336 boys and 12 physically disabled students) participated in the competition. The topic of the speech competition was on inclusion of disabled children in formal education and other articles of United Nations Convention on Rights of PWDs (UNCRPD).

- An animated play ‘Shabo Ki Kahani’ was on aired on local cable network to raise awareness on inclusion of disabled children in education.

- Wall chalking highlighting the importance of social inclusion of PWDs was done on 30 communal places in 20 villages. Different motivational animated messages were written on the walls where maximum number of people can see and read.

3.5 Case 3: Dream Big

Razia is a 7 year old blind girl of District Skardu. She wanted to study but her parents were reluctant to send her to school. She was frequently left at home when other members of the family went to social gatherings like marriages. Not being able to see was bad enough, but not having friends to talk to was even more painful. One day a community mobilizer (CM) from CHIP paid a visit to Razia’s house, specifically to meet her. The community mobilizer gave her lessons on self-awareness, health and personal hygiene. This improved Razia’s appearance and she started getting more attention from family members. CHIP provided Razia with a white cane which enhanced her mobility with in the house. CM also briefed her parents on the project of rehabilitation and participation of persons with disability. Razia’s parents listened to her carefully and promised to cooperate. Razia’s parents finally agreed to take Razia to school but no school in the vicinity was willing to admit a blind child. The CM got in touch with a religious leader and Razia was sent for learning Quran. The religious scholar was quite impressed by her zeal and dedication to learning, often praising her for attention that she paid to correct pronunciation and delivery. Soon she had memorized several surahs of the Holy Quran. One day the CM visited her to inform about Gilgit Blind School. Razia’s father was initially unwilling to let her go out of his sight but her persistence persuaded him to personally take her to the school. Razia’s teachers in school are quite satisfied with her progress. Razia said, “I may not be able to see, but I can feel the colors of happiness and joy.”
4. Health
4.1 Introduction
Strong empirical evidence states that mismanagement, poor quality of medical care, lack of professionalism, proper equipment and poor training are the main factors contributing to poor performance on health indicators in the Pakistan. Ambulances and drugs are often not available and the health staff is either absent or are rude to the patients. Overcrowding and extended waiting times in public health facilities further discourage people from visiting nearby health facilities. Due to low literacy level, females in rural areas lack awareness regarding basic health and hygiene issues. They prefer self-medication or seek care from traditional Hakims (healers) and mullahs over care from private and public health facilities. Males are mostly responsible for making most of the important decisions and women are often not consulted especially in rural parts of Pakistan. Women also lack the decision-making power to seek health services and can only attend health facilities in the case of emergencies, otherwise they have to receive permission from the head of their household or their husband; or forego seeking care.14

4.2 Current Health Status in Pakistan
According to World Bank’s report, Pakistan has third highest maternal and children mortality rates across the globe. According to Pakistan Demographic Health Survey, 2013, Pakistan’s maternal mortality stand at 276/100,000 live births and 55/1000 newborns die annually12. Over 36,000 among 200,000 newborn children in Pakistan lose their lives annually due to premature births, while another over 8,000 babies die because of complicated deliveries. On top of that, about 5,000 neonatal children expire in the first month due to various infections13. Pakistan couldn’t even meet its MDGs target in 2015 of reducing neonatal mortality rate to 40, it being 55 per 1,000 live births14. Although these aims have now been added to Sustainable Development Goals (SDGs), the planning to achieve these goals is still off track. Women and children are particularly disadvantaged by socioeconomic and cultural barriers, reducing their access to medical15. Due to traditional, cultural and centuries old norms, it is quite difficult to convince people in these areas to visit healthcare facilities for prenatal, deliveries, antenatal care and child health. Around 60% of all births in Pakistan occur at home by traditional dais (unskilled birth attendants)4. Lack of professional ethics and technical knowledge among service providers is one of the major causes perilously compromising the quality of maternal and child healthcare in Pakistan. Birth spacing is also known to play an important role in the nutritional status of children under 5 years of age, with shorter birth intervals increasing the risk of low weight, at birth and beyond, as well as stunting4. Immunization coverage in Pakistan has remained stagnant over the years. Only 54% of children aged 12–23 months have received all the vaccinations they need. The proportion of children under 12 months of age/two/five years of age who are fully immunized is around 53%.

4.3 Specific Area of Work on Health
CHIP strives to work for better health of the communities through community driven, cost effective and sustainable approaches. The primary beneficiaries of our health programme include children, pregnant women and general ailing population. These programmes are being implemented in Bhakkar, Jhelum (Punjab Province) and Skardu (Gilgit Baltistan Province). The key elements of health and immunization on which CHIP focused were:
4.3.1 Improving maternal and child healthcare;
4.3.2 Social mobilization for creating sustainable demand for immunization;
4.3.3 Organising and Strengthening of CSOs working on health and immunization;

12 Pakistan Demographic Health Survey (PDHS), 2013
4.4 **Key Results:**

4.4.1 Improving Maternal and Child Healthcare

- 388 awareness raising events on hygiene, breast feeding and immunization schedules were conducted and 519 mothers and future mothers participated in awareness raising sessions.
- District Health Department as a result of social mobilization efforts by CHIP organized 129 vaccination camps benefitting more than 1471 children in Districts Skardu and Jhelum.
- 226 pregnant women were vaccinated against TT through vaccination camps and awareness raising events.
- Skilled birth attendants were trained on maternal health and safe deliveries and facilitated to gain practical training from health facility located near their villages. As result of these trainings 53 SBAs facilitated 112 deliveries and also referred 70 pregnant women undergoing complications to health facilities.

4.4.2 Organizing and Strengthening of CSOs working on Health and Immunization

- 48 member CSOs in Sindh, Punjab, Khyber Pakhtunkhwa and Balochistan have updated knowledge for promoting equity and coverage in immunisation.
- 40 Civil Society Organizations (CSOs) were strengthened and they have started working on maternal and child health.
- 13 Balochistan based CSOs working on immunisation identified and assessed and qualified while interested CSOs are offered membership of PCCHI.
- 35 village health committees are functional and working for awareness on importance of immunization and mother child health care. 35 village health committees undertook visits to 10 first level care facilities located near their villages and exchanged their health related issues with FLCF staff. Meetings between 35 VHCs and staff of 10 FLCF were conducted.

4.4.3 Social Mobilization for Creating Sustainable Demand for Immunization

- 3,462 mothers and decision makers were reached for awareness raising (on preparation of ORS, danger signs of illness in a child under five years, danger signs of pregnancy and other healthcare topics).
- 08 trainings were conducted for religious leaders (126 males and 49 females) on importance of routine immunization.
- 07 health discussion forums were conducted and community problems regarding health facilities and other operational issues were addressed at the spot during those meetings.
- 91 members of Village Health Committees, 13 staff of First Level Care Facilities, 25 representatives from the health department and 35 other community members participated in health discussion forums.
- Health forums were chaired by DHOs of respective districts. Health forums provided a way forward in resolving community health issues.
- 43 puppet shows particularly focused on immunization and safe delivery related topics were conducted which were attended by 323 mothers, 69 CBAs and 160 decision makers. In total 73 interactive theatre performances were performed.
5. Good Governance
5.1 Introduction
Good governance is an indeterminate term used in the international development literature to describe how public institutions conduct public affairs and manage public resources. United Nations describes governance as a process of decision-making and the process by which decisions are implemented (or not implemented). Humankind now lives in a global village divided into territorially demarcated political units. Accordingly, the peace and prosperity of the global village critically depend upon how democratically each of member state is governed. Good governance in turn hinges on politically trained intelligent and ethical individuals running public administration. UN states 8 major characteristics of good governance which include participatory, consensus oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive and follows the rule of law.

5.2 Current Status of Good Governance in Pakistan
Pakistan is confronted, at present, with a variety of governance issues, which have become a hindrance in the smooth and sustainable development of the country. The 2016 Global Competitiveness Report, which compares governance in 140 countries, ranked Pakistan 126th – 14th from the bottom compared to 125th in 2015. Judicial independence lost its ranking by 15 points, slipping from 67 of last year to 82 in 2015. Transparency International’s Corruption Index ranked Pakistan at 127th among 177 countries. The low tax-to-GDP ratio of 8.5 per cent (2013) in Pakistan is also a major problem in financing a sustainable budget. There is a lack of trust in public institutions and their handling of funds, resulting in the refusal to pay taxes. The World Economic Forum finds that state institutions such as the judiciary appear to have weakened, transparency in government decision-making has decreased, and availability of internet access in schools deteriorated in 2014. Violence against women remains high in Pakistan. Female victims of violence still face many hurdles to access public services such as shelter, legal advice, medical assistance and psycho-social counselling. Poor public services, lack of transparency and tax equality remain major challenges. Combined with scant accountability, these challenges contribute to low levels of citizen trust in the state. Furthermore, large groups of the population, particularly women, are excluded from political, social and economic development. Good governance issues are complex, there is a need to integrate different issues, such as leadership, resources and competitiveness, when searching for solutions (Babacan, 2014). The role of strong local institutions cannot be ignored in promoting good governance.

5.3 Specific Area of Work on Good Governance
The overall goal CHIPs projects was human and institutional development through community led development and good governance in rural areas of Pakistan. CHIP ensured that all marginalized communities and groups such as women, widows, PWDs etc. participate in the process. The key elements of work done under good governance are:

5.3.1 Enable Local Communities to uphold the Responsibility for their Development;
5.3.2 Strengthening of COs to undertake Community Development;
5.3.3 Facilitate Development of Linkages between COs and Local Administration for continuing Community Development.

5.4 Key Results
5.4.1 Enable Local Communities to Uphold the Responsibility for their Development

- 62 community organisations (including CBOs, UCMBOs, COs, CCBs, DPOs) were formed in villages at Union Council level in Punjab and Gilgit Baltistan Province. Each

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17 [https://www.researchgate.net/publication/46545310_UNDP_on_good_governance](https://www.researchgate.net/publication/46545310_UNDP_on_good_governance)
CO has minimum 25 members including men, women, PWDs, widows and women survivors of violence.

- Individual village development plans and individual strategic plans of 62 community organisations were documented and needs of women, PWDs, unemployed, widows, youth, women survivors of violence were highlighted and implemented.

5.4.2 Strengthening of COs to undertake Community Development

- Capacity building of 121 COs on social mobilization, record keeping, report writing, community based rehabilitation, DDR, etc. were conducted (03-04 members from each CO participated in trainings).
- 30 development projects of drinking water, street pavements, drainage system, mini dams, culvert construction and sewerage systems were established in Punjab and GB province. These projects were catered to take in to account the needs of PWDs, women and other marginalized communities.
- As result of resource mobilization strategy development community organisations mobilized approximately PKR 800,000/- as community share to be invested on development projects.

5.4.3 Facilitate Development of Linkages between COs & Local Administration for continuing Community Development.

- Agreements for cooperation were signed with line departments, health, education and social welfare departments. UC Administration, NADRA for possible collaboration in Punjab, Sindh, Balochistan, KP and GB.
- As a result of linkages building, 62 COs mobilized approximately PKR 1,000,000/- for 21 development projects.

5.5 Case 4: Turning a New Leaf

In 2014, CHIP facilitated the formation of a community organization (CO) in a village near Nakka of District Sohawa, Punjab Province. The total members of this CO were 25 males. Capacity building measures were undertaken for the community organization on various issues. The CO decided to include females of the village in the organization as well. Shaheen Akhtar was one of the females included in the CO. She was a PWD and belonged from a low income family. The community organization in collaboration with CHIP took an initiative of cemented the street in which her house was located. This initiative enhanced her accessibility and she was now able to attend CO meetings on regular basis. CO also constructed a shallow well near her house which benefited not only Shaheen but about 40 other households located in the vicinity. CO even provided Shaheen Akhtar with funds for the construction of toilet in her house. CO was able to reduce her difficulties by a great extent. She now actively encourages women to become a member of CO and take part in its activities.
6. Education
6.1 Introduction
In May 2015, the World Education Forum in Incheon (Republic of Korea), brought together 1,600 participants from 160 countries with a single goal in mind: how to ensure inclusive and equitable quality education and lifelong learning for all by 2030? This Declaration then shaped the SDGs on Education to “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”. If we want to achieve SDG 4 then we must act with a sense of heightened urgency, and with long term commitment. Failure to do so will not only adversely affect education but will hamper progress towards each and every development goal: poverty reduction, hunger eradication, improved health, gender equality and women’s empowerment, sustainable production and consumption, resilient cities, and more equal and inclusive societies. Education improves health, reduces fertility and poverty rates. It is estimated that increasing tertiary education in 10 recent EU member states would reduce numbers at risk of poverty by 3.7 million. Hence, in order to achieve SDGs it is very important to make collective efforts to enhance level and quality of inclusive education world over.

6.2 Current Education Status in Pakistan
Education is the basic right of every human being yet in Pakistan 24 million children of school going age are out of school (The economist, 2016). Education is considered to be highly correlated with socio-economic progress of a country. No country can achieve sustainable economic development without investing in human capital. It enhances their chances of getting better employment opportunities, high incomes and improves the quality of their lives leading to broad social benefits to individuals and society. Literacy rate is one of the important indicators of education. Its improvement has a long run impact on other important indicators of national welfare. According to Pakistan Social and Living Standards Measurement (PSLM) Survey 2015, the literacy rate of Pakistan (10 years and above) is 60% as compared to 58% in 2014. The data shows that literacy rate is higher in urban areas (76%) than in rural areas (51%). Province wise data suggests that Punjab leads with 63% followed by Sindh with 60%, Khyber Pakhtunkhwa with 53% and Balochistan with 44%. Due to prevalence of strong patriarchal system and deep rooted cultural norms that discourage females to attain education; there’s a wide gap among male and female literacy rates. The literacy rate for males during 2015 was 70% and for females was 49%, showing a gap of 21% of female literacy that needs to be bridged. The Gross Enrolment Rate for the age group 5-9 years fell from 90% in 2014 to 89% in 2015. Pakistan has failed to keep pace with other South Asian states; even in areas where primary and secondary education is available, the quality of education is seriously poor. Teachers are often absent and encourage rote learning instead of critical thinking. Hence, a lot needs to be done if Pakistan wants to achieve SDG4 by 2030.

6.3 Specific Area of Work in Education Sector
CHIP aims to improve the literacy rates and enrolment of girls in hard to reach areas where other educational services are weak. We also encourage poor girls to attain professional qualifications and invest in teachers to improve the quality of education. Government primary schools in rural areas are often located at a distance from villages. Young children, especially girls are not allowed to travel alone to attend schools. In order to improve the access of children, especially girls to primary education, CHIP implements education related interventions in Khyber Pakhtunkhwa, Baluchistan and Punjab. The following types of interventions were implemented for promoting quality and outreach of education:

6.3.1 Primary education through Community Based Schools;
6.3.2 Capacity building of teachers;
6.3.3 Financial Assistance for Higher Education of Poor Girls.

6.4 Key Results
6.4.1 Primary Education through Community Based Schools
- Community based school in 08 villages of 04 UCs in Swat were reopened (Teerat, Madayan, Mankial and Balakot).
- A total of 218 books sets including 104 for class KG and 114 for class 1 were provided.
• A total 188 children (117 boys and 71 girls, including 05 CWDs) reinstated their education in 08 CHIP supported Community Based Schools (CBSs).

6.4.2 Capacity Building of Teachers
• In March 2016, 08 CBS’s teachers were facilitated in conducting annual term examination. Teachers were supported in process to be followed in annual examination and designing and organizing examinations.
• 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.

6.4.3 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, 39 girls are being supported for Masters Programmes and graduate programme in Fatima Jinnah Women University, Rawalpindi (Punjab) and Sardar Bahadur Khan Women University, Quetta (Baluchistan).
• Partnership agreements were signed with the respective university and support is provided to the university to pay off the fee of the most deserving poor girls.
7. Need Based Disaster Risk Reduction & Management
7.1 Introduction
In today’s world conflict, war and climate change related events have become quite frequent exposing the world population to new risks and challenges. In 2015-16, UN reported that there were 65 million displaced people in the world due to war, conflicts, humanitarian crisis and climate related events. In 2015, South Asia experienced a series of devastating earthquakes. On 25 April and 12 May, two major earthquakes measuring 7.8 and 7.5 on the Richter scale, respectively, struck northern Nepal. The earthquakes caused massive destruction in 14 of Nepal’s 75 districts and seriously affected 2.8 million people, including 1.1 million children. Nearly 9,000 people lost their lives and 22,400 were injured. On 26 October 2015, a 7.5-magnitude earthquake centred in the Hindu Kush Mountains left 103,093 people in need of humanitarian assistance in Afghanistan and 195,798 people displaced in Pakistan’s KP province and the Federally Administered Tribal Areas (FATA). Studies indicate that during emergencies and humanitarian contexts, children are especially vulnerable to disease, malnutrition and violence. Countries in armed conflict situations are more likely to have their citizens living in extreme poverty and a high number of children not enrolled in primary schools. Of populations without sanitation and safe drinking water globally, approximately half live in countries affected by conflict.

7.2 Current Disaster Risk Reduction and Management Status in Pakistan
Pakistan is vulnerable to a range of natural hazards such as seasonal floods, glacial lake outbursts, land sliding, heat waves and earthquakes. The National Disaster Management Authority reported that the monsoon rains affected more than 1.4 million people, 827 000 acres of crops, and damaged or destroyed more than 45 000 houses. In 24 September 2013, an earthquake of 7.7 magnitude took place in Awaran, Balochistan, killing at least 825 people and injuring hundreds. In the same month, another earthquake with a 6.8 magnitude hit Pakistan at a depth of 14.8 km, killing at least 22 people. Awaran district was declared a state of emergency after the earthquake destroyed approximately 90% of the infrastructure, including shops, houses and schools. Similarly, security-related developments in FATA and neighbouring regions have forced thousands of people to leave their homes and move to safer places. As of July 2014, approximately 992 649 persons (73% of the total population) had been displaced. Emergencies, such as floods, earthquake, drought and conflict, can lead to displacement and sudden temporary relocation. This leads to poorer living conditions, increased risk of communicable diseases and epidemic outbreaks, malnutrition, physical and mental stress due to insecurity, and inadequate primary health care services. Although the government has its own departments such as National Disaster Management Authority but their out-dated mechanisms and limited equipment are not enough to cater to the needs of the affectees. Here’s when NGOs and CSOs can play a vital role in raising adaptability and resilience against natural hazards and providing emergency/humanitarian action.

7.3 Specific Work on Need Based Inclusive Disaster Risk Reduction & Management
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. The emergency and humanitarian support is extended to the most needy persons and communities on need basis. The following types of interventions were implemented for Inclusive Disaster Risk Reduction and Management:

7.3.1 Disaster Preparedness and Management of Emergency Response;
7.3.2 Emergency Response Management
7.3.3 Provision of Food Items

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21 https://www.unicef.org/emergencies/index_68712.html
7.4  **Key Results**

7.4.1 Disaster Preparedness and Management of Emergency Response

- Under disaster prepared and strengthening capacities to manage emergencies subsequent to their arrival training events were organized in consultation with Rescue 1122 and capacities of 30 partner organizations regarding evacuation, preparedness and management of disaster were built.
- Training and capacity building by Rescue 1122 indirectly resulted in establishing linkages with 30 partner COs and the service providers.
- Rescue 1122 first time ever included the evacuation of PWDs as an agenda item in their trainings.

7.4.2 Emergency Response Management

- Flash flood in Swat hit the uphill areas and an emergency response to cope with forthcoming winter was launched. As a result, 400 blankets and 400 mattresses were distributed among flood affected people.

7.4.3 Provision of Food Items

- Inclusion of poor in the Eid celebrations was ensured and Eid packages were distributed to 550 families. Each of the food packages contained food for a month and were given to families having six or more members.
CIVIL SOCIETY HUMAN AND INSTITUTIONAL DEVELOPMENT PROGRAMME (CHIP)
BALANCE SHEET AS AT JUNE 30, 2016

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<td></td>
<td>34,956,235</td>
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<tr>
<td></td>
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<td>63,160,390</td>
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<tr>
<td>NON CURRENT LIABILITIES</td>
<td></td>
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</tr>
<tr>
<td>Deferred liability</td>
<td>13</td>
<td>6,946,549</td>
</tr>
<tr>
<td>Long term security deposit</td>
<td></td>
<td>750,000</td>
</tr>
<tr>
<td>Deferred capital grant</td>
<td>14</td>
<td>1,527,160</td>
</tr>
<tr>
<td>Restricted grant</td>
<td>9</td>
<td>22,702,737</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31,926,446</td>
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<tr>
<td>CURRENT LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities against assets subject to finance lease</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Accrued and other liabilities</td>
<td>16</td>
<td>2,667,099</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,667,099</td>
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<tr>
<td>CONTINGENCIES AND COMMITMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL FUNDS AND LIABILITIES</td>
<td></td>
<td>97,753,935</td>
</tr>
</tbody>
</table>

The annexed notes from 1 to 32 form an integral part of these financial statements.

CHIEF EXECUTIVE

DIRECTOR
CIVIL SOCIETY HUMAN AND INSTITUTIONAL DEVELOPMENT PROGRAMME (CHIP)  
INCOME AND EXPENDITURE ACCOUNT  
FOR THE YEAR ENDED JUNE 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
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<tbody>
<tr>
<td></td>
<td>Rupees</td>
<td>Rupees</td>
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<tr>
<td><strong>INCOME</strong></td>
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<tr>
<td>Grants</td>
<td>9</td>
<td>43,730,845</td>
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<tr>
<td>Amortization of deferred capital grant</td>
<td></td>
<td>1,725,364</td>
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<td></td>
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<td>45,456,209</td>
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<tr>
<td><strong>EXPENDITURE</strong></td>
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</tr>
<tr>
<td>Programme cost</td>
<td>18</td>
<td>(43,730,845)</td>
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<tr>
<td>Administrative cost</td>
<td>19</td>
<td>(18,719,500)</td>
</tr>
<tr>
<td>Financial charges</td>
<td>20</td>
<td>(77,273)</td>
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<tr>
<td></td>
<td></td>
<td>(62,527,618)</td>
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<tr>
<td>Consultancy Income (Net)</td>
<td>21</td>
<td>684,947</td>
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<tr>
<td>Other Income</td>
<td>22</td>
<td>14,009,599</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(47,833,072)</td>
</tr>
<tr>
<td>(Deficit)/Surplus before taxation</td>
<td></td>
<td>(2,376,863)</td>
</tr>
<tr>
<td>Taxation</td>
<td>23</td>
<td>1,083,360</td>
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<tr>
<td>(Deficit)/Surplus after taxation</td>
<td></td>
<td>(3,460,223)</td>
</tr>
</tbody>
</table>

The annexed notes from 1 to 32 form an integral part of these financial statements.

Sd/-

CHIEF EXECUTIVE

Sd/-

DIRECTOR