39 years of service

- Established in 1979.
- Has network of 33 branches across Pakistan.
- Access to 24.8 million population.
- Services to 17,000 villages / settlement of 45 districts, in collaboration > 7,600 small and medium size organizations.
HANDS was founded by Prof. A. G. Biloo (Sitara-e-Imtiaz) in 1979. HANDS has evolved in 39 years as one of the largest Non-Profit Organizations of the country with an integrated development model and disaster management expertise. HANDS has a network of 33 branches across the country and has access to more than 24.8 million population more than 17,000 villages/settlement in 45 districts of Pakistan. HANDS strength is 14 volunteers Board Members, > 7,000 working force and thousands of community based volunteers of more than 6,200 partner organizations.

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Our Vision
Healthy, Educated, Prosperous and Equitable Society.

Our Mission
HANDS mission is for improving health, promoting education, alleviating poverty and developing social institutions for community empowerment.

Goal 2030
25,000 Model Communities
Major Donors of the year

Membership / Management Certifications

Governance Structure

HANDS is governed by 14 members elected “Governing Board” who are volunteers and are led by Chairman of the organization. Chief Executive is defector member of the governing board as well. Board provides policy guideline and follow the management to pursue management policies in the spirit of organization’s vision.

The board is comprised of professionals from different sectors, philanthropist, community representatives and ex-employees of HANDS. There are four tiers in management structure, 1st tier is the “Higher Management Committee” which is top management and comprised of 4 executives and a Chief Executive. The 2nd tier is “Steering Committee” which comprise of 13 General Managers (GMs) and 05 senior executives. The GMs are responsible for operation of different project activities of their program under the leadership of Chief Executive and Senior Executives. All the districts heads that is Districts Executive Managers (DEMs) and members of Steering Committee form 3rd tier called “District Progress Review Committee”. The 4th tier exists at district level called the “Project Review Committee” comprise of district project staff, District Project Managers, District Executive Managers and representatives of head office, 5th tier is “Monthly Village Based Project Review Committees” comprise of Village Chairperson of Community Based Organisation, HANDS District Project Managers and other stake holder.
HANDS Glorious History
HANDS journey of evolution started in 1979 when Prof. A.G. Biloo - Founding Chairman of HANDS and his colleagues went beyond the boundaries of the public sector hospital to witness the problems of people of the remote rural areas.

HANDS in last thirteen years (1994 - 2018) directly managed 706 projects with the average of 60 per years.

HANDS has directly benefitted during the same period more than 35 Million persons with Health, Education, Community Infrastructure, Livelihood, Water and Sanitation. HANDS invested grant of Rs. 18 billion for these services. We maintained our services by average in 50 districts annually.

HANDS Integrated Best Practice Models

Health Program
Health Program has evolved over last 39 years and is providing integrated health services at national level. The program includes integration of health interventions with other social development initiatives.

Community Based Health Workers - (Marvi/Misali Workers)
HANDS has the honor to introduce a cadre of community based outreach health workers in areas where there is no LHW by a pilot project held in remote district of Sindh during 1999-2003.

These community based health workers are local literate/low literate /illiterate females selected as per defined selection criteria, to provide basic health services in their defined target area. The selected female is trained to serve her community as community based Marvi/Misali worker to provide services in underserved non-LHW areas. The job description of Marvi worker includes provision of services to her assigned population as per defined activities and indicators of the project. Each Marvi worker is provided supportive supervision of an LHV for the technical/skill based services. Marvi worker mobilizes the community and provide information/knowledge to her target population on standard information packages for behavior change. For behavior change different strategies are being used including an Information Communication Technology (ICT) based mobile applications with recorded health education messages. Thus our Marvi/Misali worker is not just a community health worker but a Change Agent for positive behavior change. The health services are integrated with social mobilization, income generation opportunities, gender empowerment and other program components.

HANDS has developed a Business in box model of Marvi workers for their sustainability and economic empowerment by establishing enterprises within their villages. Marvi workers sell common consumables Health and Hygiene items at their Marvi markaz, make their access easy for those products. Through this model Marvi worker earns around 2-4 thousand /month on average to sustain health services.

HANDS Achievements (1994-2018)
Program is committed to provide good quality infrastructure and alternate energy to the target population.

IDEAS program is a series of intervention, based on the foundation of field tested best practices and proven capabilities. The innovative models by HANDS IDEAS are low cost, durable, socially acceptable and environment friendly.

Public Private Partnership
Health department Govt. of Sindh with the intention to improve the overall health care delivery with primary focus on improving the health care delivery at the health facility level in the province, invited Expression of Interest from NGO sector to outsource management of Primary Health Care facilities in district Malir (Bin Qasim and Gadap Town). HANDS entered into an Agreement with Govt. of Sindh to deliver quality healthcare services to the population in an equitably accessible manner. The Primary Health Care services include Dispensaries, MCH centers, Basic Health Unit (BHU) and Rural Health Centers (RHC).

Community Based Management of Acute Malnutrition (CMAM)

<table>
<thead>
<tr>
<th>Up to date achievement</th>
<th>Nutrition Supplements of Rs. 475.3 Million provided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children (6-59 months)</strong></td>
<td><strong>#</strong></td>
</tr>
<tr>
<td>Screened</td>
<td>850,235</td>
</tr>
<tr>
<td>Moderately Acute Malnourished (Identified)</td>
<td>131,239</td>
</tr>
<tr>
<td>Severely Acute Malnourished (Identified)</td>
<td>49,411</td>
</tr>
<tr>
<td>Total Admission (SAM &amp; MAM)</td>
<td>123,042</td>
</tr>
<tr>
<td>Total Cured (SAM &amp; MAM)</td>
<td>83,350</td>
</tr>
<tr>
<td><strong>Pregnant and Lactating Women (PLWs)</strong></td>
<td><strong>#</strong></td>
</tr>
<tr>
<td>Screened</td>
<td>343,785</td>
</tr>
<tr>
<td>Malnourished Enrolled</td>
<td>88,721</td>
</tr>
<tr>
<td>Total PLWs Cured</td>
<td>36,718</td>
</tr>
</tbody>
</table>

Community Based Nutrition Initiative
HANDS has been working in rural remote non-LHW areas with the Marvi workers model for improving the nutritional status of under 5 year children, Pregnant and lactating women. The Marvi worker under the supervision of LHW conducts screening of malnourished children and provides services to identify malnourished including provision of supplements and counselling. Under this initiative the communities are mobilized to adopt healthy behaviors and prevent malnutrition focusing the under 5 years children.

A Low Cost Shelter
Provision of low cost shelter to a disaster hit families who cannot afford to rebuild their houses are addressed through this model;

Infrastructure Development Alternate Energy And Shelter Program
Program is committed to provide good quality infrastructure and alternate energy to the target population.

IDEAS program is a series of intervention, based on the foundation of field tested best practices and proven capabilities. The innovative models by HANDS IDEAS are low cost, durable, socially acceptable and environment friendly.
Water, Sanitation And Hygiene Program

Water, Sanitation and Hygiene (WASH) Program is committed to provide safe water and sanitation services to the target population. WASH program is a series of projects, based on the foundation of field tested best practices and proven capabilities. The innovative models by HANDS WASH are low cost, durable, socially acceptable and environment friendly.

Provision of Drinking Water Services
Provision of drinking water is critical issue in rural areas where women have to fetch water from long distances. This best practice model offers construction of water supply reservoir, laying down of supply line, storage tanks and installation of shallow hand pumps as per requirement of the community.

Education And Literacy Program

The ultimate goal of Education and Literacy Program is to promote education for human and institutional development. The activities of Education and Literacy Program begin with the respective community assessment which gives complete information in terms of social values, norms, literacy level, educational facilities etc. To ensure community participation in program activities, local Community Based Organizations (CBOs) / School Management Committees (SMCs) are formed/ strengthened to meet HANDS’ ultimate goal of community development. The primary focus of the program is provision of primary education, capacity building of teachers and strengthening of School Management Committee (SMC). Following are the Best Practice Models of HANDS Education and Literacy program

Program achievement (Up to Date)

Students

<table>
<thead>
<tr>
<th>Year</th>
<th>Up to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>82,878</td>
</tr>
<tr>
<td>2017-18</td>
<td>0.37M</td>
</tr>
</tbody>
</table>

School

<table>
<thead>
<tr>
<th>Year</th>
<th>Up to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>417</td>
</tr>
<tr>
<td>2017-18</td>
<td>4,643</td>
</tr>
</tbody>
</table>

Trained Teachers

<table>
<thead>
<tr>
<th>Year</th>
<th>Up to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>3,271</td>
</tr>
<tr>
<td>2017-18</td>
<td>14,780</td>
</tr>
</tbody>
</table>
Livelihood Enhancement Program

Livelihood Enhancement Program was initiated in 1998 focusing on the development of communities through income generation opportunities, skills enhancement and overall improvement in livelihood of underprivileged. This program has quite extensive activities divided in two components i.e. on-farm and off-farm.

**Gender And Development Program**

Gender And Development (GAD) Program works as a cross-cutting theme to ensure gender equity and equality in all organizational policies, procedures, projects and programs. Following are the best practice models of GAD program.

**Interest Free Loan Scheme (IFLS)**

It was emphasized that these interest free loans are meant to enable men and women to undertake productive activities including microenterprises, thus improving rural and urban job creation, and economic opportunities for Pakistani women and youth. The importance of the well-defined intervention for fighting poverty is more than ever before.

- **Total Borrower**: 10,501
- **Amount Disbursed in Rs. (Million)**: 208.72

**Livelihood Enhancement Beneficiaries (up to date)**

- **Agriculture**: 40,227 beneficiaries
  - **Amount Rs. (Million)**: 440.6
- **Non-Agriculture**: 48,780 beneficiaries
  - **Total Entrepreneur Rs. (Million)**: 648.2

**Minister Women Dev. Dept. Participated in 16 days of activism closing ceremony at HANDS HO**
Disaster Management Program

Disaster management aims at reducing or avoiding the potential losses from hazards, assuring prompt, appropriate assistance to disaster victims, achieving an effective and rapid recovery. The program ensures appropriate actions at all points which lead to greater precautionary measures along with better warning system causing reduced vulnerability or possible prevention of disasters. The holistic disaster management cycle focuses on the shaping of public policies and plans that either modify the causes of disasters or mitigate their effects on people, property and infrastructure.

Establishment of Relief / Emergency Camp

Camp Management ensures the provision of basic human rights to people through shelter, protection and assistance, in accordance with international laws and standards.

HANDS Disaster Risk Management Centers

Disaster Risk Management Centre is a resource for HANDS community workers to support the hazard victims. The centre assists in providing material support, medical aid and advisory support to the affected areas. Training of volunteers and community persons to respond to the emergency or need is also included as one of the purpose of disaster centre. The establishment of a DRMC sets a formal and legal channel for bringing relief to people.

Social Mobilization Program

Social mobilization occupies a central place in HANDS approach, with primary focus on working with the intensive development approach. Social mobilization is a participatory process to raise awareness, mobilize and involve local institutions, local leadership and local communities for collective action towards a common vision.

The basic working philosophy of HANDS Social Mobilization Program has been to develop Community Based Organization (CBO) as its partner in community development. Therefore all programs and projects are implemented with collaboration of CBO, Local Support Organizations (LSOs), and local NGOs’ networks to ensure the sustainability of the program.

Community Based Organization

- Community Groups: 34,454 (2017-18), 45,188 (Upto date)
- Village Plan Developed: 247 (2017-18)
- CBO’s Members Trained: 152 (2017-18)
- Total No. of Volunteers: 31,247 (Upto date)
- Total no. of Volunteers: 0.12 Million
Human & Institutional Development Program

HANDS is committed to provide quality services in Human and Institutional Development (HID) sector. The aim is to create a culture of learning where individuals and institutes take responsibility for their development in partnership with HANDS. The services of HID are offered in four main areas which include Human Resource Management and capacitate then through community trainings, professional development program, institutional development and consultancy services.

Training & Development:

Training and develop is a process to develop the capabilities of team members in order to enhance the knowledge base, abilities, skills and attitudes, necessary to meet successful job requirements. Training is beneficial for the employees as well as for the organization, in terms of better understanding of the job and greater opportunity for career development and advancement.

Monitoring Evaluation And Research Program

Monitoring Evaluation and Research Program is responsible for the monitoring of projects / programs, interventions/ activities as well as conduction of internal and external researches. It is MER's responsibility to establish and maintain Management Information System (MIS) throughout the organization from community to district office and head office level. It is MER scope of work is to conduct baseline, mid term, post intervention, periodical evaluation and issue based researches.

Web Based MIS Software

HANDS has developed/designed web based software for Management Information System (MIS). This is centralized web based application which helps to get updates of the project/ program targets and achievements at a single computer click.

Monitoring System

HANDS is proud to have a strong monitoring system comprised of six different programs as follows:
Communication and Advocacy

HANDS Communication and Advocacy (C&A) program works as cross-cutting theme and intervenes with all other programs and projects through development of advocacy campaigns, implementing behavior change and communication strategies, development of video/audio documentary, printing & publishing of information resources and knowledge management. Most of the best practice models of C&A program are service based.

Accountability and Transparency

HANDS auditor:
HANDS auditor is BDO Ibrahim & Co. Chartered Accountants and Advisors. They are rated as 5th largest global network of auditors.

3rd Party Monitors and Auditors:
In 2017-18, 21 audited firms and organizations have monitored HANDS Services and finances of different projects. These included A.F. Ferguson & Co., EY Ford Rhodes, Nasir Javaid Maqsood Imran Chartered Accountants, Concern World Wide, UNICEF, Accountant General of Govt. of Sindh, Pakistan Poverty Alleviation Fund, Population Society International etc.

Zakat Compliance:
Mufti Ibrahim Essa and Mufti Wasi Butt-Zakat Shariah are regular advisers / auditors of HANDS Zakat collections and disbursement.

Access to Financial Informations:
All the grants, donations and audit reports are available on website and published with annual reports.
HANDS Contribution in Sustainable Development Goals 2017-18

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Renewable Energy
8. Good Jobs and Economic Growth
9. Industry, Innovation, and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals

THE GLOBAL GOALS For Sustainable Development

10,501 Borrower benefited with 208.7 Million PKR grants Interest Free Loan disbursed, Social Mobilization for Micro Finance of 76,331 borrowers with 44 Crores PKR.

HANDS Intervention areas 2% persons are under poverty line.

Screen 850,235 children 343,785 women and cured with therapeutic food 83,338 children and 36,718 women. This is achieved with the investment of 475 Million PKR.

HANDS Intervention areas 4.1% children were Severely Acutely Malnourished (SAM) (<11.5 cm) 20.2% PLW were Malnourished (MUAC <21 cm)

Health beneficiaries 2.85 million, Normal deliveries 3,520, C-Section 770, Antenatal 53,886, Post Natal 13,024, New User of FP 46,238, Vaccination 53,138, TT 13,988

HANDS Intervention areas Neonatal Mortality Rate = 23.3 Infant Mortality Rate = 28 <5 Children Mortality = 45

437 school supported, 2,613 children in ECE, 38,286 children in primary, 41,373 children in secondary, 606 beneficiarries of Multigrade, 3,721 teachers beneficaries, 417 SMCs, 437 support staff, Multigrade classes 20, ALC students 666

HANDS Intervention areas 36.3% Overall Literacy Rate (5-16)=95%

79% Female staff, 6,228 Total CBO formation, 2,913 Female CBOs, 16,181 Girls Primary School, 2,424 Girls Secondary Students, 2,750 Female Factory Workers, 702,839 women treated in out patients and emergency.

HANDS Intervention areas 49.7% women are involved in earning 35.4% women attain school.

Agriculture based beneficiaries 40,227, grants amount disbursed 440 Million, Total non agriculture beneficiaries are 48,780, of total grant PKR 648 Million.

HANDS Intervention areas 74% Labor force participation rate 19% unemployment rate.

70,014 WASH facilities, 1.2 Million Population covered, Latrine drainage schemes 30,020, Hand wash facilities 1,637 completed.

HANDS Intervention areas 74% have access to safe drinking water 73.2% has improved sanitation. 53.1% household engaged proper solid waste management by dumping & garbage collection.

83,258 distributed solar lights 913, LED distributed 26 changing units installed, 125 street lights installed, 12 solar system fitting at HANDS DRMCs and PDRMC.

HANDS Intervention areas 89% population with access to electricity 26% houses using solar as alternate energy 913 (kg) carbon emission through provision of solar lights 110083 (Kg) carbon emission reduced through installation of solar systems in 3 DRMCs & PDRMC.

More than 01 million effected families benefited in disaster response through PKR 1.3 billion.

83,258 distributed solar lights, 913 LED distributed, 26 charging units installed, 125 street lights installed, 12 solar system fixed at HANDS DRMCs and PDRMC, 84,304 Climate friendly schemes completed.

HANDS Intervention areas 37.7% households engaged proper solid waste management by dumping and garbage collection.

186,442 Plants distributed HANDS Intervention areas 446700(Kg) carbon emission reduce through plantation.

> 760,000 community groups capacitated on peace and harmony.

Loan to 86,832 persons PKR : 648 Million

HANDS Intervention areas Average Income=12397 PKR Average Expend=12541 PKR Aspiration Gap = -144 PKR

84,304 total resilient shelters constructed 11 DRMCs, 01 PDRMC Community Physical Infrastructure Schemes. 15,072 WASH Schemes, total WASH schemes 70,014 HANDS Intervention areas 70% resilient shelters constructed 25% population internet user.

Integrated Resource Recovery Center (IRRC) has been developed in Hyderabad.

Partnership/Membership:
International Union of Conservation of Nature (IUCN), Core Humanitarian Standard (CHS), SUN Civil Society Alliance, Global Network for Disaster Reduction (GNDR), Provincial Disaster Risk Reduction Forum, Member of Global Steering Committee Health Action International (HAI), South Asia co-ordinator People Health Movement (PHM), Global Steering Committee Member PHM.
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