



**Progress Report
2015
“Year of Achievement”**



Submitted By

Joint Efforts for Community Uplift to Prevail – JECUP®

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Foreword

Greetings from JECUP!

The report shows the activities, achievements and challenges that we have been come about during this period. Community's participation in the development work encouraged us in making greater efforts to achieve our vision, mission and goals. We believe that changes can come about through sincere commitment and dedication.

JECUP has been making efforts to provide better opportunities to oppressed and deprived communities in the mostly remote and isolated areas of Pakistan. During the year 2015 our team had been doing their best and with full enthusiasm to provide opportunity to the poverty stricken people.

While the need is of enormous magnitude the resource of JECUP is limited but still we strived hard and helped the needy and affected people. This was done through JECUP's projects like: Disaster and Crisis Management (DCM), Mother and Child Healthcare Center (MCHC), Disabled Support Center (DSC), a CBR program and Mobile Healthcare Unit (MHU) for Brick Kiln Workers. All these initiatives have responded to the needs of the beneficiaries.

We seek God's blessing in this work and we are really indebted to our well-wishers and donors for providing in-kinds and technical unflinching support for the implementation of projects, for vivid ideas and guidance. We want to thank JECUP's team for their effective services to achieve our goals for this noble cause. We are Thankful to Tear fund for showing their interest in us as with whom our partnership is in procedure. Thank you very much for reposing your trust in us. We will strive to be transparent and accountable.

Gul Mahak
Acting Director

INTRODUCTION OF IMPLEMENTING ORGANIZATION

Joint Efforts for Community Uplift to Prevail (JECUP) is a charitable, non-political, non-sectarian voluntary Social Welfare Organization. It is registered under the Societies Registration Act XX1 of 1860. Its goal is to promote and implement community services, activities, formal/non-formal education, vocational training, clinical care, rehabilitation and support for victims of natural and man-made disasters. Our motto is *“Striving for community uplift”*

JECUP has worked for the development and relief of marginalized communities on the basis that all individuals irrespective of race, faith, color, sex, economic status, or political opinion have the right to choose how to live. The organization assists communities to achieve economic prosperity and improve human and social capital through participatory endeavors, which liberate families and enhance their capacities to take control over their lives.

Committed to quality performance, right to access information, and right to complain, JECUP ensures that its humanitarian and development initiatives provide communities with their pertinent right and authority over resources.

Vision

“JECUP's services encourage self-reliance and an Uplift to individuals throughout the communities in which they live.”

Mission

“To literate communities and assist them in Healthcare, vocational and technical education, rehabilitation and support/care for victims of disasters and unsafe living conditions”

Goals

“JECUP’s goal is to uplift communities who are in great need of support and resources to gain self-reliance and prevailing amidst life’s many challenges. Thus, stepping towards a sustained livelihood.”

Priorities

- Assist communities in improving the quality of their life by enhancing their access to basic rights such as clean drinking water, food, health, shelter and education.
- Assist communities in distress, both in pre and post disaster phases and in re-organizing and enhancing their livelihoods.
- Assisting communities in Healthcare by establishing Mobile Healthcare Units to visit different slum areas.
- Bridge the gap between national policy makers and implementing agencies such as provincial governments, local bodies, NGOs, CBOs and Church Bodies.

JECUP believes that development has to be holistic if we wish to break the vicious cycle of poverty and to bring real fruits to the neediest. We wish to bring a substantial change on the ground by focusing our energies in these sectors as well as building our understanding about related issues. We firmly believe that a conducive and productive environment cannot be achieved unless all parameters of the development equation are adequately addressed.

PROFILE OF THE PROJECT AREA

The village of Bhai Kot is situated 35 kilometers South South-West of Lahore, which is the capital of Punjab province. The total population of Bhai Kot and its surrounding 7 villages (i.e.1) Manik 2) Pajiyar 3) Naela 4) Havaili Bagrdhu 5) BadokiShani 6) Mall 7) Warasaduwala) is estimated to be around 30,000.

The mother tongue of majority is Punjabi but almost everyone knows Urdu as well. Most of the area is covered by fields/farms. The major crops are rice, wheat, sugar cane, pulses and vegetables. The irrigation of the land is through canal systems and tube wells. Only 30—35% households are owners of fields/farms, most of the inhabitants are very poor, they are either unemployed or work on irregular daily wages. The average monthly income per house/family is approx. PKR 3,000 – 3,500. Some work in the farms or as laborers, in factories or are street vendors, shopkeepers, drivers, public transport drivers or they work in brick kilns.

The villages have no proper sanitation. Dirty water runs into small drains or lanes. The solid waste and the Rubbish /animal dung are thrown into own heap of rubbish, which is always shifted into fields as fertilizer. There is no Governmental or non-Governmental Development Organization in the area. In addition, there is no provision of gas supply for cooking. People use kerosene, animal dung cakes and firewood for cooking purposes.

Housing construction is done largely with local materials of poor quality. Households are of one or two rooms of wood and mud construction, with corrugated metal roofing. Kitchens are most commonly located in courtyards adjacent to dwellings. Most are single-family households.

Climate: The area has extreme climate. The summer begins in April and ends in September. June is the hottest month in which the temperature rises to as high as 46°C. The winter season begins from November and remains cold till March, January to be the coldest month, in which the minimum temperature falls to 2° C at night. The monsoon rains start by the end of June and extend up to early September.

Transport and Communication: A Railway Station is just in the center of Raiwind, which is 5 km from Bhai Kot. It is a mainline connecting Lahore with Karachi. The town of Raiwind is connected to the National Highway some 25 Kilometers by an all-weather road. Another

main road connects Raiwind at the east side to Dist. Kasur. One main road also connects the town to Tehsil Chunia.

In Bhai Kot Village, there are a few vehicles other than tongas and chingchi rickshaw, people mostly travel by foot or have donkey cart or bull cart. The local public transport connecting to the town does not run after 11:00 pm at night and people have to face hardships for their emergencies.

Healthcare System: At present Health care facilities are at a minimal level. There are about five Hakims (local health care advisors) practicing Ayurvedic Medicines, two private clinics (OPD), around five quakes, and no Rehabilitation center. Above-mentioned medical facilities are not sufficient to provide even basic health care to the population. Because of limited medical facilities the patients are suffering a lot both in curative as well as preventive side of medicine. An addition to the health care system is Sharif Medical Complex. This is a well-equipped hospital. But it is situated about 10 kilometers from the town, secondly it is very expensive and beyond the affordability of majority of the population of that area.

Map of Project Area





STAFF MEETING MONTHLY DAILY ACTIVITIES R DISCUSSED AND FURTHER PLANNING 'S

PROGRAMS IN PROGRESS

Presently Projects are organized out of its four programs:

- 1. DISASTER AND CRISIS MANAGEMENT (DCM)**
- 2. MOTHER AND CHILD HEALTHCARE CENTER (MCHC)**
- 3. DISABLED SUPPORT CENTER (DSC) A CBR PROGRAM**
- 4. MOBILE HEALTHCARE UNIT (MHU) FOR BRICK KILN WORKERS**

1. REPORT ON ACTIVITIES OF DISASTER AND CRISIS MANAGEMENT (DCM)

Disaster management can be broken down into four phases: prevention, preparation, relief and recovery. Each of these phases involves different aims and objectives; they may overlap depending on the nature of the disaster. However, the overall objectives are the same. The aim of any disaster management program is to reduce the impact of a disaster on human life and property.

Experience of JECUP in Rehabilitation of Disaster victims in 2014:

JECUP provided the victims with immediate Medical needs. Medical health care program stays intact till the disaster struck are fully recovered and sustained health care from the government is in working order again.

- On July 18-August 02, 2014 JECUP started a 2 week medical camp for Internally Displaced Peoples (IDPs) of North Waziristan .We arranged our free medical camp at Bannu.
- As of 15th to 20th September 2014: JECUP continues carrying out rescue and relief activities in Hafizabad, Mini District of Punjab. JECUP's volunteers distributed over medicine among the affectees. A total of 693 individuals have been given the medicine relief in the area.
- On September 20-28, 2014, JECUP initiated a 9 day medical camp in the areas of Sher Shah (Distt. Muzaffargarh) to flood affected population.

JECUP participation in rehabilitation of flood affected population of district Muzaffargarh 2015

On 22 July 2015, 96mm of rain was recorded in 24 hours in Punjab province which caused heavy flooding.

In Punjab, almost 244 villages have been affected across the districts of Mianwali, D.G. Khan, Muzaffargarh, Rajanpur and Rahim Yar Khan. Punjab PDMA say that 39 houses have been damaged and 120 relief camps set up to house 10,255 people displaced by the floods. Many people died as a result of the floods in Muzaffargarh district.

JECUP sent its medical team to help our brothers and sisters in need.

A six-days medical camp was held in District Muzaffargarh with support and collaboration of Government District Health Officer. This camp provided medical assistance as well as psych-social support to the flood affectees. During these six days, (i.e. 3rd August to 8th August, 2015) 678 patients were given medical treatment including 243 males and 435 females.



JECUP participation in Rehabilitation of victims of Earthquake 2015 in Swat Valley:

October 26, 2015; *A frightening day*

On Monday, October 26, 2015, at 2:09 pm (PST), Pakistan was hit by a powerful earthquake with a magnitude of 8.1 (resource: Meteorological Department of Pakistan).

The quake of Oct. 26, 2015 was 7.5 & 212.5 km’s deep. More than Five minutes of sustained tremors were felt in the Pakistani capital of Islamabad. The quake also hit the cities of Lahore, Faisalabad and the mountainous region of Chitral.

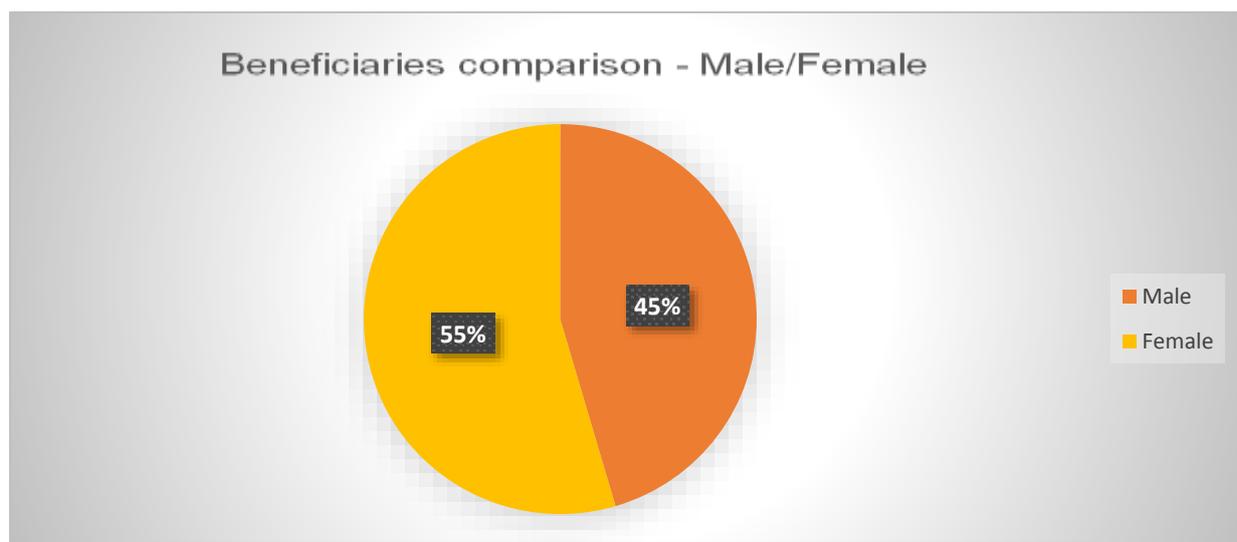
JECUP instantly investigated the situation. Initial reports came in that at least 276 people were killed and more than 1620 injured. The Province of Khyber PakhtunKhwa (KPK) was one of the most affected areas. It was also reported that approximately 2500 houses were damaged or destroyed leaving thousands homeless and without shelter from the fast approaching winter season.

JECUP sent its medical team to help our brothers in need.

A three-day medical camp was held at a location of Swat. This camp provided medical assistance as well as psych-social support to the victims of the earthquake. During these three days, (i.e. October 30, 31 and November 1, 2015 327 patients were given medical treatment including 124 males and 203 females.

**PATIENTS TREATED THROUGH MOBILE HEALTH UNIT (MHU)
(Oct- 30-31& Nov.1, 2015) 3 days**

0-5		18-Jun		19-45		46+		Total M/F	
M	F	M	F	M	F	M	F	M	F
18	27	36	48	41	62	29	66	124	203



IMPACT

- **327 patients (Male 124, Female 203) were treated** through the Medical Camp. The patients got quality medical services free of cost from Mobile Health Unit which was not accessible before due to their weak financial health.
- The community received education about the prevention and precautionary measures with regard to common diseases and personal health and hygiene.



FUTURE PLANS OF DCM:

Presently DCM is working on the 'Relief' phase of disaster management. However, its vision is to make a contribution in other phases (prevention, preparation and recovery) as well.

Prevention: This phase involves preventing a disaster from having harmful effects on life and property. For instance, in the case of flooding river DCM plans to make arrangements for evacuating nearby homes and shoring the flood area with sandbags.

Preparation: DCM plans to prepare itself with people, money, equipment and supplies before disasters hits. For this reason, we'll be taking necessary steps for training the volunteers having food reserves and medical supplies in a safe area that could be accessed quickly.

Recovery: Woefully, if a disaster strikes DCM plans to contribute its services to help the victims from the aftereffects and to restore the communities depending on the scope of the disaster recovery may take weeks or years.

2. REPORT ON ACTIVITIES OF MOTHER AND CHILD HEALTHCARE CENTER (MCHC)

Mother and Child Healthcare Center (MCHC) situated at Bhai Kot, Sunder Road – Raiwind is initiated. We were donated a building for this purpose by the Head of the village (Numberdaar) to cater 7 villages (i.e. 1. Manik 2.Pajiyan 3.Naela 4.HavailiBagrdhu 5.BadokiShani 6. Mall 7. Warasaduwala, a population of approx. 30,000. Our object is to give comprehensive Healthcare support to these underprivileged communities. ***Our services are limited due to lack of resources. There is a dire need of expanding its services.*** <http://jecuppk.org/MCHC.htm>

OUR SERVICES

- Providing comprehensive healthcare including education, treatment and rehabilitation. Training services will be provided for patients with serious acuity. Comprising of preventive as well as curative services on primary, secondary, and tertiary level.
- Provision of medicine for patients, including patients with long term chronic diseases. A prolonged period to cause the effects of injury or ailment minimized to an easily manageable level.
- Promoting general healthcare with the emphasis on mothers and their children.
- Teaching and promote healthy and practical behaviors in regards to nutrition, breast-feeding, hygiene and sanitation.
- Educating family planning principles and confidential support/counseling services including prevention practices and first aid.
- To teach and promote principles of mental, social and emotional health.
- Facilitating protocols and the delivery of services for post hospital patients to ensure continuity of needed care and rehabilitation.

TARGET GROUPS/BENEFICIARIES

Most residents of Bhai Kot and the surrounding villages are totally preoccupied with surviving on a day-to-day basis. The impact of poor health and sanitation compounds their struggle and inhibits meaningful progress that can be made if the acute and chronic matters of health could be addressed.

Direct beneficiaries:

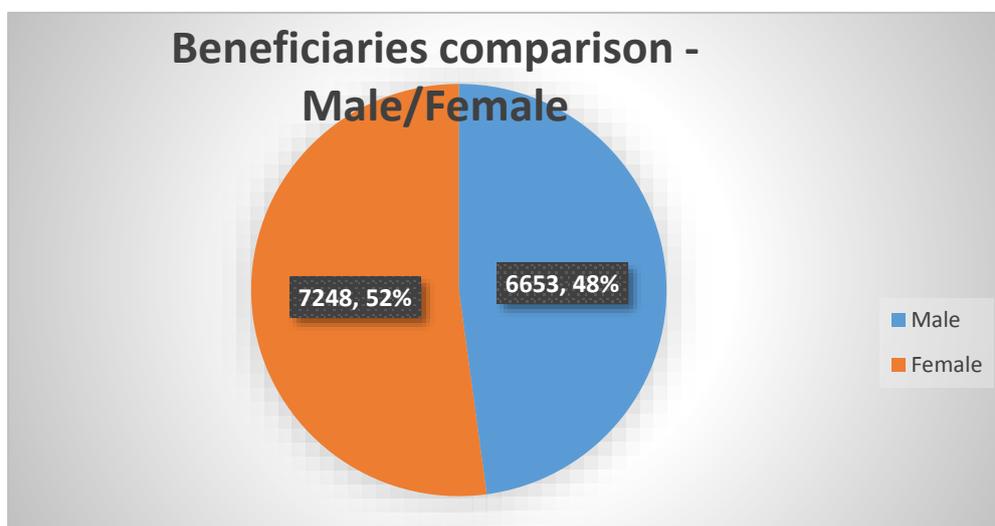
Pregnant Women, Women suffering from general poor health and gynecological diseases, New born babies and sick children, Male family members patients.

Indirect Beneficiaries

Families and relatives of patients, private clinics and general practitioners in the area, governmental institutions and other similar organizations.

PATIENTS TREATED AT MCHC DURING THE YEAR 2015

Month	0-5 Years		6-18 Years		19-45 Years		46+years		Total	Total	Total
	M	F	M	F	M	F	M	F	Male	Fema	
Jan	132	163	139	141	129	127	142	149	542	580	1122
Feb	126	147	141	148	130	153	131	152	528	600	1128
Mar	132	152	156	155	128	142	153	150	569	599	1168
April	145	188	144	143	136	137	141	185	566	653	1219
May	129	157	161	159	138	140	159	135	587	591	1178
Jun	136	167	129	144	136	155	177	153	578	619	1197
Jul	119	146	131	160	121	167	136	140	507	613	1120
Aug	159	141	142	133	127	156	132	141	560	571	1131
Sep	147	188	139	143	129	174	141	147	556	652	1208
Oct	139	152	136	137	122	144	122	159	519	592	1111
Nov	120	148	153	161	129	136	155	148	557	593	1150
Dec	173	142	139	152	115	137	157	154	584	585	1169
Total	1657	190	1710	178	1540	1778	1746	182	6653	7248	13901



IMPACT

- 13901 patients (Male 6653, Female 7248) were treated. The patients got quality medical services free of cost from Mobile Health Unit which was not accessible before due to their weak financial health.
- The community received education about the prevention and precautionary measures with regard to common diseases and personal health and hygiene.
- The patients are getting quality medical services free of cost in Mobile Health Unit which would not otherwise be the case due to their weak financial health.
- Community is benefitting from the employment opportunities provided by the project.

3. REPORT ON ACTIVITIES OF DISABLED SUPPORT CENTER (DSC) A CBR PROGRAM

DISABLED SUPPORT CENTER (DSC): A Community Based Rehabilitation (CBR) Program is established. We were donated a building for this purpose by the Head of the village (Numberdaar) at Bhai Kot Village to provide comprehensive rehabilitative services for Disabled ensuring equalization of opportunities, empowerment and social integration.. *More resources are needed to expand our services as per needs of rehabilitation services.*

<http://jecuppk.org/DSC.htm>

OUR SERVICES:

Project aims to provide comprehensive rehabilitative services for all Persons with Disabilities (PwDs) in the selected project areas, ensuring equalization of opportunities, empowerment and social integration”.

- To provide comprehensive rehabilitation services to children, youngsters and adults.
- To enable women through support and informal education to improve the situation of their handicapped children, their family and own status.
- To help change the attitude of the community towards the people with disabilities.
- To help build confidence and a desire to live respectably, among the people who became handicapped.
- To stimulate participation of women in community matters regarding the integration of their children and family, in a way that benefits all concerned.
- To provide orthopedic appliances to handicapped.
- To provide education service to the handicapped.
- To improve quality and adequacy of the program, its staff and activities compared to needs and priorities of children and their families.

TARGET GROUPS

- a. Mentally Retarded (MR)
These Children are divided on broader scale in three categories.
(a) Severely Retarded, (b) Mild Retarded, (c) Slow Learner.
- b. Physically Handicapped
- c. Families of Persons with Disabilities (PwDs)
- d. Local Community
- e. Professionals and Community Leaders
- f. Similar organizations

Rehabilitation Methods:

- **Assessment/Diagnosis:** Senior CBR Technician does assessment diagnosis independently and parents are interviewed. Afterwards a rehabilitation plan is made.
- **Heat & Massage:** These treatments make physiotherapy easier to perform and may relieve pain. Heat is generated by a simple heat box with light bulbs attached to the interior.

- **Physiotherapy:** CBR workers give the required Physiotherapy, massage, and passive and active exercises. The parents are taught to help their disabled children to do exercises.
- **Training of Caretaker:** The members of disabled families are being taught to help their children go through these exercises at home as well.
- **Home Based Rehabilitation:** The disabled children who are unable to visit the center are provided treatment at their respective homes by our mobile staff.
- **Activities of Daily Living:** Activities of daily living include basic hygiene and grooming skills such as bathing, cooking, tooth brushing and washing clothes. Neglect of these activities can lead to medical problems. Many people with intellectual disabilities need support in these areas, and developing these skills can increase independence as well.
- **Disabled Interaction:** As a handicapped person becomes a useful member of the family and is more independent, family members realize the importance of rehabilitation program and change their attitude towards the handicapped.
- **Follow-up visits:** CBR workers' pay regular visits to disabled children to provide the required facilities and family members are encouraged to pay special attention to the needs of the disabled child, such as repair of boots, braces walkers etc. This activity too, helps change the attitude of the community towards the disabled.
- **Family Counseling:** Workers will be assigned to find out the family problems and parents are encouraged to share their problems with them to find out proper solution. This activity not only helps to improve the situation of the handicapped and his/her family but also help the community to accept these handicapped as members of the community as normal individuals.
- **Health Education:** Health Education program is launched to create awareness about the prevention and cure from diseases such as Polio, Cerebral Palsy, Muscular Dystrophy, Rickets and other disabilities including the general diseases amongst larger groups of the communities.
- **Transport Facilities:** Pick and drop of consultants, specialists from Lahore. The vehicle is also used for home-based treatment and to carry PwDs to hospitals for consultation.
- **Training Opportunities:** We feel that our staff members can be strengthened by additional training to improve the quality of the program. The staffs of DSC are provided training opportunities to improve their professional skills.
- **Reporting System:** CBR workers prepare monthly reports of their activities which is submitted with the supervisor in the monthly staff meeting and from all these reports the supervisor prepares the Quarterly Report from which the Annual Report is generated.
- **Community Involvement:** The community involvement is very, important for us, so several meetings with Community groups are held. As special meetings of the parents, community leaders, social workers, and others, go a long way to achieve this goal through regular meetings the opportunities are provided for discussing the activities of the program, accumulating parents, opinion about the program and informing them

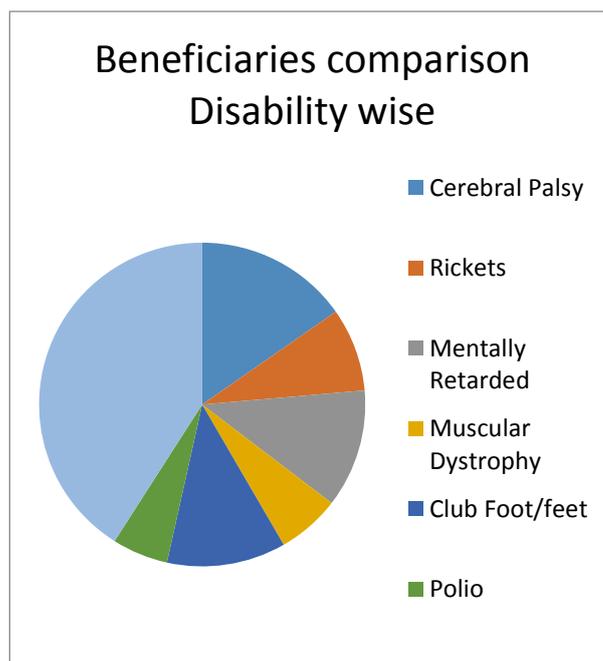
about Health Education topics, prevention of disease, vaccination programs, polio, CP, and about other disabilities. The community leaders, social workers, local doctors, parents are invited to visit the Centers and share their experiences and ideas for better running of the program in their own areas.



During this period, a total of 212 PwD's were assessed. 144 were benefited from the services at JECUP's Disabled Support Center (DSC), 13 were served with home-based rehabilitation, 26 were referred and 42 did not come back due to different reasons. There is often a transport problem or negligence of parents.

**PWDs BENEFITTED AT DSC
Year 2015**

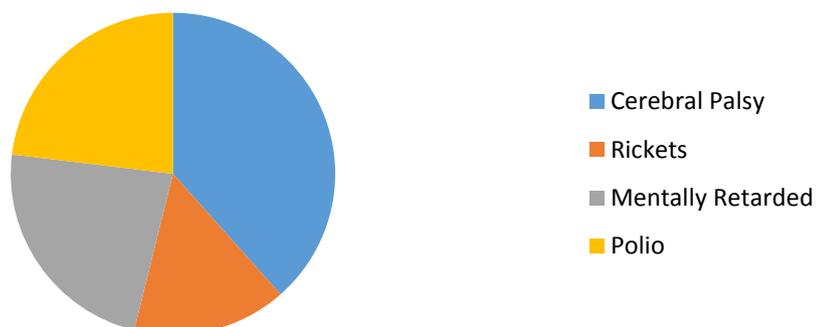
Type of Disability	Total
Cerebral Palsy	22
Rickets	12
Mentally Retarded	17
Muscular Dystrophy	9
Club Foot/feet	17
Polio	8
Others	59
Total	144



**PWDs BENEFITTED THROUGH HOME-BASED
REHABILITATION
Year 2015**

Disease	M	F	Total
Cerebral Palsy	2	3	5
Rickets	1	1	2
Mentally Retarded	1	2	3
Polio	1	2	3
Total	5	8	13

Beneficiaries comparison Disability wise



Orthopedic Appliances:

DSC purchases surgical boot, braces, walkers, crutches, wheel chairs, CP chairs, splints etc. by partial funding from DSC along with minimum contribution by PwD's. During this year 2015, DSC has provided **23 Ortho appliances** to the PwD's.

ORTHO APPLIANCES PROVIDED TO THE PWD'S

S.#	Ortho Appliances	No.
1	Braces Double	4
2	Brace Single	3
3	Surgical boot	4

4	Wheel chair	2
5	CP chair	1
6	Walker	2
7	Crutches	3
8	Splint	4
Total		23



FUTURE PLANS OF DISABLED SUPPORT CENTER (DSC)

- ❖ **Provision of education to the PwD's:** Education on primary level will be the part of the program. Our education service will consist of the following aspects:
 1. Basic/elementary education, like that in a formal school- which will prepare them for admission to a formal school.
 2. Basic/elementary education to enable the handicapped to learn some useful skills.
- ❖ **Vocational Training:** Following trade/skills will be taught to the PWDs to enable them to become financially self -supporting and can independently survive in the society. These trades and skills will also help them in any kind of employment in any organization or Institute thus saving them from unemployment.

Cutting & sewing, Embroidery (Hand & Machine), Electronic Chick making, Canning, Tailoring, Embroidery, Knitting, Leather work, Wood work, Painting & Polish, Baking, Electrical Repairs, Auto Repairs.

- ❖ **Formation of Parent Associations (PwD): Parent Association** will be formed to keep them updated with the improvements of their child and how to make things more effective. This will also richly encourage the parents to take active part in their child future. The association will also let the parents of the disabled meet each other on occasions and share their experiences. This will build their confidence in their child as well as the organization.
- ❖ **Formation of Self-Help Groups (SHGs):** Form groups of 15 to 20 people to generate an appropriate and safe forum for addressing the needs of people. Our main objectives for SHG's are:
 - To organize men and women and promote cooperation.
 - Enhance participation level and polish capabilities
 - To inculcate saving habits
 - To create a suitable platform for women to lend a hand in improving their economic state.

4. REPORT ON ACTIVITIES OF HEALTHCARE SERVICES AT BRICK KILN FACTORIES- Through Mobile Healthcare Unit (MHU)

PROBLEM ANALYSIS

Bonded labor known as debt bondage, is probably one of the least known forms of slavery today but responsible for enslaving millions of people around the world. A laborer becomes bonded when his/her labor is demanded in repayment for a loan. This advance is known as 'peshgi' in Pakistan. The person is then tricked or trapped into working for very little or no pay, often for seven days a week. A child is considered bonded labor when he/she inherits debt; when the child is used as collateral for a loan; and when the child takes an advance on expected future wages.

The children start working along with their parents at a young age, between 6 and 8. They work long hours, starting at dawn during the hot season and working late in the afternoon with a short break during the day. There is typically no shade in the working grounds and they are exposed to the scorching sun in the summer and suffer severe cold in the winter.

The children of the working community have no choice but to work alongside their families. They work barefoot and continuously inhale fine dust from the clay and noxious gases from the coal burning kilns. They are assigned tasks such as helping in the kneading of mud, carrying of pieces of mud to the adult workers, spreading sand on the wet side and assisting in watering the soil for mud making. Efforts to break their isolation and end this extreme misery must be made.

Women make a significant contribution through family kiln labor across the country. They are usually involved in the making of mud bricks. Women have to work even during pregnancy. Along with this hard labor they have to do family chores, like preparing food for all the family members, collect wood for the fire, bringing water, washing clothes and arranging fodder for animals. They also have to take care of the sick and elderly of the family. Women are even exposed to sexual harassment if their male head of family runs away from the brick kiln.

The condition of pregnant women is also critical at the brick kilns. Young mothers and their children are at a severe disadvantage. There are high rates of child mortality. The consequences of poverty for the children in terms of nutrition and health care are profound, too. There are no family planning or health education services. Hence, health programs must reach out to women and girls at their workplace to increase their knowledge of options they may not know exist.

Brick kiln workers face many serious problems like unclean water, population control, good hygiene, sanitation and basic education. Without proper awareness about these issues upgrading general health conditions is hard to achieve.

Brick manufacturing involves three main steps: clay shaping with water (molding), drying with solar energy and firing with fuel (baking). Workers at brick kiln are involved in carrying the clay dust and bricks, molding or baking. Although all the workers are exposed to dust and smoke, molders are more likely to be directly exposed to dust and bakers have more proximal exposure to smoke. Also Smoke and dust from brick kilns is an important cause of air pollution.

Workers from different occupations are exposed to dust and smoke especially brick kiln workers are at a higher risk of developing chronic respiratory symptoms and illnesses. Besides environmental exposures, occupational factors also play an important role in affecting the health of the employees. Evidence suggests that factors like length of job, lack of protective equipment, type of work and type of burning fuel is associated with respiratory illnesses in different occupations.

Apart from this, sanitation is also a big issue in the vicinity. There are no toilets made for the workers, Fresh water is scarce for usage.

Schooling facilities at or near the brick kilns, in particular, is the major reason for low literacy rate amongst the children of brick kiln workers. Parents are unable to afford educational expenses of children hence they have no choice, but to make their young ones work with them for more income.

JECUP'S INITIATIVE:

JECUP is currently providing Medical care through Mobile Healthcare Unit (MHU) to the Brick Kiln workers at **2 of the 15 Brick Kiln Factories** in the surroundings of Bhai Kot Village.

Targeted Brick Kiln Factories

S. No.	Name	Families	Population
1.	Madina Bricks	58	406
2.	Shahzad Nazir Bricks and Co.	65	455
	Total	123	861

123 families are benefitting from MHU as it is providing comprehensive healthcare including education, treatment and rehabilitation to the destitute and underprivileged. Provision of medicine for patients, including patients with long term chronic diseases.

OBJECTIVES OF MOBILE HEALTH UNIT (MHU):

- To provide comprehensive healthcare services of preventive as well as curative measures on primary, secondary, tertiary level.
- To provide medicine for a prolonged period to cause the effects of injury or ailment minimized to an easily manageable level.
- To promote healthcare while emphasizing maternal & child health.
- To promote health education about immunization, sanitation and personal hygiene. It shall cover the physical, mental, and social health.
- To collaborate with other organizations, institutions, hospital for referral. Poverty has been one of the biggest problems that Pakistan faces today. Nearly 75% of the population of Pakistan lives in villages. In such condition people are deprived from their basic necessities of life. Proper education and medicine are becoming distant from them.

FUNCTIONS OF MHU

- OPD (Out-door Patient) Examination.
- Provision of free medicine.
- Doctor/Lady Health Visitors examining female patients and children.
- Minor Surgery
- Referral of patients to Secondary and Tertiary Healthcare facilities.

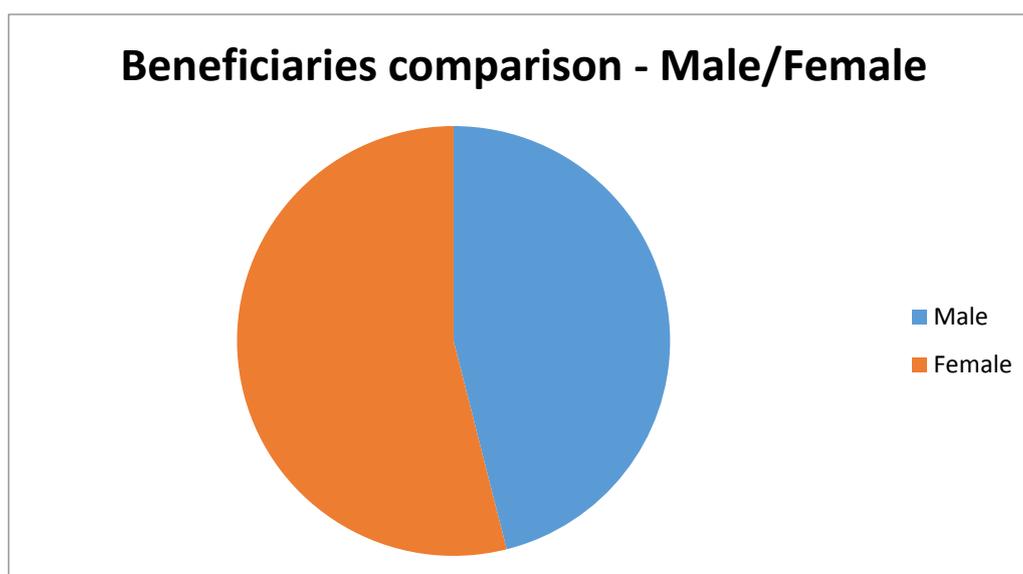
DISEASES TREATED

- Diarrhea, gastroenteritis, dysentery, typhoid fever, Malaria
- Acute respiratory tract infection, tonsillitis, stomatitis, rhinitis
- Skin diseases, scabies, dermatitis, infected dermatitis, pustules, furuncles
- Anemia (Due to malnutrition)
- Asthma (allergic)

- Upper and lower respiratory tract infection, tonsillitis, rhinitis, bronchitis
- Urinary tract infection (non-complicated), infected virginites, cystitis
- Eye diseases, inflammation, infections

**PATIENTS TREATED THROUGH MOBILE HEALTHCARE UNIT
(MHU)
FOR BRICK KILN WORKERS (Year 2015)**

BRICK KILN UNIT	0-5		Below 18		19-45		46+		Total		Total
	M	F	M	F	M	F	M	F	M	F	
Madina Bricks	251	297	319	351	384	439	319	378	1273	1465	2738
Nazir Bricks	242	263	287	339	395	509	349	406	1273	1517	2790
TOTAL	493	560	606	690	779	948	668	784	2546	2982	5528



IMPACT

- The patients are getting quality medical services free of cost in Mobile Health Unit which would not otherwise be the case due to their weak financial health.
- Those patients who do not have access or resources to reach far off medical facilities are getting treatment through our Mobile Health Units at their door-steps.
- The community is receiving education about the prevention and precautionary measures with regard to common diseases and personal health and hygiene.

- Local community is benefitting from the employment opportunities provided by the project.
- **5,528 patients were treated during the year 2015.**



HEALTH EDUCATION:

OBJECTIVES

1. To educate the people about common disease and their causes of common diseases.
2. To educate the people about methods of prevention of common diseases. Some simple precautions and remedies for a few common diseases are in charts containing such information may be displayed in the health centers.
3. To make people aware of various health problems and to educate them about the ways that these problems can be solved with the help of locally available resources.
4. To educate the people about various precautions they should take to ensure that the food and water they consume is clean and wholesome.
5. To educate the people about the importance of healthy environment and how it can be maintained.
6. To provide first aid awareness and other courses for emergency handling of situations.

Meetings are organized on monthly basis for men and women to achieve the above mentioned objectives: Following topics were discussed during the health education sessions;

Hand wash + use of Toilets, breast feeding, Hygiene Conditions, Water-borne Diseases, Clean Environment, Use of Clean Water, Hygiene Health, Mouth/Oral Health, Child Health, Anxiety, Passive Smoking, Dehydration, Diarrhea, Preventing Dengue & Malaria, First Aid- Basic,



HIV/AIDS, Men's and women's health, Food and Nutrition, Preventive measures of Hepatitis, Rehydration in Diarrhea use of ORS and Salts, Importance of Vaccination. Preventive measures from disability.

FUTURE PLANS FOR REHABILITATION OF BRICK KILN WORKERS:

❖ **To expand Brick Kiln Medical Services from 2 to 5**

❖ **Initiation of Educational Facilities:**

- Education provides hope to the families working in brick kilns and to recognize their basic rights. The project is specifically focusing on providing formal education to the children working at kiln. This education will be useful in liberating the children from the shackles of the brick kiln owners. It will help redress the issue of child labor and bondage of children at brick kilns by providing a healthy and constructive learning environment. These deprived children will have the opportunity to become aware and learn about their rights and will be able to read and write and check their accounts & products.
- Once out of bondage they will be able to make career choices about their future. The education will help them to be placed in different fields of their choice. Those who go back to work in brick kilns will be equipped with awareness that will help them to fight for their rights and get out of bondage.

❖ **Provision of safe drinking water and proper sanitation facilities for Brick Kiln Workers.**

- Improve personal hygiene behavior, domestic and environmental sanitation particularly focusing children, women through increased and improved access to quantity and quality water supply and sanitation infrastructures.
- Enhance community's capacities to manage, operate and maintain water supply and sanitation scheme and other built up infrastructures in a sustainable way.

❖ **Formation of Self-help groups (SHGs):**

Form Self-help groups of 15 to 20 people to generate an appropriate and safe forum for addressing the needs of people.

Our main objectives for SHG's are:

- To organize men and women and promote cooperation.
- Enhance participation level and polish capabilities
- To inculcate saving habits
- To create a suitable platform for women to lend a hand in improving their economic state.

STAFF CAPACITY BUILDING

JECUP believes that its staff members can be strengthened by additional training to enhance their capabilities and to improve the quality of the program. The staff had been provided following training opportunities to improve their professional skills;

UNDERSTANDING & DEVELOPING EFFICIENT PROCUREMENT PROCEDURES:

Tearfund Islamabad office organized a workshop on 1st -3rd September 2015 at O'Spring Estate Murree. Our staff member Fari Aftab attended this workshop which proved to be beneficial for our organization. The session conversed about providing guidance to design procurement policies, improving level of transparency in conduct, reducing the element of fraud/corruption in system and assisting staff in enhancement of their knowledge and carrier growth. The workshop was structured in participatory method and JECUP is grateful to Tearfund for its productive session.

LEADERSHIP TRAINING:

Tearfund organized 3 days leadership training program from 3rd-5th November 2015 at SSEWA PAK Resource Center, Mirpurkhas. Tim Almond (international learning and development advisor, UK) facilitated the workshop. The programme's approach was based on learning about leadership by observing biblical heroes specifically focusing on Moses. Our staff members Shazia Mahindar and Mr. Sunil Pervaiz represented JECUP which consequently contributed to the capability of our organization.



EVENTS /CELEBRATIONS:

➤ **CELEBRATION OF MOTHER'S DAY:**

The True Heroes; Moms of disabled children

Mother's Day is a time to think about the legacies – personal and societal – mothers and grandmothers pass on. Historically, mothers have had a key role in building and maintaining connections across generations. Even today, they are most often the "innkeepers" in families and take the lead in passing down family stories, life lessons, and traditions. Honoring this role of mothers is part of the story behind Mother's Day – but not all of it.

Being a parent to a normal child is hard and tolerating. Imagine how hard it could get with a disabled child. Hard emotionally, hard physically, hard logistically, hard financially, hard on everyone in the family.

JECUP held the Mother's Day Celebrations at **Disable Support Centre (DSC)** to commemorate and give tribute to all these brave mothers of disabled children.

The mothers of these special children were fascinated as it was the first time for them to have attended such a program hosted in their honor.

JECUP also distributed gifts as souvenirs to make this day a memoir to remember.



➤ **INTERNATIONAL DAY FOR PERSONS WITH DISABILITIES(PwDs)**

December 03, 2015; Promoting Awareness

The International Day of Persons with Disabilities is marked around the world annually on 3 December, as per General Assembly resolution 47/3 of 14 October 1992, to promote awareness and mobilize support for critical issues pertaining to the inclusion of persons with disabilities in society and development.

The International Day of Persons with Disabilities (IDPD) has been commemorated since 1992 to promote awareness and mobilize support for critical issues relating to the inclusion of persons with disabilities in society and development. The Day works to promote action to raise awareness about disability issues and draw attention to the benefits of an inclusive and accessible society for all.

Theme for 2015: Inclusion matters: access and empowerment for people of all abilities

Persons with disabilities must be able to fulfill their role in society and participate on an equal basis with others. It is important to focus on the ability and not on the disability of an individual.

Joint Efforts for Community Uplift to Prevail – JECUP organized a promotion program for the same at their Disabled Support Center at Village Bhai Kot. Parents and relatives of the persons with disabilities were invited. Our aim was to "promote an understanding of disability issues and mobilize support for the dignity, rights and well-being of persons with disabilities. We seek to increase awareness of gains to be derived from the integration of persons with disabilities in every aspect of political, social, economic and cultural life".

JECUP distributed gifts for the PwDs. They were very happy to receive them and enjoyed a lot. Parents and Guardians of the PwDs were appraised and were encouraged of their work.



➤ CHRISTMAS CELEBRATION:

Christmas is a time of celebration of the birth of Jesus Christ. All the Christians and non-Christians celebrate Christmas with joy and as a day of holiday.

In order to bring the joy and light of Christmas into the lives of such underprivileged community JECUP hosted Christmas celebrations on 23rd of December 2015. The PwDs, their parent and other community members from nearby urban and rural slums, got the opportunity to celebrate Christmas with everyone. The management of JECUP distributed gifts and served the participants with cake, delicious food. Despite the chilling December morning, a total of 128 people showed up to participate in the celebrations specially organized for them.

The Chief Guest Haji Afzal, Chairman of Union council expressed his happiness for being a part of the celebrations. He thanked the management of JECUP for their services for the PwDs and for the workers of Brick kilns Units of the area.

The Chairman of JECUP addressed to the guests and explained the purpose of Christmas party. He focused on the birth of Jesus Christ, his life, miracles for sick and disabled. He also thanked the participants.



STRENGTHS AND WEAKNESSES OF THE PROGRAMS

STRENGTH:

The following reveals the strengths of our programs

- The reputation of the program is well acknowledged in the area
- Provision of medical treatment and other facilities at a low cost.
- Good relationship with other related projects in the Rehabilitation, Health, Social and Educational sector.
- Being hope for deprived and under privileged population.
- A team of committed and dedicated staff and volunteers
- Good relationship with community leaders
- Donated premises from a local community leader
- Provision of training facilities in the related fields to improve professionalism, organizational and managerial skills.
- Creating awareness amongst the community groups.

WEAKNESSES:

- **Financial Constraints:** The program is fully dependent on the Foreign Grants/Donations. Dependency of Foreign Grants/Donations is sometimes risky and proves unhealthy for the program because several times the grant gets delayed or is refused due to unavoidable circumstances, which disturbs the smooth running of the program.
- Not enough medical and rehabilitation equipment as per need.
- Lack of resources to make functional all activities as per need.
- Not enough Control on the vaccination policy. Children receive no or incomplete vaccination because of the inefficient Govt. support.
- Lack of Health Education creates difficulties in situations of pregnancy and child birth.
- Magical and quick results expectations of the families, causes irregular attendance or sudden departure of the PwD's from the program.

- Difficulties to influence social customs such as intermarriage and inherited handicaps, which are one of the main causes for disabilities and other diseases.
- Lack of medical and surgical feedback in private clinics and hospitals, regarding early recognition of PwDs, referrals and required surgery.
- Lack of co-operation between governmental and non-governmental organization.
- Due to non-availability of gynecologist and resources, MCHC could not perform well as per the requirement.

ORGANIZATION'S DEVELOPMENT PLAN:

- Strengthening of the current activities through staff training and improved management and technical skills.
- Weaknesses of the program to be abolished.
- Improve our links and networking/collaboration with similar organizations (national and international).

TRANSPORTATION

In December 2015, Stichting de Zending der Protestantse Kerk in Netherland donated a vehicle (Suzuki Bolan) to Joint Efforts for Community Uplift to Prevail (JECUP) for following purposes;

- To pick and drop Medical Team at Brick Kiln Units
- To carry team for family counseling
- To carry patients to hospitals in emergency
- To pick and drop of consultants, specialists from Lahore.
- To carry patients to hospitals for consultation
- To be used in home-based treatment
- To carry PwDs to hospitals for consultation



BOARD MEETING

Through out the year the Board has been keenly observing and monitoring the activities along with the management of JECUP. The boards input and contribution on account of the smooth

functioning of the project programs as well as further future planning's has given JECUP wise counsel.



ACKNOWLEDGEMENTS

We give thanks to the Lord for His guidance in the period gone by and look into the future era expectantly, hoping to continue the work amongst the under privileged and needy communities. May God's strength remain with us in doing His work.

We are grateful to Mr. drs.HuubLems, the administrator Stichting de Zending der ProtestantseKerk in Nederland LUKAS- FONDS for providing funds for Vehicle (SUZUKI BOLAN) for various projects of JECUP. We are also thankful to Mr. Dick Kleinhesselink for moral support in this regards.

Our special thanks to Applied Engineers, J. Nazeer, Board members and well-wishers of JECUP for their financial and moral support. Our heartily thanks to the Brick Kiln Factory owners of Madina Bricks and Nazir Bricks, Chaudhary Shahzad Ali and Chaudhary Nazir Ali, respectively, for their cooperation and hospitality for our Mobile Health Unit (MHU) team.

Our sincere obligation to Chaudhry Riyasat Ali Sandhu, Nambardar of Bhai Kot for his generous donation of rent free premises for the cause of Mother and Child Healthcare Center (MCHC) and Disabled Support Center (DSC).

We are also thankful to Guy Calvart-Lee Deputy Regional Head for ELAC, Mr. Ashraf Mall (Country Representative Tearfund), Mr. Armaan Francis (Project Officer, Tearfund Country Office), Mr. Dick Kleinhesselink and Mr. Hector Nehal (Director Aids Awareness Society) for visiting JECUP.

We are profoundly grateful to the management of Tearfund Islamabad Office for giving us the opportunity to be a part of its knowledgeable training programmes.

Our sincere thanks to Board members of JECUP for their technical and moral support in operating the projects.

And last but not the least, our sincere thanks to the committed staff and volunteers without whom these projects could not have been a success.

Thanks and May God bless you!

Gul Mahak Kashif
Director