S M A A J

Social Mobilization for Sustainable Development

ANNUAL REPORT **2017**

Society for Mobilization Advocacy and Justice
(SMAAJ)

www.smaajpk.org

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SMAAJ is a non-governmental, humanitarian organisation dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty in province of Balochistan.

Goal:

Creation of opportunities and spaces for marginalized families, Women, Children and Youth so that they could meet their various growth and overall development needs and could freely exploit their potentials for achieving their dreams.

Our Vision – For Change

The organization envisions 'an enlightened society, where people have choices to exercise and enjoy rights and access to services without discrimination, a society where people will have freedom and dignity as well as respect for others and the environment.

Our Mission – What We Do

The mission of SMAAJ is to mobilize and support and to develop the capacities of the disadvantaged and most vulnerable people of the society, to bring positive and sustainable changes in their lives by minimizing the contributing factors towards poverty and vulnerability.

Our Values – What guides our work

Extreme poverty must be targeted.

The quality of our overall endeavour must ultimately be measured by its contribution to the rapid elimination of the extreme form of poverty defined by the United Nations as "absolute poverty".

Our other values,

- Human dignity
- Service beyond self
- Benefits primarily to extremely poor people
- Respect for the environment
- People centred approach
- Transparency
- Personal responsibility
- Rapid responses to emergencies
- Collaboration
- Participation by extremely poor people in the making of decisions which affect them
- Respect for people and the promotion of equality
- Respect for human rights

Executive Director

As Executive Director I have the great privilege of working with extraordinarily dedicated Board of Directors members and staff throughout the organisation. I am proud to present the 2014 Annual Report.

I am very proud to work with SMAAJ, and now as Chief Executive look forward to leading the organisation and continuing to share how and where SMAAJ's funds are spent, clearly and transparently as we have done for the last few years.

Most notable, after a great deal of shared thinking, consultation and refinement, SMAAJ follows its Strategic Plan that will guide all of our work for the year. This Plan, 'The Power of People against Poverty'

With active citizenship and gender equality at its heart, the Plan sets ambitious development goals and defines how SMAAJ can best contribute to fighting the injustice of poverty. It focuses on empowering people so that they can participate in the political decisions that affect them and search for new opportunities to rise out of poverty. Such major long-term goals demand a coordinated approach, as set out in the Plan. By working more closely together across the affiliates, we will ensure that our efforts are aligned to have the maximum impact, and that we truly function as one SMAAJ across the province in which we work.

The commitment to working with the disadvantaged people in the province and fulfilling our mission is very evident throughout the organisation.
Together, we got an insight into the power of our community support groups. We met people who have consistently and generously supported SMAAJ for many years. It was humbling and inspiring to learn of the commitment and support that we have throughout province. We hope to continue these meetings and encourage the next generation of supporters to join the SMAAJ family.

Based on a solemn trust that we will use the resources available to save lives and reduce extreme poverty, this support, which now extends to communities throughout the province, is the life blood of the organisation. It is a trust I believe SMAAJ takes with great seriousness and will never take for granted.
SMAAJ is passionate about its work and we can change people's lives for the better with your continued kindness and support.
Rasheed Shah
Executive Director
SMAAJ

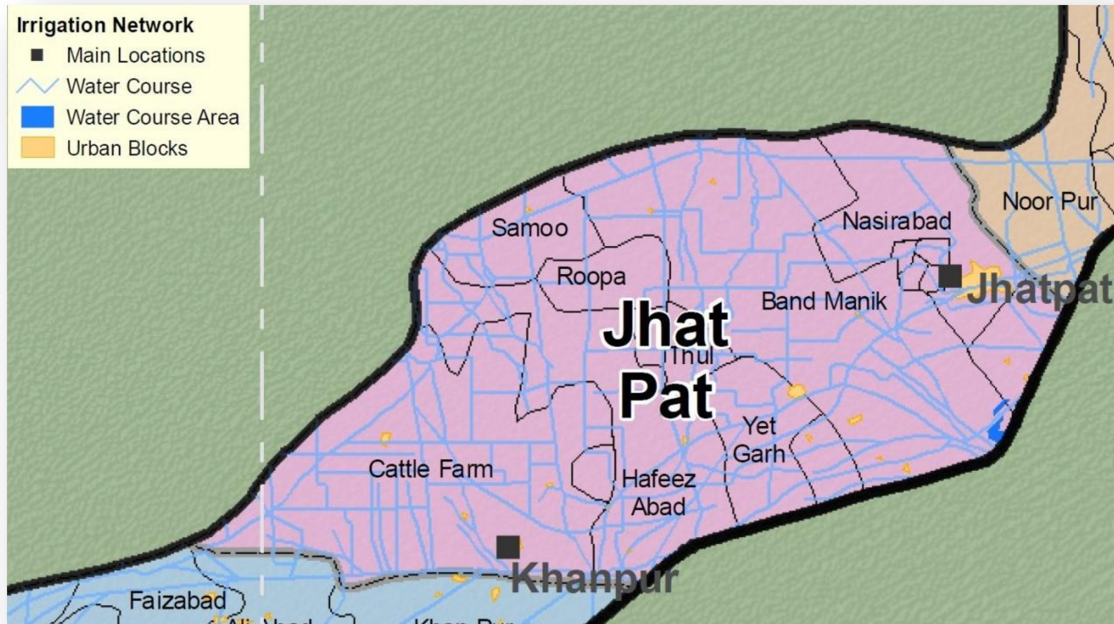
Community Based Disaster Risk Reduction

District Jaffatabad

Women Participation in CBDRM process

1. Introduction

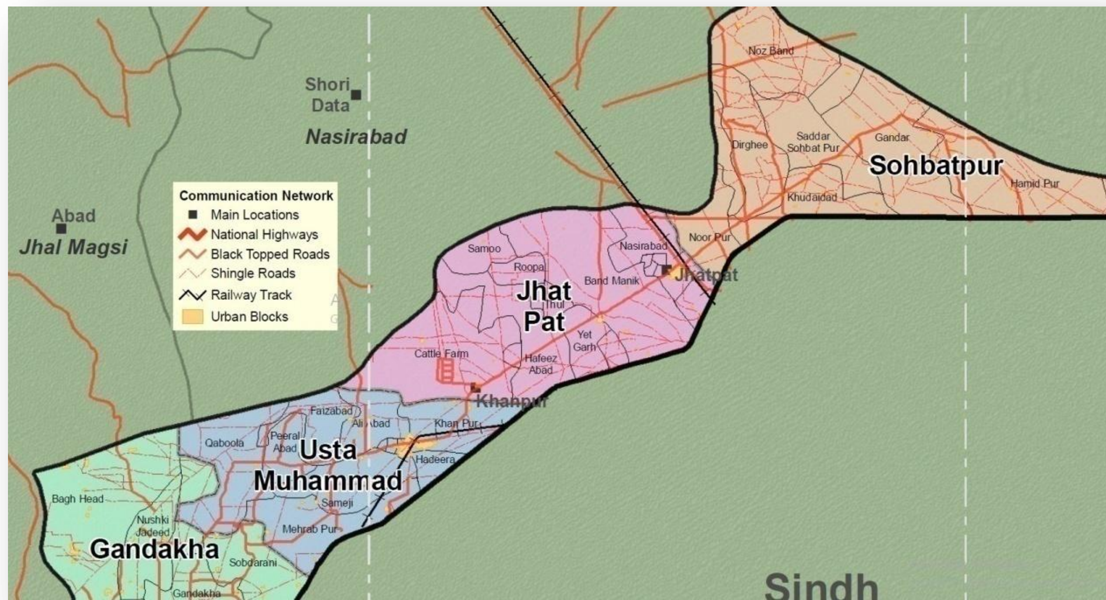
Jaffarabad is one of the most floods-prone districts in Balochistan province. Despite the annual precipitation of less than 50 mm, floods often hit the area due to its geographical proximity to Bolan and Nari rivers and flash flood fromthe Moola-Kirther mountain area. Also, Patfeeder and Kirther canals inundate as a result of floods. kertherther union council has a network of water courses[1], which in case of abnormal floods add to the flood vulnerability.



Network of Water Courses

The high level roads passing through Band Manik can help the local people to shelter from their houses in case of floods. The roads also mitigate floods risk by blocking water flows.

[1] District Development Atlas, Jaffarabad (Planning & Development Department, Balochistan)



Road Network in Jaffarabad

Lack of infrastructure, low literacy level and the vast geography of the mountain area challenge the local government to reduce disaster risk and provide timely assistance for disaster affected people. Due to climate change, natural hazards are expected to result in increasingly destructive impacts. This situation calls for increasing capacity of the communities and government in terms of DRM and DRR as well as mitigation of disaster impacts.

The CBDRM project targeted20 villages of Kherther union council of Jaffarabad. The main objectives of the project are as follows.

- To develop disaster resilient communities.
- To ensure that CBDRM is a continuous learning process
- To make CBDRM an integral component of local level development

The overall implementation strategy of the project was highly participatory, inclusive, interactive and result-oriented. Several meetings were held to draw inputs and ideas from the target communities. In addition, line departments of the local government and NGOs working the target areas were also consulted to examine the ongoing development initiatives in the target area; it was challenging to continue interactive dialogues among the stakeholders because of different interests, priorities, views and political powers.

Situational Analysis

2.1. Historical trends and development challenges

Provincial Disaster Management Authority (PDMA) Balochistan has been generally attentive to the issue of DRR and DRM in the districts.Major hazards facing the local communities in Jaffarabad are identified to have been floods, fire and locusts/pests; the level of vulnerability to each hazard is categorized as very low, low and very low respectively.[2]Contrary to this categorization, however, the floods of 2010 and 2012 were unprecedented in their impacts. This gap of data and reality shows that the changing climate has manifested in the recently increasingly destructive hazards. At the same time, however, the increasing disaster risk should also be attributed to human intervention to nature such as urbanization, poor urban planning, less sustainable use of natural resource and many other social processes. For example, unplanned human settlements, silt in Sam Nuallh and lack of disaster preparedness seem to have increased the impacts of the floods in 2010 and 2012 in Jaffarabad.

Balochistan province generally lacks financial resources give the landmass. This poses significant development challenges; for example, human settlement in remote areas. Together with other challenges, lacking investment in development initiatives has led to poor progress towards human development in the area. Resultantly, the capacity of the local organizations and the public has also remained low in the area of DRR and DRM.

2.2. Emerging challenges and opportunities for implementation of the project

The development challenges exist across the district; data on development at district level have been maintained by the provincial government. Yet, there are no such data available at union council level. However, a big picture of the socio-economic condition available at the provincial level database (various grey materials) has been derived from villages (in rural context). At district level, there are many development challenges that have emerged due to rapid population growth, unplanned settlements (which at times are at unsafe places such as flood plains and vulnerable areas near rivers), lack of infrastructure and financial resources in addition to wide spread poverty. In addition, government generally lacks institutional capacity to take the lead in development. Various indicators[3]such as the percent of use of iodized salt (24.6), poor immunization, vaccination and nutrition of children aged 12 to 23 months (BCG:43%, polio:52%,

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[2] *Disaster Risk Management Plan, Balochistan Provincial Disaster Management Authority (2008)*
[3] *Balochistan Multiple Indicators Cluster Survey, 2010*

DPT3:18.6, meales:21.3 ,Hep B: 5.5 and fully vaccinated: 2.69),the percentage of households with access to drinking water (57.4), primary school net attendance ratio (male: 42, female: 33, total: 38) and literacy rate of 10 years and above (male: 52.2% and female 21.1%) show that there are great opportunities to invest in development work in Jaffarabad.

It was observed at village level that overall living conditions of the households are extremely poor; the houses are mainly built with mud; sanitation facilities lack that there is no culture of waste management as the community through waste in the open areas around their households. Access to safe drinking water appears minimal. During the meetings with the communities, it was also observed that most of the community members were illiterate. Further, various organizations have been formed, but not functional. Despite the past NGO interventions to the area, the impacts of the initiatives seem to have failed to continue so far. The level of trust in government and external NGOs seems low that makes wide participation of the communities in the CBDRM project more challenging. Also, hot weather, which felt enervating, also presented an additional challenge. Lack of drinking water is particularly a severe issue.

Collective memories of the past floods remain clear that the local people are well aware of the potential danger of the hazards including floods. They are found to lack confidence to act on their own against the threats. The community members initially considered orientation sessions not seriously. Yet, they became attracted towards the project when they were informed about financial support to the mitigation schemes. Resultantly, they made significant contribution to the project, including financial donation.

Even if local bodies have been formed in Balochistan, they seem less effective and functional. So far, none of the provincial fund allocated for local development (five billion rupees) have been used to support the communities.

Project Start Date: 16th January 2017

Project End Date: 15th November 2017

Key stakeholder involved: DC, AC, ADC-G, SWD, B&R and other stakeholders

Project Budget : 71,55,000

Project Abstract:

The 'Society for Mobilization Advocacy and Justice (SMAAJ)' aims to empower vulnerable target communities of 20 villages of UC Kherther, Tehsil Usta Muhammad, District Jaffarabad by improving their preparedness to cope with natural disasters particularly flash floods, through the following;

- Awareness of the target community on 'Community Based Disaster Risk Management (CBDRM)' and organized 160 Community Sessions (4 for male and 4 for female community members in each target village).
- Prepared community for disaster management and formed 20 Community Based Organizations (CBOs)/ Community Emergency Response Teams (CERTs) separate male and female wings comprising 10-15 members in each wing.
- Capacity building of 400-600 CBO/ CERT members organized forty 03 days' CBDRM Training events and provided an emergency response kit to each CBO/ CERT.
- Linked Communities with District Early Warning System
- Mitigated the impact of disasters at individual level, community level and government level and organized hazard, vulnerability and capacity assessment survey of the targeted villages and community, and developed a 'Village Disaster Risk Management Plan (VDRMP)' for each of the target villages (total 20 VDRM plans).
- Resource mobilization organized 02 one-day workshops with District Disaster Management Unit (DDMU), Government of Balochistan and other stakeholders and shared 'Village Disaster Risk Management Plans' of the targeted villages and requested for allocation of local budget for Disaster Risk Reduction (DRR) measures.
- Capacity building of decision makers at UC level to replicate the CBDRM model in other villages of target UC and organized a two-days training workshop for 30 people including local elected Councilors, UC administration and concerned officials from all line departments
- Promoted CBDRM model in District Jaffarabad and organized separate capacity building trainings events for CSOs/ NGOs, volunteers and relevant government departments (03 training events covering 80 individuals).

The objective of the project has been achieved through the following implementation strategy/ methodology:

The project implemented by SMAAJ through its field office Jaffarabad. The following strategy adopted to implement the project and achieve the desired objectives:

a) Project Launching Ceremony:

A one day project launching ceremony organised by SMAAJ at Jaffarabd for about 171 individuals including representatives from Provincial Disaster Management Authority (PDMA) Balochistan, district administration, District Disaster Management Unit (DDMU), district education department, district health department, Public Health Engineering Department (PHED), social welfare department, Tehsil Municipal Administration (TMA), police department, civil defence and political representatives, various NGOs & CSOs, community representatives, people associated with media, etc. It was about 04-06 hour's event.

b) Training of Social Mobilizers as Master Trainers:

A 5 days' training on Disaster Management arranged at SMAAJ Jaffarabad office for the Social Mobilizers. The purpose of this exercise was to train the Social Mobilizers as Master Trainers for conducting Community Based Disaster Risk Management (CBDRM) events in 20-targeted villages. Executive Director of SMAAJ has facilitated this session.

c) Community Orientation Sessions on Community Based Disaster Risk Management (CBDRM):

Upon commencement of the proposed project, the Social Mobilizers visited each of the targeted 20 villages and organized separate 2-3 hours' sessions with men and women in coordination with its volunteers, community activists and community elders. In these meetings, communities were sensitized on DRR issues by providing preliminary orientation on disasters, the importance of disaster preparedness, planned mitigation works and community based disaster preparedness planning.

IEC material (leaflet) comprising pictorials and brief text in Urdu language disseminated to understand disaster management messages among the target community. At the end of orientation sessions, IEC material was distributed among the community so that DRR messages reach maximum number of households within targeted villages.

5-6 activists identified from the community and formed separate male and female village level groups for disaster management.

Following criteria followed for the identification of members for the village level disaster management group;

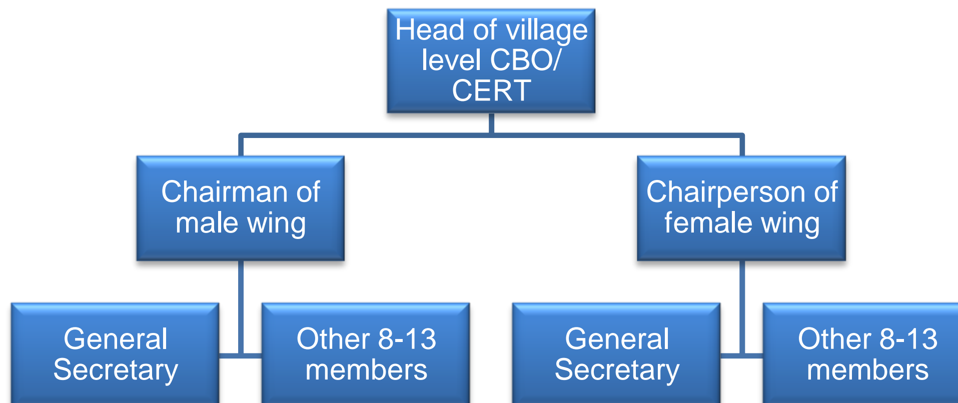
- Age 18 years or above and having CNIC;
- Must be permanent resident of the target area;
- Able and willing to undertake the disaster management training and further use it in communities interest;

- Has permission from male family member (Father/ Brother/ Uncle/ Husband etc.) to get the desired training and render her services to the community afterwards (for female beneficiaries only);
- Only one person to be selected as CBO/ CERT member from one household.

d) Formation of Village Level Community Based Organizations (CBOs)/ Community Emergency Response Teams (CERTs) :

In the second phase of interaction with communities, meetings held at all 20 targeted villages separately with 20-25 male and 20-25 females activists identified during the orientation sessions (total 40 meetings). In these meetings community activists were mobilized towards disaster management and formed a Community Based Organization (CBO)/ Community Emergency Response Teams (CERT) at each village. Thus total 20 CBO's were formed.

Considering the local cultural sensitivities, separate male and female wings were established in each CBO/ CERT comprising 10-15 members in each wing. Male Social Mobilizer interacted with members of male wing while female Social Mobilizer interacted with members of female wing respectively. Organizational structure was introduced in each wing comprising office bearer like Chairman/ Chairperson, General Secretary and 8-13 general members. Head of the village level CBO/ CERT was male, selected through consensus of both male & female wings and he was responsible to interact with government departments and other stakeholder during disaster preparedness, relief and rehabilitation activities. Moreover, the head of village CBO/ CERT was also assisted project team in developing disaster management plan and presented it to the district disaster management unit. structure of the CBO/ CERT at each village as under;



CBO/ CERT formed in each target village were mainly responsible for the following:

- Meetings at regular intervals (once or twice/ month or more depending upon the urgency of situation) to assess the current weather situation and possible remedial measures in case of an emergency.

- With the help of SMAAJ team, preparing and updating the list of emergency contacts, and Government buildings & schools, which can be used as safe shelters in case of a disaster.
- Village profiling /social mapping and preparing some handy contingency plans for evacuation to any alternate or safe place during disaster with the help of SMAAJ team.
- Plan to utilize available resources affectively in disaster situation.
- Coordination with government and non-government institution to avail their support in disaster preparedness.

- Protecting drinking water resources to the maximum extent possible.
- Participating in SMAAJ efforts to create awareness in communities regarding disaster, potential hazards and minimizing risks.
- Acquiring the skills to use the emergency response kit affectively during mock drills and proper care of provided kit.
- Data collection to assess the damages and immediate need after the disaster and share findings with relevant government department/ NGO's and keeping close contact with volunteers and social activists
- Setting emergency warning signals/ system for evacuation in case of a disaster.

The project team also developed Terms of References (ToR's) for functioning of each CERT team.

e) CBDRM Training for CBO/ CERT Members:

03 days' training on Community Based Disaster Risk Management (CBDRM) conducted for the members of newly formed Community Based Organization (CBO)/ Community Emergency Response Team (CERT) members. Separate events organized for male and female members and enabled them to cope with the situation before, during and after the disasters. On the 3rd day of CBDRM training, simulation exercises conducted to familiarize communities with evacuation procedures, escape routes and responsibilities in evacuation to safe zones. These CBOs' also linked with concerned Government authorities and other organizations working on disaster management in the District to avail their support in case of emergencies.

These events organised at community arranged spaces. Male Social Mobilizers built the capacity of male members while female Social Mobilizers were responsible for the capacity building of female members of CBO/ CERT at each village.

f) Linking Communities with District Early Warning System:

District Disaster Management Authority (DDMA) has authority to issue early warnings for the communities. DDMA Jaffarabad has established Emergency Control room at the Deputy Commissioner office. SMAAJ has linkup the communities of target villages with DDMA through sharing contact information of head of village level CBO so that in case of emergency, early warnings can be issued to the communities through CBO/ CERT members.

Moreover CBO/ CERT members were taught during CBDRM training, to stay vigilant and keep themselves updated on the early signs of disasters like water level in streams, types of clouds, colour of canal water etc. and report to District Disaster Management Officer (DDMO) immediately in case of any unusual observations

CBO/ CERT members were sensitised to take the lead in emergency situations; make the timely announcements of emergencies and execute the safe evacuation plan towards the pre-identified safe buildings. They may announce through;

- Mega phone provided in the Emergency Response Kit.
- Personal door to door contact.
- Ringing School bells.
- Loud speakers installed at Mosques of the area.

g) Procurement of Emergency Response Kits:
Each village level CBO equipped with one 'Emergency Response Kit' to enhance its capacity for rescue and relief operations during flash floods. In this regards SMAAJ has developed a list containing required items, which was distributed at the end of CBDRM training of CBO/ CERT members. Head of the CBO/ CERT is the custodian of the 'Emergency Response Kit', which was placed at mutually agreed location, easily accessible by CERT members during emergency situation.

h) Promotion of Disaster Risk Reduction through School Children:
DRR messages were also disseminated among the community through school going children. There are only 09 government primary schools (8 boys & 1 girls) located in the targeted 20 villages, whereby total enrolment is 443 students (413 boys & 30 girls).

The project team consisting of 02 members; Project Coordinator & Social Mobilizer (male for boys schools and female for girls school) conducted 01 day activity (3-4 hrs.) in each of the 09 schools of targeted villages and completed the following set of activities in case of emergencies, involving all the school staff and students.

- Prepare and display maps, evacuation plan and safety plan
- Emergency preparedness plan orientation and mock drill involving school staff and students
- Share and display contact numbers of supporting agencies (hospitals, police, media etc.) at prominent places in the school
- Displaying the informative charts related to disaster management in each classroom

At the end of activity at each school, IEC material was distributed among the children.

i) Hazard, Vulnerability and Capacity Assessment:

The project team has undertaken a comprehensive and extensive “Vulnerability Assessment and Mapping of Hazards, Capacities and Resources” exercise in 20 villages, with the aim of providing the communities with reliable and accurate information and help in the preparation and implementation of the disaster management plans. The methodology and scope of hazard, vulnerability and capacity assessment include:

- Study design; Design of instruments for data collection;
- Training of data collection teams in the use of the instruments;
- Data collection using the designed instruments though a field survey;
- Conducting Focus Group Discussions (FGDs) with selected groups of stakeholders to collect qualitative data;
- Using Participatory Rural Appraisal (PRA) tools for the Vulnerability Assessment and Mapping of Hazards, Capacities and Resources.

j) Developing Village Disaster Risk Management Plans:

In case of a disaster/ emergency, local community members are the first who provide rescue and relief. After the initial training on Disaster Preparedness, which focuses mainly on concepts, the project team conducted the second round of one-day workshops in each of the target village, focusing on development of ‘Village Disaster Risk Management Plans’. These plans were developed based on the findings of hazard, vulnerability and capacity assessment survey carried out at each village by the project team.

‘Disaster Risk Management Plans’ will contribute in mitigating the risks of disaster at individual level, community level and government level and to the maximum extent possible, prevent loss of lives, livelihoods and property.

Separate workshops organised with male and female members of the CBOs/ CERTs in the targeted 20 villages (total 40 workshops) whereby 20 Village Disaster Risk Management Plans developed. General community also participated in these events. Head of the CBO/ CERT facilitated the village disaster risk management planning process separately among both male and female wings.

k) Workshop to Discuss and Communicate Village Disaster Risk Management Plans:

02 one-day workshops organized in Jaffarabad to share the 20 Village Disaster Management Plans with District Disaster Management Unit (DDMU) and other stakeholders like district education department, district health department, social welfare department, public health engineering department, government building department, irrigation department, police department etc. In these workshops head of the CBO of concerned village also participated and discussed the Disaster Risk Reduction measures with DDMU and other relevant departments for allocation of resources from local budgets.

l) **Capacity Building of Decision Makers on CBDRM at UC Level**:
A two-days training workshop organized at UC level to build the capacity of decision makers on CBDRM concepts, strategies, tools, and related issues. The participants of the workshop were included the Councillors, concerned officials from all line departments at district level, Tehsil Municipal Officer (TMO) and District authority. The participants of workshop were also provided orientation on Village Disaster Risk Management Planning. The purpose of the workshop was to enable the UC administration to replicate the project intervention to the other villages of the UC. About 30 government officials and elected representatives of the district government participated in the training.

m) Promoting and supporting volunteerism for CBDRM:
A convention arranged at Jaffarabad to promote and support volunteerism for CBDRM. SMAAJ has previously prepared more than 50 volunteers in the District Jaffarabad, 15 volunteers invited to the convention and will be mobilized to take an active part in the project's CBDRM activities in their respective areas. The convention was focused on mobilization and orientation of volunteers and sharing of best practices regarding CBDRM. The IEC material produced under the project was also disseminated among the volunteers. A database of these Volunteers will also be developed and made available to the District Disaster Management Unit (DDMU) for use in future disaster rescue and relief activities. These volunteers formally registered with the DDMU and their records maintained in the District Disaster Management Information System (DDMIS).

n) Capacity building of CSOs/NGOs and relevant government departments on Community Based Disaster Risk Management
One-day training workshop organized to build the capacity of NGOs/CSOs and their counterparts in government agencies at middle management level on CBDRM and to build synergies among important stakeholders for undertaking Disaster Management activities. About 50 participants, consisting of middle level public sector managers and professionals from NGOs/ CSO with a presence in District Jaffarabad, were trained during this workshop. The workshop participants also received orientation on the project initiatives.

o) Project closing ceremony:
A one day project closing ceremony arranged at Jaffarabad for about 105 individuals participated including representatives from PDMA Balochistan, district administration, District Disaster Management Unit (DDMU), district education department, district health department, Public Health Engineering Department (PHED), social welfare department, Tehsil Municipal Administration (TMA), police department, civil defence and political representatives, various NGOs & CSOs, community representatives, people associated with media, etc. In this workshop project, achievements & lessons learnt shared with participants

and SMAAJ formally announce completion of the project. Press briefing was arranged at the end of ceremony for local print media.

p) Baseline & Impact Assessment:

In order to gauge the immediate impacts of the grant, SMAAJ collected baseline and end-line data as per following indicators at the start and completion of the grant project:

- Number of individuals engaged in awareness campaign and their level of knowledge on disaster management and emergency response in disastrous situations.
- Number of male and female community members received trainings on emergency response.
- Number of community members, school children & school staff undertook safety & security drills, and number of safe buildings identified.

Project Activities	Woman	Man	Total
Community Orientation Sessions on Community Based Disaster Risk Management (CBDRM)	1873	1765	3638
Community Based Disaster Risk Management (CBDRM) Training for CBO/CERT Members	425	408	833
Promotion of Disaster Risk Reduction through School Children	124	245	369
Developing Village Disaster Risk Management Plans	395	358	753
Total	2817	2776	5593

Project Activities	Achievements	Remarks
Conduct half-day long Staff Orientation Session at SMAAJ Head office	01 Event	The session was conducted in SMAAJ office Quetta
Conduct Project Launching Ceremony	01 Event	Project Launching Ceremony was conducted in District council hall Dera Allah Yar Jaffarabad, 171 participants were attended the ceremony.
Training of Social Mobilizers as Master Trainers	01 Event	ToT Social Mobilizer and volunteers was conducted at SMAAJ field office Dera Allah Yar Jaffarabad in the ToT 5 project staff and volunteers were participated.
Base line Survey	01	After orientation of project staff and

	baseline Survey	volunteers On baseline survey. Survey was conducted form 200 community members by using a questioner and baseline report shared to SGAFP.
Community Orientation Sessions on Community Based Disaster Risk Management (CBDRM)	160 Sessions	SMAAJ team conducted 160 (4 Male+4Female =8 Per Village) Orientation Sessions of Community on Community Based Disaster Risk Management (CBDRM) in these session 3638 beneficiaries were facilitated.
Formation of Village level CBOs/Community Emergency Response Teams (CERTS)	40	After meetings of targeted communities SMAAJ team formed 40 ((20 Male+20 Female) CBOs/Community Emergency Response Teams (CERTS) in UC kheerthar.
Community Based Disaster Risk Management (CBDRM) Training for CBO/CERT Members	40 Events	Three days 40 training sessions on Community Based Disaster Risk Management (CBDRM) conducted for CBO/CERT Members separately with male and female 833 beneficiaries were facilitated.
Procurement of Emergency Kits (20)	01 Activity	After approval from SGAFP team SMAAJ procurement Committee was purchased 20 emergency Kits from Sukkur for community. Receipt acknowledgements from all communities were taken.
Promotion of Disaster Risk Reduction through School Children	09 Events	SMAAJ field team conducted in 9 schools session with 369 students for Promotion of Disaster Risk Reduction in UC kheerthar,
Vulnerability Assessment and Mapping of Hazards, Capacities and Resources	01 Activity	SMAAJ organized short orientation session of field staff for vulnerability Assessment and Mapping of Hazards, Capacities and Resources, after orientation SMAAJ staff conducted vulnerability Assessment and Mapping of Hazards, Capacities and Resources, session with 20 targeted communities.
Developing Village Disaster Risk Management Plans	40 Workshops	SMAAJ team organized 40 workshop for Developing Village Disaster Risk Management Plans, 753 male and females separately participants in DRM plan activities and in end of session each community developed Village Disaster Risk Management Plan.
Workshop with DDMU to communicate Village DRMPs	02	02 one day workshops were conducted 64 participants were session attended at Usta Mohammad and Dera Allah Yar with District Disaster Management Unit (DDMU) and all DRM plan were submitted to representative of DDMU Jaffarabad

Capacity Building of Decision Makers on CBDRM at UC Level	01	A 02-days workshop Conducted on CBDRM with government officials at Social welfare office(Gender Hall) Dera Allah Yar 43 representatives of line department were participated.
Promoting and Supporting Volunteerism for CBDRM	01	One day Convention organized with volunteers for Promoting and Supporting Volunteerism for CBDRM at Officer club Usta Mohammad, 24 volunteers were participated in the convention.
Development and printing of IEC Material	01 Activity	DRR related IEC material developed and disseminated in government offices, targeted communities, and different places
Capacity building of CSOs/NGOs and relevant government departments on Community Based Disaster Risk Management	01	SMAAJ organized One day training workshops for NGOs/CBO, 29 representatives of NGOs and relevant government official were attended the training. on Community Based Disaster Risk Management
Collection of Case Studies and Documentation of Best Practices and lesson learnt	01	SMAAJ team collect and documented case study form beneficiary of targeted community.
End-line survey report (Impact Assessment)	01	Through using of questioner toll SMAAJ team conducted Impact assessment from 200 beneficiaries.
Project Closing Ceremony Project Completion report	**01**	Project closing ceremony was conducted on 30th of Nov 2017 at District council hall Dera Allah yar, 105 persons attended the ceremony,

Case Study of MR. Ghulam Dastgir

Since March 2017, Mr. Ghulam Dastgir mobilized many people of union council kheerthar about CBDRM.

My name is Ghulam Dastgir. I live in village Sofi Ghulam Rasool which is situated in Union Council Kheerthar, Tehsil Usta Mohammad, District Jaffarabad and I am a social worker.

My father's name is Shamir Khan. He is a farmer by profession. I have two sisters and three brothers.

It was my greatest wish to do something for my village. When SMAAJ started the CBDRM intervention in my village I did participate in every activity of SMAAJ with keen interest to learn much more about CBDRM and situations to be coping during emergency.

SMAAJ team facilitated us in a very easy way regarding disaster and risk management. During the intervention and activities, SMAAJ team shared in detail about the prevention of disaster and risk.

After the activities, I promised myself to start mobilization campaign in my family and village. After sometimes it raised awareness in the community about the prevention during disaster or emergency and especially careful use of electricity during disaster or emergency.

I went door to door to mobilize the villagers to be careful while using electricity during disaster / emergency. I also informed them to avoid going near the electricity wires because during disaster or emergency there is a high risk of electric wires to fall down.

I informed them that electricity wires and boards should be kept on higher level on the wall as it should not get in hands of children, so the children will be protected. I explained that in emergency, not to leave or allow children near pool or canal and electricity.

I have now made it a routine work to watch news, especially about any disasters from social media, news paper, radio / TV and others sources. At the same time, I have every information about my village regarding any disaster issues.

Awareness Raising and Social Mobilization
For
Social Mobilizations to Strengthen Routine Immunization (Low Cost and Equity Based) for Urban Slum of UC Hanna, Quetta, Balochistan

Low Cost and Equity Based) for Urban Slum of UC Hanna, Quetta, Balochistan

Summary:

Balochistan, the area wise largest province of the country is marked with a percentage of only 16% fully immunized children this is the lowest position among the provinces of Pakistan the major reason behind this alarming situation is inadequate allocation of financial and human resource to Expanded Program on Immunization that works for the immunization of children in the country.

Balochistan, the area wise largest province of the country is marked with a percentage of only 16% fully immunized children this is the lowest position among the provinces of Pakistan the major reason behind this alarming situation is inadequate allocation of financial and human resource to Expanded Program on Immunization that works for the immunization of children in the country.

Management of the program at the provincial and district level, on availability of data regarding the population figures vaccine availability storage handling and above all awareness and willingness of the masses to get their children vaccinated are all the causes that have kept Balochistan at the lowest spot in immunizing its children.

SMAAJ with the support of PCCHI conducted baseline in UC Hanna Orak of District Quetta. The result of the baseline on the basis of Status of Immunization (record and recall basis) were 1113 children identified against Children Vaccinated Against Measles I, On-Schedule Children, Defaulter Children, Zero Dose Children. The achievements against baseline and children vaccinated are,

Total zero doze children vaccinated 89%, default children 68%, on schedule children 199%, children completed measles1 104%. 94 new born children have been identified and vaccinated.

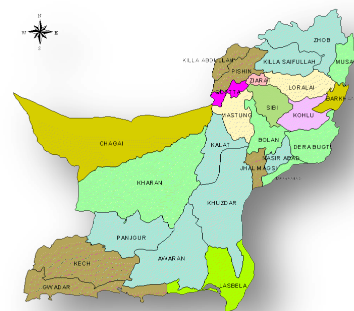
Society for Mobilization Advocacy And Justice (SMAAJ) has implemented its interventions under the partnership of CHIP (Civil Society Human and Institutional Development Program). SMAAJ has recently played a very important role in Increasing Immunization Coverage to brighten the future of children aged less than 23 months. The interventions of SMAAJ were applied in the Union Council of Hanna Urak with the support of District Health Officer (DHO) and Provincial Coordinator EPI.

The above mention target has been achieved through, 1,152 Houses listed with an indication of houses of children aged 24 months and below, prepared list of 90 new born children on a monthly basis through health promoters and LHWs; prepared 2 Social Maps of the catchment areas for each vaccinators to highlight streets, houses, important landmarks like musjid, LHW house, etc. and helped in planning and execution of activities; five monthly meeting organized with District EPI teams and discussed work plan, allocated a focal person for coordination, acquire needed support for vaccination camps and reviewed progress; 20 LHWs trained on Social Mobilization approaches, 28 awareness raising sessions with women have been conducted in the last three months where 517 women and 100 men orientated on the importance of immunization, 60 women facilitated with TT vaccine.

The program was to reduce the number of zero dosed and default children of their course of vaccine. It was a 3 months project. Two outreach rounds were managed consisted of almost 45 camps. 3 female staff and 1 male staff along with 2 vaccinators managed to bring the zero dosed and default children back to their schedule. Though this intervention SMAAJ carried out activities such as Coordination and Communication with Stakeholders, consultation Meetings with Doctors throughout the Project, orientation session of SMAAJ team on basic EPI, development of social maps for vaccinators to track their target area and understand the catchment area to reach 100% coverage, door to door visits by Social Mobilizers and created demand for vaccination whereas 1118 children vaccinated, 20 Leady Health Worker were orientated on Social Mobilization process and the importance of EPI, organized 28 Communal Awareness Raising Sessions with women in which 517 women participated, 60 women facilitated for TT vaccine,

Background4

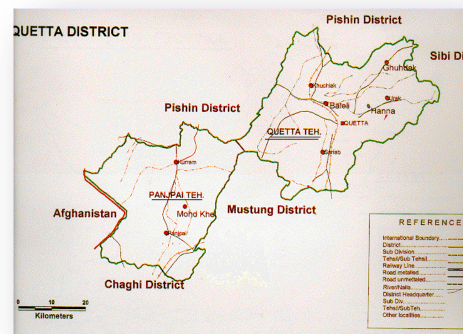
Pakistan currently hosts some two million Afghan4 refugees. Waves of refugees have been entering Pakistan since the late 1970s. The last mass exodus from Afghanistan took place in 2001, triggered by the Operation Enduring Freedom response to the September 11 attacks. The majority of Afghan refugees live in Balochistan and the KPK provinces, areas that are also important strategically in terms of regional stability and conflict



[4]UNHCR Global Report 2007

prevention. 55 per cent of Afghan refugees live amongst Pakistani communities, while the rest reside in camps. Pakistan already ranks low on the Human Development Index, at 136 out of 177 countries5, without the additional pressure of over two million refugees. The influx of large numbers of displaced people has contributed to a range of social, economic and environmental problems within host communities. It has led to unplanned settlements that are poorly served by local authorities and has put tremendous pressure on existing services.

Balochistan is widely regarded as the least developed of Pakistan's four provinces. This is borne out by a host of development indicators. Infant mortality in Balochistan is more than double the national rate, ranging from 180-200 per thousand live births. The literacy rate is the lowest in Pakistan at 26% overall, with the female literacy rate estimated at 15% in the 1998 census. Average per capita income in rural areas is a mere USD 0.8 per day. Balochistan is simultaneously the country's largest province, constituting 44% of Pakistan's geographical area, and its most thinly populated. Lack of accessibility is a critical issue, due to low population density, vast area, and extremely poor infrastructure. Government development funds allocated for the province have been inadequate, poorly targeted, and mismanaged, overall achieving very little. Resentment toward the federal government tends to be high due to its perceived neglect of the province, as well as a belief that the authorities exploit Balochistan for its energy resources. The province contains significant natural gas and oil deposits that form the backbone of Pakistan's energy grid.

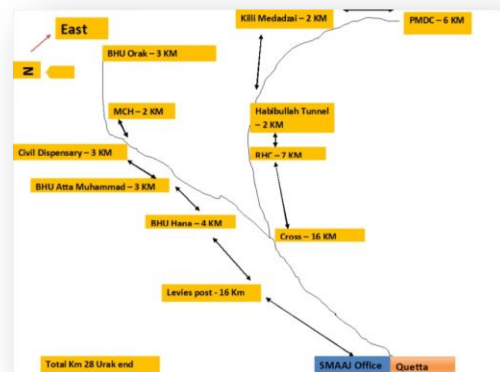


The status of women in Baluchistan is extremely low. At the village level, male power holders accord little importance to problems faced by women; there is correspondingly little will to improve services that address women's needs. This is one of the main reasons for the alarmingly low health, education, and other indicators for women.

The reconstruction started soon after. Till 1947 Quetta was a small town. People used to call it small London. But rapid population growth in terms of rural - urban migration, and influx of Indian refugees increased the population at Quetta. Influx of Afghan refugees during the 1980s

[5]UNDP, 2007-08, Human Development Report

helped the slums to grow. New settlement in the form of housing schemes emerged at Satellite Town, Jinnah Town, Samungli Town, Model Town and Shahbaz Town. In KachiAbadies, slums also begun to develop. The process of settlement continues. Now Quetta has turned into an over-populated city There are some mounds and karezes of ancient time in the district. The most important archaeological site is a Quetta Miri (a mass of indurated clay). The base of Miri is 183 meter long by 122 meter wide and rises 24.4 meter above the plain. The Miri is now used as an Arsenal. Among other noticeable mounds are one between Katir and Kuchlak, known as the KasianoDozakh, Tor Ghund near Baleli and Tor Wasi between Panjpai and Muhammad Khel. Besides, some karezes of archaeological interest are found at Kirani, Sariab and Kachi Baig.



UC Hanna:

In supersession of Local Government Department's Notification dated 15th June, 2001 and in exercise of the powers conferred by Section 7 of the Balochistan Local Government Act 2010 the Government of Balochistan declared UC Hanna with 9 clusters.

- Approximately no of HHs : 2324.
- Major cast in the area is Kakar
- Belief system. Majority dubandi
- The majority of the communities are at same level no division i.e wealth but 5% are richbut they live same as others. People are educated but majority just qualified metric.
- People take their children to Quetta city as Dr are not available in area.
- Private Medical store available aside the road run by Medical technician.
- No development interventions. This area has been ignored
- Because scattered population no proper derange system available
- In some houses toilet available but still open defecation has been observed and reported by the people
- People use to take water from dug well and in some areas PHE supply system is available
- Electricity is available for 8 hours daily
- Gas is available in villages
- Tow major parties are operating in this area Pushtoon Khowa MilliAwami Party and JamiatUlama e Islam. But Jamiat is leading party in this area

- No NGO and CBO working in this area
- Due to polio majority of the communities have reservations and avoid to share correct information particularly immunization
- As this is hilly area and scattered population it is very difficult to reach to each hhs easily
- This is hilly and agriculture area. Population of the area is very scattered and the concepts of a big village still no apply to these villages because of land distribution. [6]

Findings of Micro Census on Status of Immunization and Causes of Zero Dose & Defaulter Children in Urban Slum UC Hanna, Quetta, Balochistan

Objectives of Micro Census

- To assess status of immunization in children under 24 months; and
- To analyze causes of zero dose and defaulter children.

Analysis on Reasons of 297 Defaulter Children (both record and re-call basis)

1. 73% mothers were illiterate;
2. 34% mothers think that health facility is far away for them to vaccinate their children;
3. A high percentage about thinks that vaccinator should come to their house for vaccination of children; and

Analysis on Reasons of 90 Zero Dose Children

1. Only 13% mothers of zero dose children are literate;
2. About 87% mothers of zero dose children were illiterate;
3. About 77% mothers think that health facility is far away and vaccinator should come to their houses for vaccination

Analysis on Reasons of 297 Defaulter Children (both record and re-call basis)

4. 73% mothers were illiterate;
5. 34% mothers think that health facility is far away for them to vaccinate their children;
6. A high percentage about thinks that vaccinator should come to their house for vaccination of children; and

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[6] District profile

2. Project Objectives

2.1 Overall Purpose and objectives of the project

Increase immunization coverage of UC Hanna Quetta, Balochistan through social mobilization, awareness raising and establishing linkages with appointed vaccinator for vaccination of all the eligible children.

1. To increase EPI coverage of the selected urban slum up to 80%
2. To vaccinate 85% defaulter children
3. To vaccinate 80% zero dose children
4. To vaccinate 90% for BCG

<u>Target Group:</u>

- Population with limited information and low literacy especially (Men, women)
- Defaulter children
- Zero Dose children
- 90% for BCG

3. Location and Target Population

As mentioned above the project will be implemented in UC Hanna Slum area of UC in Baluchistan District Quetta. The total population of Hanna slum area is more than 19 thousand as per below table

UC	Population	HHs (8.5/HH)
Hanna Orak	19754	2324

4. Duration

The project implementation period is three months starting from November 2017 and concluded on January 31, 2018.

5. Progress towards Planned Activities

5.1 Coordination and Communication with Stakeholders

5.1.1 Meeting with Provincial EPI

5 monthly meeting organized with District EPI teams and discussed work plan, allocated a focal person for coordination, acquire needed support for vaccination camps and reviewed progress also aimed to get the endorsement of the project proposal and a letter for possible collaboration regarding implementation of the project.

Outcome:

Dr. Ishaaq Panezai Provincial Coordinator assured his cooperation and support in the implementation of the project and it went very well as discussed initially and each meeting. EPI deputed monitoring team and had regular visits. Ensured and received vaccine supply on time to vaccinators. And so, it was supplied on time and as per demand.

Meeting with DHO:

The purpose of the meeting was to orientated project objectives, role of involve stakeholders, endorsement letter and planning.

Outcome:

As an outcome a permission letter was issued and he assured future cooperation to execute the plan. Both SMAAJ and DHO teams of follow the plan and accomplished the task as per set plan also the vaccinator brought up great changes in the routine work of vaccinators and made it easier for them.

5.1.2 Meetings with Doctors throughout the Project

An orientation meeting was held with doctors in concerned BHUs. Meeting helped the participants and SMAAJ team to establish rapport with each other. Objectives and targets of the project were shared and developed understanding.

It was an introductory session to let the doctors know about the intervention immunization campaign. There were 3 doctors from 3 BHUs of UC Hanna.

BHUs	Participants	Doctors
BHU Atta Muhammad	6	1
BHU Hanna	8	1
BHU Urak	8	1

All the three in charges of the BHUs were met separately before the execution of the plan of vaccination to make possibility of camping in different spots of villages in UC Hanna. All agreed that door to door vaccination is needed because the houses are located on hilly spots and are far away from one another and also from the BHUs. So, they were unable to gather at one place. As result, 100% children vaccinated.

5.2 Capacity Building

5.2.1 Orientation Session of SMAAJ team on Basic EPI

An orientation of the staff towards basic concepts, schedule and types of diseases was held in SMAAJ office and facilitated by Imran Ahmed from CHIP. Orientation helped the participants to learn and memorize the EPI schedule and number of doses provided to a child during each visit. Similarly, the participants also learnt about the names of diseases which can be stopped amongst children once they are completely vaccinated.

The training session helped the participants to learn and understand basic immunization for onward conduct of mobilization sessions and counseling services for caregivers. Mr.Imran

explained how to reflect project activities while writing report. Contents: Social mobilization process was explained by Mr. Imran.

The contents of the training session are as under:-

- What is immunization?
- Differentiate among immunization and vaccination?
- Why we vaccinate children?
- Name of doses?
- Schedule of doses?
- Name of vaccinate preventable dieses?

The training session helped the participants to learn and understand basic immunization for onward conduct of mobilization sessions and counseling services for caregivers. He also trained the staff how to maintain MOVs. He specifically explained on white board about different antigens and the status of a child against those antigens. There was the total of 4 staff members in which 3 female and 1 male was trained.

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5.3.2 Development of Social Maps

Social maps were drawn indicating the direction of Hanna catchment area. This really helped vaccinators of both the BHUs to focus on the identified area. Further information was included in Social Maps before the start of second round of vaccination. Before the making of social maps the areas were totally over lapped. The team with the support of vaccinators designed 2 social maps for two different areas, common places i.e. open space, masjids, private schools, houses of health promoters, areas having greater number of zero dose and defaulter children were highlighted in the social map. The number of zero dose and defaulter children will help in determining the number of vaccination camps and areas requiring greater concentration for the mobilization of caregivers and vaccination outreach services. Later on the maps were pasted in the BHUs separately.

4 pictures are added because it was for two different BHU areas. So, one picture of map and one for its development process is given.

5.3.3 Door to Door Visits by Social Mobilizers

In order to mobilize and counsel the mothers of the zero dose and defaulter children, door to door visits by social organizers were conducted. The purpose of the visit was to mobilize communities to vaccinate their children. 3 female and 1 male staff was allocated to cover the door to door visits.

A day before the visits the staff used to plan the activities and find out the village to be visited. Everyone had an area map, activity list, micro plan and list of children in micro census with them in the file. The monitoring was conducted by the same male staff during door to visits also reports were written on daily basis by female staff. Pictorial record is available of male side. 803 mothers were reached. Meetings with fathers were very much limited due to their absence/unavailability.

5.3.4 Meetings with Lady Health Workers and Vaccinators

SMAAJ team has a close coordination with health staff usually field workers. It includes vaccinators, Lady Health Workers (LHWs), Lady Health Visitors (LHVs) and community midwives. Role of Vaccinators and LHWs are significantly important in planning and execution of field activities. Therefore, three orientation sessions were conducted with LHWs throughout the project. SMAAJ team explained the project details and their role to support the cause and to support the vaccination outreach services by creating demand and reach to households with refusal. In addition, they will establish their linkages with the EPI personnel for the conduct of outreach services and continuation facilitation of vaccination once the project is over. An orientation about the IIC was given. The importance of Immunization was discussed and shared. Outcome: the participants agreed to cooperate. Every LHW of the area promised to help and cooperate. They helped out in TT Vaccination and also in child Vaccines. Following LHWs were present in the sessions:

Dates: 21st of Nov, 21st of Dec, and 22nd of January (Venue: BHU URAK UC Hanna)

Contents:

SNO	Name	Village Name	SNO	Name	Village Name
1	Hameeda Bibi	Shahnoor Kutch	11	Zulaija Bibi	Issa Khel/Butty Kutch
2	Jamila Bibi	Malik Ahmad Khan	12	Khalida Bibi	Salim Kutch Khothkzi
3	Aarifa	Urak	13	Badr un Nissa Bibi	Shahnoor Kutch
4	Mehmooda Bibi	Shahnoor Kutch	14	Fehmeda Bibi	Malak Sher
5	Gulnaar Bibi		15	Parveen Bibi	Salim Kutch/Khothkzi
6	Nasiba Bibi		16	Feroza Bibi	Alimzi
7	LHS Shah Bibi		17	Meryam Bibi	Barezzi
8	Shazia Bibi	Kili Kamal, Kili Taj	18	Rasheeda	
9	Marzia Bibi	KiliMalk Sher	19	Maryam	
10	Fazila Bibi	KiliShadezi	20	Zahida	

5.3.5 Communal Awareness Raising Sessions with women

Communal awareness raising sessions with women particularly having children less than 23 months were conducted with the groups. 28 awareness raising sessions with women have been conducted in the last three months. Following are the details:

SNO	Date	Name of Village/Cluster	No of participants
1	7-11-2017	PMDC Labor Colony 1	21
2	8-11-2017	PMDC 58 A	15
3	9-11-2017	Shamozai 1	18
4	09-11-2017	Shamozai 2	17

5	10-11-2017	Sarangzai	20
6	11-11-2017	Habibullah Tunnel	21
7	13-11-2017	Zarghoon Park	13
8	03-01-2018	Kili Kamal	17
9	04-01-2018	Malak Sher	21
10	04-01-2018	Malak Sher	21
11	06-01-2018	PMDC Labor Colony 2	21
12	11-01-2018	Kili Atta M	20
13	11-01-2018	KiliBakhtyar	21
14	12-01-2018	MalakWali	15
15	24-01-2018	Batti Kutch	14
16	24-01-2018	Issa Khel 1	17
17	24-01-2018	Issa Khel 2	18
18	30-01-2018	Road Shadezi	19
19	30-01-2018	Kili Taj M	13
20	30-01-2018	AalimziRaagha	16
21	30-01-2018	KiliBabri 1	20
22	30-01-2018	Attakzi 1	21
23	30-01-2018	Attakzi 2	23
24	30-01-2018	Gul Muhammad	19
25	30-01-2018	KiliBabri	19
26	30-01-2018	KiliSahebzada 1	19
27	30-01-2018	KiliSahebzada 2	19
28	30-01-2018	KiliBabri 2	19
Total			517

Male community members were not available in day time therefore; individual meetings were held with those available in their villages. The male members normally have off day on Friday and they go to city for their weekly shopping or other social activities. In one of the last Fridays SMAAJ managed to find some male members for FGDs and awareness sessions. Luckily, there were some people available on different shops of the UC. The IEC materials were pasted on the walls of the shops and distributed in the people of UC Hanna.

SNO	Topic	Male	Female
	Importance of EPI	100	517

5.3.6 Immunization of Children

Vaccination campaigns through outreach activities in UC Hanna slum area were held in collaboration with vaccinators. Due to the hilly train and scattered population it was not possible to arrange camps therefore; Social Organizers along with vaccinators personally visited the households and vaccinated children at their door steps. Below is the summary sheet of all the children vaccinated in the previous quarter.

Vaccination Status against the base line:

Immunization Status Nov 17 to Jan 18			
Codes	**Results of Micro Census**	**Quetta**	
	Variables	**Micro Census**	**Status**
A	Total Under 23 Months Children	1113	
B	Total Zero Doze Children	424	378
C	Total Defaulter Children	297	202
D	Total On Schedule Children	138	274
E	Total Children Completed Measles 1	254	264
F	Grand Total	1113	1118
	Total Difference	**Newly Identified children vaccinated**	**Not Available/Migrated**
	5 Children Increased	**94**	**61**

New Born Children: 94 (included in the on schedule list) 1,118 children are covered against the total of 1,113 where 94 new children are vaccinated during the second round. 61 children were short due to different reasons like migration and unavailability

This is the data of 47 villages with children vaccinated separately. (Please find the attached list of all children vaccinated with all their details)

Village/Cluster Name	Children Vaccinated
Jalaat / Taj / Fazal	15
Kili Haji Khan and Kili Kamal, MalakWali, Bakhtyar and Atta M.	39
Sarangzi	71
SoieJuma Khan	26
Kamal	16
Shamozi	33
Sahebzada	27
BareziBheerr	25
Salim Kutch Khithakzi	36
PMDC Labor Colony	47
PMDC Officer Colony	23
Medadzi 1 and 2	39
Habibullah Tunnel 58A/ Meerdad Khel	33
Meer Kamal/ ChashmaZharie/ Atta M Lees/ 58A Lees	49
ShellaDumarran/Crush Machine/ Jannat Gull	109

Samand/ TorrKutch	
MalakSamand/ Malik Ahmad Khan Kili Gul M, Thor Kutch Murad Khanzi	61
Malak Sher	27
Essa Khel/ Shadezi/road Shadezi	61
AalimziRaagha	22
Shahnoor Kutch/ Batti Kutch	23
Arrezi/ Babri	65
Attakzi	36
SraZawara/ Alimzi, Haji Wahid Shin Kutch Sarangzi/ Bazaie	46

The Above 47 Villages are arranged into 23 clusters.

5.3.7 TT vaccine

Social Mobilizers made their efforts to approach pregnant women for TT vaccine though it was hard to motivate them. Majority of women were reluctant to come in front of male vaccinator but due to strong mobilization, the following women were vaccinated during the last three months.

S. No	Name	Husband Name	Age	Pregnancy Month
1	Bibi Zaitoon	Yar M	30	6
2	Shamsa Bibi	Sajidullah	30	8
3	Noreena Bibi	Mauladaad	40	6
4	Shakira	Yar Muhammad	38	8
5	Nadia	Nida M	30	8
6	Gul Khanda	Ghulam Sikandar	25	2
7	Muzdalifa	M Ayub	20	8
8	Fareeda	Shah Jahan	30	3
9	Fehmidah	H M Aslam	35	7
10	Farzana	Zakrya	35	8
11	Raakia	Agha M	30	6
12	Momindda	Musa Khel	32	5
13	Minna	M Aslam	28	7
14	Aashya	B ariDaad	25	5

15	Sameena	Niamatullah	30	5
16	Shaheena	Fida M	35	6
17	Shahida	A Aleem	19	5
18	Bibi Gul	Sultan	20	7
19	Fatima	Akbar	19	5
20	Bakhtawar	Sala huddin	26	9
21	Kamala	Sarwar Gul	20	8
22	Shaista	Salim	30	8
23	Alam Bibi	Rozi Khan	35	8
24	Naaz Bibi	Shah M	20	5
25	Bano	A Qahir	30	9
26	Momindda	Haji M	40	7
27	Zakia	Hidayatullah	32	5
28	Gul Nazakka	Shehzada	29	6
29	Sadia	Meer Aalam	25	8
30	Shamawali	Wali Jan	17	4
31	Zubaida	Zafar	26	5
32	Reema	Ryaaz	16	4
33	Rubeena	Akhtar M	18	6
34	Fatima	Bahadur Khan	19	5
35	Usmania	SarDaraz	20	5
36	Razia	Juma Khan	17	8
37	Mastaan Bibi	Taj M	18	6
38	Marjaan	Wali M	25	7
39	Sajida	M Alam	30	6
40	Fareeda	Shah Jahan	25	3
41	Bibi Khaira	Ameer M	17	1
42	Sabra Bibi	M Hassan	40	6 (2nd)
43	Meena	M Aslam	30	8 (2nd)
44	Bibi Jan	Zahir Khan	25	9
45	Bibi Gul	Meer M	27	6
46	Razia	Hafeezullah	20	5
47	Safia	Sanaullah	26	6
48	Momina	Musa Jan	30	4
49	Gul Bibi	A Bari	25	8
50	Khadija	Abdul Matlib	30	8
51	Momindda	Musa	25	9
52	Shubaahat	A Raheem	20	5
53	Nasreen	A Sadiq	23	7
54	Ashrafa	Ajab Gul	20	9
55	Fatima	A Malik	35	4
56	Noor Bibi	Rosi Khan	25	3
57	Sahib Jamal	Noor Ali	18	3
58	Masthaana	Taj M	20	6
59	Rosi	Gul M	35	5
60	Andarra	Rasheed	16	3

Some of the women in the list above have done their second round of TT vaccine during second round of vaccination

5. Challenges

- The team SMAAJ fixed different spots for vaccination. Though there was no concept to bring a child to one fixed place or spot. We had to fix many spots near to one another so that the people
- It was time taking activity because of door to door camping as there was no fixed place to organize camping.
- Shortage of Desprol syrup after vaccination due to majority of refusals children which their parents insisted to get syrup. This was the main reason of refusing the vaccine because their views were that the children get fever from the vaccine and so, they needed syrup otherwise it was a No to vaccine.
- As we were having 100% coverage, we were always short in Desprol. The vaccinators receive only 40 syrups of Desprol monthly. This was very less number of syrups to cover the whole UC Hanna.
- Majority of the children were covered in Suranj. This area was not previously covered because of the lack of Vaccinators. The 2 vaccinators were assigned to work in their own area only. There was no availability of a vaccinator in the Surenj area.

- In most cases the females of SMAAJ team brought out the children themselves to vaccinate the children as males were not present in day time, and/or if they were present they would not take their children out.
- Harsh weather and scattered population was one of the major challenges which took time to vaccinate the children.
- Most of the houses were built on Hilly spots which was another tough task to reach there and mobilize people and vaccinate the children.
- Many people especially women had strange thoughts about vaccination; that this was a conspiracy of some foreign countries to ruin their children’s future.

- Many women were not willing for vaccine just because that they could not take care of the child when they get fever from vaccine. It was another job for them as they already had a job of housewife things.
- Many male members were not allowing our female staff to enter their homes. They thought that the females were having some other intentions rather than vaccination.

- The villagers were not at good terms with the CHW of the local area and so, they had the same impression about SMAAJ SM team. They said that the CHW was always rude and not very much supportive.
- Due to the vast population and area it was very hard job to cover the whole UC Hanna with only 2 vaccinators.
- There was no such possibility of organizing male health committees. The reason is they were not available at day time. They used to go to cities for earnings. However, we had a random visit on one of the Fridays; because this was the day we could meet them by any chance. We met some of the male members on the road side shops and we had FGDs with them and distributed the IEC materials among them. Despite unavailability of the majority of male members we have still achieved our target and covered all UC Hanna.

Achievements:

- During the survey, we found out that almost the whole UC Hanna was refusing from vaccine and polio. It is one of our biggest achievements that after social mobilization and door to door campaign, SMAAJ team got 100% result.

- The people of UC Hanna were actually unaware of the benefits of vaccine. SMAAJ team went to tell them the benefits and clear any misconceptions they had. SMAAJ team made them to listen, and when they listened, they understood.
- SMAAJ team mobilized the women not to ignore this course of vaccine by the fear that their children will get sick. SMAAJ team told them the solution fever. Women and particularly mothers were mobilized not to ignore the course of vaccination for the reason that child will get fever. The fever can be handled with syrup.

- Another biggest achievement of SMAAJ team is 100% coverage with only 2 vaccinators. SMAAJ team always started field with proper planning and strategy. This is why we got successful and achieved the target.
- Flexible behaviour and well mannered way of mobilization worked a lot and SMAAJ achieved the target by dealing in a good diplomatic way with the people.
- It was all the hard work of SMAAJ that the vaccinators are now very much satisfied and happy. They said they will be working from now onwards as per SMAAJ's work plan. This helped them cover all the zero dosed and Defaulter children.
- In the second round of vaccination, the children covered against the baseline exceeded. This is one of the biggest achievements.

Lessons Learnt:

- The area of UC Hanna in the beginning was underestimated by SMAAJ team. After mobilization we came to know how scattered and vast the area was. This took much time to cover.
- At first, the team SMAAJ thought that the male members would be available at homes as this was an agricultural area. After seeing the ground, we found out that the male members worked in cities for labour work because agriculture system was weak in the UC.
- We could not highlight women issues because of cultural limitations. We found out this issue after social mobilization. That they were not allowed to come out side. There were limitations on most of women that they could not even take TT vaccine without their husband permission. The interventions were affected in such a way that in the female awareness sessions no pictorial record was made because of parda issues.

  They could not make difference between Polio vaccine and Immunization vaccine less than 23 months. We found out this after we started working.
- We learnt that the area of UC Hanna was very vast and 2 vaccinators were not enough to cover it.

Way Forward:

- Union Council Hanna is a vast area and 2 vaccinators are not enough to cover the children. The government should appoint at least 2 more vaccinators to conveniently cover the area.

- One of the vaccinators' had no transport facility. He needs a motor bike to cover the third round of vaccination.
- Almost the whole UC is agreed to vaccinate their children now. The govt should focus on this UC to continue the doses.
- Monitoring visits should be conducted every week for complete check and balance of vaccination doses and rounds.

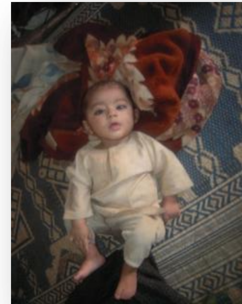
Case Study

Name of Children and Ages:
Habiba 18 months, Areeba 3 months.
Father Name: Jameel
Mother Name: Momina
Village Name: Attakzi
Union Council: Hanna Urak

On ,Thursday the 28th of Dec, 2017 SMAAJ social mobilization team visited Kili Attakzi for the purpose of strengthening immunization and covering and mobilizing the parents of those children who are not willing to vaccinate their children. I went to the house of Mr. Jameel in Attakzi. He was a primary pass person. His wife was illiterate. They had 5 children. Three daughters and two sons. Two of their daughters; Habiba (18) and Areeba (3) were under 23 months' age. The total strength of Mr. Jameel's family was 10 members. He was living in a joint family with his 2 brothers and mother. He was running a small shop round the corner of his village. He was from a lower middle class family. He was living in a mud house which consisted of 7 rooms and a kitchen and a small courtyard. The basic facility of Gas water and Electricity was available. There was no TV or radio available. Both his daughters were Zero dosed. It was obvious because they were one of the refusals families. Mr. Jameel had no misconceptions about vaccine although his wife Momina was reluctant. Vaccinator was available in the area and their access to the health facility was on normal distance.

The mother of the children was saying that her husband has prohibited from vaccinating her children. She said it was harmful for children. I explained everything to her. I cleared her miss understanding about the vaccine and I also mentioned that we also had this vaccine when we were children, and we are still healthy and alive. I mobilized her in every possible way and asked her to vaccine her children as it was her duty to take care of them. She was also afraid of the fever which the child gets after vaccination which is very common and natural. I told her that this was helpful in preventing the diseases. Finally, she was convinced and she allowed the vaccinator to give vaccines to her children. She was agreed to complete the course of Areeba as she was still only 3 months old. Habiba was fully immunized as she was 18 months old now.

Prepared by
Saima Gul
Social Mobilizer
SMAAJ



Case Study

Name of Child: Izzatullah
Age: 7 months
Father Name: Saadullah
Mother Name: Zainab Bibi
Village Name: Attakzi
Union Council: Hanna Urak

On Monday, the 25th of Dec, 2017 SMAAJ social mobilization team visited Kili Attakzi for the purpose of strengthening immunization covering and mobilizing the parents of those children who are not willing to vaccinate their children. As a social organizer, I visited a family in kili Attakzi. It was the house of Saadullah. He and his wife was both illiterate. They had 8 children and Izzatullah was their younger child. They were a nuclear family consisting of 11 members in total. Mr. Saadullah was a farmer. They were a poor family. They lived in a mud house consisted of 5 rooms and kitchen. There was a proper toilet system in the house. There was no TV or radio system in their house. The basic facility of Gas, electricity and water was available. There access to the health facility was on normal distance. The vaccinator was available in the area. Despite the availability of vaccinator they had no future commitment with regards to their children's immunization.

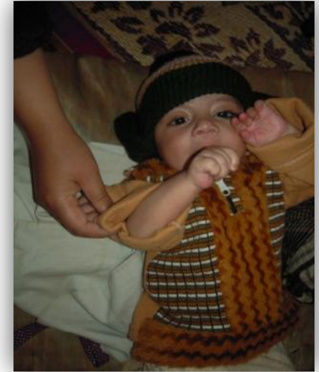
I met Zainab, the mother of Izzatullah. She was sitting in sunlight along with her children. I introduced myself and asked her about her health and her family too.

After formal introduction I asked her if she had given vaccine to her children under 23 months. She refused straight away saying that her child Izzatullah is gifted by Allah after her 6 daughters. She has got him after a lot prayer. She had no information about vaccines. First of all I explained everything to her and told her that this was in good faith for her child. I also told her about my own daughter as an example. I cleared her misunderstanding about fever after vaccine is given. I also provided Desprol syrup for her satisfaction and off course for temperature if the child gets it any way. After she was fully convinced, I called up the vaccinator and he was given BCG and Penta1.

Prepared by
Afshaan Kanwal
Social Organizer
SMAAJ

Case Study

Name of Child: Rohaib
Age: 3 months
Father Name: Agha Muhammad
Mother Name: Fehmidah
Village Name: Malak Sher
Union Council: Hanna Urak



On Tuesday, the 19th of Dec, 2017 SMAAJ social mobilization team visited Kili Malak Sher for the purpose of strengthening immunization covering and mobilizing the parents of those children who are not willing to vaccinate their children. As a social organizer, I visited a family in kili Malak Sher. It was the house of Agha Muhammad. He and his wife was both illiterate. They had 5 children and Rohaib was their younger child. They were a nuclear family consisting of 7 members in total. Mr., Agha Muhammad's source of income was selling vegetables in the city. They were a poor family. They lived in a mud house consisted of 3 rooms and kitchen. There was a proper toilet system in the house. There was no TV or radio system in their house. The basic facility of Gas was not available. Though, they had electricity and water facility. There access to the health facility was on normal distance. The vaccinator was available in the area. Despite the availability of vaccinator they had no future commitment with regards to their children's immunization.

I met Fehmidah, the mother of Rohaib. She was not reacting normally after she met me. She looked confused and restless. I asked her the reason. At first she ignored my question but then she told me that she was scared of her husband as he had strictly forbidden her from vaccinating children. She was also making excuses that her child's vaccination card is missing and that her child was completely on schedule. The main reason was actually she, as she explained later that she is always alone at home and there is no one to take care of her child and bring medicines from store if the child gets sick after the vaccine. I asked her to calm down and not to worry about fever or sickness of her child. I provided her the syrup even before vaccination. She was then satisfied and agreed to give vaccine to her child Rohaib. She promised that she will complete the remaining course of vaccines of her child.

Prepared by
Afshaan Kanwal
Social Organizer
SMAAJ

Strengthening SRHR Movement Building in Pakistan

Strengthening SRHR Movement Building in Pakistan

Introduction

In order to contribute towards improving the basic human rights and health status of adolescents in Pakistan, SMAAJ is implementing project named Ujala (Internationally known as Strengthening SRHR Movement Building in Pakistan). This project is launched in Pishin district Baluchistan province of Pakistan. Ujala is a movement building project in which initiatives are taken for inclusion of a wide range of marginalized groups and to engage decision makers to bring legislative changes for Women & Youth in district. The interventions under Ujala are designed to reach out to maximum community members with the key messages on reproductive health and GBV for creating an enabling environment for young people and women where they can exercise their Reproductive Health and Rights and live a life that is free of gender based violence and discrimination.

Key result areas;

1. Increased quality of information and education to stop gender based violence, stigma, discrimination; attitudes related to reproductive health towards young people, women and marginalized groups.

2. Increased capacity of decision makers, young people, women and marginalized groups to make safe and informed decisions about their health and relationships through Life skills based Education as per our cultural need and context.
3. Increased capacity of civil society organizations to manage reproductive health education, GBV information and Youth Friendly Health Services interventions.

4. Policy dialogue maintained or increased in favor of reproductive health and GBV in civil society organization's within country.

   Ujala is a movement building project in which we would work for inclusion of a wide range of marginalized groups and to engage decision makers to bring legislative changes for Women & Youth in Pakistan. District partners will be engaged in District level, provincial and National level interventions.

   Goal of partnership:

   The interventions under Ujala are designed to reach out to maximum community members with the key messages on reproductive health and GBV for creating an enabling environment for young people and women where they can exercise their Reproductive Health and Rights and live a life that is free of gender based violence and discrimination.

Specific Objective:

1. To strengthen National Alliance of CSO working in Pakistan
2. To build reproductive health movement at all levels
3. To reform and strengthen policies, laws and institutions to promote enabling environment
4. To do advocacy to provide access to Life Skills Based Education and reproductive health services as fundamental rights especially for young people and women.
5. To reach out to young people, men and women, transgender, survivors of violence with the key messages on reproductive health & SGBV through initiating interventions at province and district level.

Project Beneficiaries:

- Young people
- Community members
- CSO staff members
- Media
- Policy Makers / Religious leaders/Community Leaders
- Person with Disabilities
- Transgender
- Survivors of violence
- Street walkers

Activities:

To support in creating enabling environment for youth, women and other vulnerable groups like person with disabilities and transgender.

Purpose:

The District Advisory Panel (DAP) formation and introduction of the UJALA project

Terms: it was clearly explained that DAP will oversee and technically drive the implementation of the Ujala Project. Following TORs has been discussed in detail.

Responsibilities:

1. To participate in 04 District Advisory Panel meetings.
2. To provide technical guidance and mentorship for the project.
3. To participate in the events or meetings conducted by Ujala at District level.
4. To pledge and stand for Reproductive health and rights for young people, for Girls Education, Gender Equality and to stop Early Age Marriages.
5. To give commitment to sensitize people around them.

Consultation purpose of the session was that the residents of District Pishin are more conservative and religious groups are very active therefore conducting activities it is more recommended to have indirect approach. Local community involvement and traditional word maybe use to avoid any mishap. Representative of the Social Welfare was also present and keen to play proactive role. 13 members joined District Advisory Panel to contribute for the cause.