



PROTECTING CHILDREN OF GILGIT BALTISTAN IN THE TIME OF PENDAMIC (COVID-19)



**MAPPING OF ORGANIZATIONS PROVIDING SERVICES IN PSYCHOSOCIAL SUPPORT
AND STIGMA PREVENTION IN FIVE DISTRICTS OF GILGIT BALTISTAN.**



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CONDUCTED BY:

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SUPPORTED BY:

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TABLE OF CONTENT:

List of Acronyms	4
Acknowledgements	5
Introduction of Consultancy Company	6
Executive Summary	7
Introduction	9
Activity's Background	9
Objectives of the Mapping Exercise	10
Methodology and Mapping Process	11
Methodology for Formal Institutions:	11
Phases of Mapping Process	12
The 4Ws Mapping Process	13
Limitations and Challenges of Mapping Exercise	14
Findings	15
Cultural Practices for MHPSS and Stigma Prevention	16
General Overview of Participating Organizations	19
Overview	19
Geographical Coverage of Participating Organizations	23
Service Provision in MHPSS and Stigma Prevention	24
What is Psychosocial Support	24
What is Stigma Prevention	26
Organizations Providing Services in MHPSS and Stigma Prevention in Target Area	28
District Wise Provision of MHPSS and Stigma Prevention	29

Services	
Provision of MHPSS and Stigma prevention Services to Children and Adults (Beneficiaries)	32
Capacity of Organizations	34
MHPSS and Stigma Prevention Activities	35
MHPSS and Stigma Prevention Related Capacity	37
Overall Finding	39
Challenges and Recommendations	40
Challenges	40
Recommendations	42
ANNEXES	44



LIST OF ACRONYMS

AKRSP	Aga Khan Rural Support Program
BCDF	Baltistan Cultural and Development Foundation
CBO	Community Based Organization
CSO	Civil Society Organization
FBO	Faith Based Organization
GB	Gilgit Baltistan
LSO	Local Support Organization
LSO	Local Support Organization
MFEWO	Mehnaz Fatima Education and Welfare Organization
NDO	Naunehal Development Organization
NGO	Non-Governmental Organization
PMCC	Premier Mountain Communities Consultants
PSS	Psycho Social Support
KIIs	Key informant Interviews
RCDC	Rakaposhi Community Development Council

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Gilgit Baltistan



Introduction of Premier Mountain Communities Consultants (PMCC)

PMCC is a research, planning, policy, monitoring, evaluation, and training consultancy, servicing governments, entrepreneurs, nonprofits, and donors with innovative solutions within the development context. PMCC evaluates the effectiveness of the developmental activities, policies and programs. Our work provides the research & evaluative evidence to help the donors, governments, implementing agencies and entrepreneurs to maximize the effectiveness of their investment. We do so by generating lessons from past experiences, contextual study, and accountability to investors, shareholders and stakeholders at large. We provide expert services for need identification, project design, planning, monitoring, evaluation, impact assessment, resource mapping, and capacity building of the implementing partners to increase the effectiveness of their investment.

Our areas of expertise are: social research, cultural studies, gender, out sourcing, tracing, feasibility, project need assessment, planning, implementation, monitoring, evaluation, report writing, HRD, designing: ToRs, MoUs, agreements, policies, in the fields of sustainable social, environmental and economic development.

PMCC strives to satisfy clients' expectations to the maximum extent by improving effectiveness of the organization, programs, projects and businesses. While providing services, we try to integrate local teams with international experts from other parts of overall development, and regularly bring international best practices to our clients. The diversity of our services offer solutions to problems of our clients.

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EXECUTIVE SUMMARY

Mapping Exercise of the organizations providing services to children and adults in mental health, psychosocial support and stigma prevention in five districts (Gilgit, Nagar, Skardu, Shigar, Ghanchee) of Gilgit Baltistan is took place under AKRSP support by the PMCC Gilgit Baltistan. AKRSP has provided funds under its project availed from UNICEF Islamabad to increase child protection. The activity was took place in the scenario of COVID-19 in June and July 2020. The mapping exercise is conducted in five districts of Gilgit Baltistan i.e: Gilgit Nagar, Skardu, Shigar and Ghanchee. The exercise identifies the organizations providing services in MHPSS and Stigma prevention in the target districts.

Aim of the exercise is to better understand the organizations, their capacity, providing services and geographical location of the services in Gilgit Baltistan. The main significances identified in the mapping exercise included the need for improved coordination, strengthen MHPSS and Stigma prevention services, strengthen of organizations financially, and provide or develop professional staff to provide better MHPSS and Stigma prevention services for children and adults of Gilgit Baltistan in the time of urgencies and need.

The mapping exercise was contracted to understand the organizations which were active in meeting the psychosocial needs of children so as to identify service delivery gaps and guide planned interventions through an effective coordination mechanism. Mapping focused on organizations providing MHPSS and Stigma Prevention services to children and adults in five districts of Gilgit Baltistan.

More specifically, the objectives of the mapping were: To identify LSOs, CBOs, FBOs, and NGOs providing services to vulnerable children in five districts of Gilgit Baltistan; to undertake an analysis on the scale and scope of the services provided by the organizations to vulnerable children in target area, organization composition of relevant staffing and contact details, distribution of organizations that provide trainings, have ability to provide prevention, support and response services for directly affected children by category of services.

PMCC has contacted 49 organizations during the study to create a preliminary list of organizations expectedly engaged in providing services of MHPSS and Stigma prevention in these five districts. However, 29 organizations agreed to participate in the mapping exercise while 20 organizations refused or did not respond to emails and telephone calls of the project staff. The results showed that only 14% organizations are engaged in providing MHPSS and

Stigma prevention services in these five districts of Gilgit Baltistan. Fifty nine percent (59%) of organizations participated from the target districts in the study are Local Support Organizations, twenty four percent (24%) are NGOs, 14% are community based organizations and only 3% are faith based organizations.

District Gilgit is found to have the highest number of service providing organizations followed by District Nagar. Districts: Skardu, Shigar and Ghanche have a no any organizations engaged in the MHPSS and Stigma prevention services.

The participating organizations estimated that there are almost 1477 people working in these organizations to provide social services but there are no any dedicated staffs for MHPSS and stigma prevention services. Out of 1477 staff of the organizations 94.3% are volunteers and 5.7% staff members consisting mainly official managers and supporting staff. The participating organizations further estimated the beneficiaries reached through their services are around 3721 beneficiaries. 53% are adult beneficiaries above 18 years of age and 47% are children from 1 to 17 years of age. Results show that the ratio of children beneficiaries is lower than adult beneficiaries. This study is not enough to investigate the reason for lower of children beneficiaries.

The main challenges highlighted by the study are lack of MHPSS and Stigma prevention initiatives in target area, lack of trained staff, lack of professionals, lack of financial resources, research and training, and coordination among organizations. Finally, the survey identified possible areas of interventions, including the need to implement projects on MHPSS and Stigma prevention, provide trainings to teachers, staff of organizations, social activists, district wise networks of the organizations providing MHPSS services; include research and training as priority of organizations; capacity-building of staff and volunteers; supporting intervention based on existing partnerships or centers, and strengthening of coordination and information mechanisms to ensure effective monitoring and responses in MHPSS and Stigma prevention.

INTRODUCTION

Activity's Background

Gilgit Baltistan is situated in the mountains of Karakoram, Hindu Kush, and Himalayas. Historically it was divided in princely states in Gilgit, Hunza, Nagar, Punyal, Yaseen, Ghizer, Skardu and people in Diamer were living in tribal system. In 1971-74 government of Pakistan has removed all the princely states/existing governing system and provided no any effective substitute of the previous system in Gilgit Baltistan. On the other side children of Gilgit Baltistan are living in harsh geographical, political, climate and socio economic conditions.

The region faces diverse natural and man-made disasters such as: land slide, avalanche, heavy rain floods, flash flooding, rock falling, river blockage, stream diversions and sectarian conflicts. In the very recent history of Gilgit Baltistan sectarian violations caused internal displacement of the families and the tough geography and weak institutional capacity of public institutions combine to pose major complications in psychosocial and stigma troubles among children. Many of the above mentioned disasters displacing people internally due to damages sustained upstream or as a precautionary measures downstream in many areas.

These unfavorable conditions have numerous impacts on mental health of the vulnerable children as well as adults of the effected communities. In early 2020, the pandemic COVID-19 reached to Gilgit Baltistan and schools, parks, recreational activities, and social gathering are remained closed since the first case of COVID-19 detected in Gilgit city. There was a lock down for a long period of time in the cities and even in rural areas. It was strictly prohibited to meet and greet with each other. This impacted upon the mental health of the children and stigmatized by discriminating children and adults of effected areas.

During this pandemic national and international Donors and NGOs rushed to respond to protect vulnerable children and communities of Gilgit Baltistan. There was a huge gap in service delivery to relevant population because of lack of prior coordination. The main challenges revolved around the need to strengthen coordination and appropriate responses for children in mental health and psychosocial support in contact with community organizations working in the region since many years. Since not all organizations working in these districts are active in providing services of psychosocial support and stigma prevention. It was decided by AKRSP to

conduct a thorough mapping under its project funded by UNICEF in order to address this gap and to be able to prioritize planned interventions as well as ensure the development through an effective coordination mechanism. To affectively carry out the activity, AKRSP hired the services of PMCC (Premier Mountain Communities Consultants Private Limited). PMCC undertook the mapping of organizations providing services in the psychosocial support and stigma prevention to children and families in the five priority identified districts of Gilgit Baltistan.

Objectives of the Mapping Exercise:

- To identify LSOs, CBOs, FBOs, and NGOs providing services to vulnerable children in five districts of Gilgit Baltistan
- To undertake an analysis on the scale and scope of the services provided by the organizations to vulnerable children in target area, organization composition of staffing and contact details, distribution of organizations that provide trainings, have ability to provide prevention, support and response services for directly affected children by category of services.
- To provide a baseline situation of the MHPSS and Stigma Prevention activities in the target area.

The Mapping exercise took place in the months of June and July 2020. The preliminary time frame for the mapping was two months period, with an estimated time frame of three weeks for the primary data collection. However, the exercise has been completed within the given time frame.

METHODOLOGY AND MAPPING PROCESS

Gilgit Baltistan is laying at the confluence of Karakoram, the Hindu Kush, and the Himalayan Mountains. It has a long history, culture, traditions and there are many customary laws, indigenous institutions, traditional practices to follow in the society especially for psychological issues. We have divided methodology for study of formal and informal institutions. The study mostly covers the formal institutions of Gilgit Baltistan and informal institutions have been included through interviewing key informants and review the available literature.

Methodology for Formal Institutions:

The methodology used for the mapping exercise was a combination of secondary data review (desk review) with field work in Gilgit Baltistan. The mapping process included the development of data collection tools, field visits, interviews of organizational officials, and analysis.

Methodology:

The objective of the study is to collect a baseline data for the implementation of the project activities therefore; study requires mix method of qualitative and quantitative methodology. To collect qualitative data the study conducted Key Informant Interviews where semi structured questions were asked from the key informant. For qualitative data collection the study used the IASC “4Ws” tool (Who, What, When, Where) to map MHPSS and Stigma Prevention Services with changes of contextual and task based requirements in the target five districts of Gilgit Baltistan

Phases of the Mapping Process:

Mapping Process Consists of Three Phases:

Phase One: Preparatory phase, included desk review, the development and validation of the data collection tools, analysis plan and tools and the schedule for the implementation of field work.

In desk review, the study reviewed the following literature:

- IASC Guidelines on Mental Health and Psychosocial Support
- AKRSP Directory
- Project Document

It is terrible that there is no any literature produced so far about the Mental Health, Psychosocial Support and Stigma prevention in Gilgit Baltistan. In a meeting with officials of department of Social Welfare; Child Protection Officer mentioned that “we are planning to produce research studies in upcoming months and years”. However, they did not produce any study or literature about vulnerable children their protection, Mental Health, Psychosocial support and Stigma Prevention in Gilgit Baltistan.

Phase Two: Second phase was data collection phase, which included the field work for the collection of the primary data using the validated quantitative tools and Key Informant Interviews.

Phase Three: Analysis phase - this included the analysis quantitative and qualitative data.

During the preparatory phase, the following criteria were taken into consideration in developing a comprehensive list of civil society organizations:

- ✓ The organization must be officially registered with SECP or Social Welfare department.
- ✓ The organization should have office and staff or volunteers in their relevant district to carry out the activities effectively.
- ✓ The organization should have implemented service provision programs or activities in their relevant districts in the last three years.

In order to draft a preliminary list of organizations, the consultant relied on the following sources:

- LSO Directory
- AKRSP Provided List of Organizations
- PMCC Directory of Organizations
- SECP Registration Portal
- Social Welfare Office

By end of June 2020, a survey form (quantitative and qualitative data collection form) was validated by the PMCC and piloted with the members of Rakaposhi and Shainber LSOs, and Rakaposhi Community Development Council in District Nagar in order to test the comprehensiveness of the form and the convenience. Modifications were made based on the feedback received and a final validation took place before rolling out the survey till the end of July 2020.

The 4Ws Mapping Process

The 4Ws tool was attached to guidelines and sent via email and whatsapp to participating organizations and two weeks' timeframe was given for organizations to complete the survey. Furthermore, the organizations were offered the option of self-completing the survey or seek help from the members of the PMCC through phone or face to face interview. Follow-up emails and phone calls were made over a two weeks period to collect the complete information for the mapping. Twenty nine out of **49** organizations listed in the preliminary list prepared for the survey and these **29** organizations participated in the survey by submitting their responses. Twelve organizations replied as MHPSS and Stigma prevention never remained the part of their activities and they never provided any such type of services in their organizational history. Eight organizations did not submit the mapping or respond to email requests and subsequent contact attempts by project team.

However, because of Covid-19 and Muharram processions organizations took longer period to submit their responses. In the following weeks, the consultants of PMCC visited **13** organizations, and supported them to complete the survey by face to face interviews. For other

participants, follow-up phone calls were made to encourage and provided assistance to complete the survey tools.

LIMITATIONS AND CHALLENGES OF THE MAPPING EXERCISE

During the survey and data collection the following constraints were come across:

Pandemic Covid-19:

Mapping exercise was initiated in June 2020, and pandemic Covid-19 was at its peak in the world as well as in Gilgit Baltistan. Most of the organizations have closed their offices and their staff was not available to meet, discuss and respond the questioner form, and KIIs. However, respondents were limited because they could not consult among the staff and Board members and authorities.

Feeble Cellular Networks and Internet:

Gilgit Baltistan is mountainous region administratively controlled by Pakistan where people still using 2nd Generation cellular phone networks. Often, internet takes hours to attach a simple word file in Email. Internet and cellular interruption call is common in Gilgit Baltistan therefore, people hesitate to receive and respond via telephone calls and emails on internet. It took longer time to collect data from organizations.

Muharram:

When we were disbursing data collection form to organizations, Islamic month of Muharram has started. Because of Muharram, most of the organizations in Baltistan region could not even attend the phone calls. Many people told us in response of our call that they are buzzy with Muharram processions they will response us after Muharram.

Heavy Rainfalls:

In the month of July 2020, there were heavy rainfalls all around Pakistan and Gilgit Baltistan which restricted people to their homes. Heavy rainfalls caused road blocks, rock falling, floods created transportation and communication issues resulting delay in data collection.

Distrust:

Owing to the sensitivity around the public sharing of any kind of information regarding the work of CSOs active in Gilgit Baltistan, organizations involving provision of information for the sake of the mapping took more time than usual and required more efforts to explain the purpose of the mapping.

Survey Fatigue:

There is much fatigue among management and staff working in different organizations about sharing information repeatedly with partners and donors which created some resistance. In addition, it is a task that is understood as one on top of current workload because of pandemic. Management and staff of organizations do not consider the mapping exercise as an important and beneficial for their organizations in current scenario.

FINDINGS:

The report is divided mainly in four parts:

1. Cultural Practices for MHPSS and Stigma Prevention

There is wide diversity of social, ethnic, religion and tribal backgrounds among the people of Gilgit Baltistan. The region has diverse languages in different valleys and districts. Islam is the common religion but people often categorize themselves in Shia, Sunni, Ismaili and Noor Bakhshi. This section will provide an overview of informal practices to cope with MHPSS.

2. Overview of Participating Organizations:

This section provides an overview of the organizations, type of organizations, and number of organizations per geographical location (District wise), Geographical coverage of the organizations.

3. **MHPSS and Stigma Prevention Services for Children and Adults:**

This section describes about the **MHPSS** and **Stigma Prevention**, services provided and capacities of the organizations' to provide the services. Furthermore, it provides an overview of MHPSS and stigma prevention interventions for children as well as adults per district in Gilgit Baltistan; including details on the MHPSS and stigma related training and counseling by organizations, MHPSS and Stigma Prevention staff, their capacities and beneficiaries per age group.

4. **Conclusions and Recommendations:**

This last part provides some suggestions for a way forward.

1. CULTURAL PRACTICES FOR MHPSS AND STIGMA PREVENTION

In Gilgit Baltistan, common people do not know about the terms and concepts such as “psychological state”, “Mental health”, “Psychosocial support”, “Psychological wellbeing”, “Stigma Prevention”. Initial psychological suffering is normally understood as normal part of life. Therefore, they do not seek medical or psychiatric help from practitioners except in serious cases. People use common statements about their mental wellbeing such as “Zehni Thakawat Hoyi Hy” I am mentally tired or my psyche is tired. Understanding local illness models and idioms of distress will allow better communication opportunities for MHPSS trainers, mobilizers to mobilize individual and collective strength and resilience. But this study is not enough to discuss in detail about the local illness models and idioms. Comprehending local idioms, metaphors and expressions of psychosocial issues, distress and mental health are important for communication with children, women and illiterate common people. Local expressions can be used to convey empathy as well as to explain and support interventions. We strongly recommend a detail systematic language based cluster wise inquiry to understand local illness models, cultural meanings of these idioms and expressions in Gilgit Baltistan as there are five commonly used languages.

Few Common Brushaski terms are listed in this table just for examples:

S. No	Brushaski term	English Explanation
01	Mes Fanas (Hiyofa manas)	Heavy hearted, squeeze of heart, Suffocation

02	Eshmaring	Non logical ideas, worry, anxiety
03	Bijatey	Fear, crumbling of heart
04	Waswas manas	Fearful thoughts, negative thinking
05	Dakhal tayas (Shar Manas)	Depression, Anxiety,
06	Hulool Manas	Crawling in heart, mind and ideas
07	Awoni manas	Illusion, seeing images in eyes.

Historical, religious, ethnic and social dynamics of Gilgit Baltistan influence to shaping views of the person and the relationship of the person to the world. Cultural concepts of the person influence how people experience and express suffering, how they explain illness and misfortune, and how they seek help or treatment. Religious and social norms are deeply intertwined in Gilgit Baltistan. This study is not enough to describe the common religious and cultural explanations of mental illness, distress, psychosocial issues and stigmas in Gilgit Baltistan.

Among common Muslims, prayer is common religious way to cope with psychosocial issues and stigmas. However, there could be slight difference in method of performing prayers among the sects of Islam such as Sunni, Shia, Ismaili and Noor Bakhshi Muslims. These common prayers include, seeking help from God, reading Quran, attending religious ceremonies, Sadqa (Giving wheat, flour, animal or any valuable thing) to poor or needy people of the society. However, Sadqa and Khairat are not strictly confined to poor only; any person from the society can get benefited. “Shia Muslims conduct special prayer sessions (Amal, Dua e Kumail, Dua e Tawasul, Hadeeth e Kisa. Etc.) conduct Majalis and distribute Tabaruk (cooked food), visit saints and places associated with them (Shrines of saints) to cope with mental illness psychosocial issues”. Ismaili and Noor Bakhshi Muslims also pay visits to saints and spiritual leaders and places such as Jamak Khanas, Khanqaah, and places (Shrines) where saints are buried after death.

Culturally people believe upon supernatural powers, evil spirits, magic, evil eye, witch, impact of ghost, impression of fairies as main causes of psychosocial issues and stigmatization. Many people pay visits to spiritual leaders for Dam Darood (the leaders recites verses from Holy Quran silently and blow air upon patient) Taweez (written transcript on paper or leaves of plants for hook with body or burn to face smoke). There are Darveesh and Peers belong to men and women both genders who treat mental illness and psychosocial issues using a variety of religious

spiritual and customary rituals. These Peers and Dervishes special procedures are applied for the treatment of possession by Jinn or Baraye (supernatural powers).

Moreover, Islam prohibits the use of magic; the use of magic exists in the society of Gilgit Baltistan as well. Magic (Seher) has potential positive and negative impacts on the mental health of the people. People use magic as healer of the illness, psychosocial issues and stigma prevention.

Shaman has great role in healing of illness, mental health, psychosocial issues and stigma prevention in Gilgit Baltistan. Shaman searches for the magic which has negative impacts upon human's physical and mental health. People requests Shamans to visit their homes to search for the negative magic mostly buried at gates or walking tracks of the homes. Shaman claims that he or she is being guided by the Parizad (female angels) to show the negative magic buried in different places around any nook and corner of the house of the patient.

There are fortunes tellers who read the lines of hands, forehead and other parts of body to tell about the fortune of the patient of ill person. What will be the future of ill person as well fortune teller tells about the causes of illness, distress and healer and treatment. People widely consult to know about their future, children, wealth and health.

The concept of evil eye is very common in every society of the Gilgit Baltistan. Evil eyes may have great impacts upon the health of children as well as adults. Any man and women may have evil eye upon any child so people usually requests to recite a "Masha Allah wa La Haola Wa Qwat Illa Billah". If any child is affected by any evil eye and that evil eye is not available than parents or elders use footing soil of that evil eye and take three rounds of the complete body of the ill person or patient and then throw the soil into fire. Furthermore, if any piece of clothing of that evil eye person is available than it also be bunt in fire.

2. GENERAL OVERVIEW OF PARTICIPATING ORGANIZATIONS

2.1. Overview of Organizations:

This mapping exercise included 49 organizations to study, 29 organizations have participated and responded while 20 organizations refused to participate in the study. Twelve organizations of them mentioned that MHPSS and Stigma prevention never remained the part of their activities and they never provided any such type of services in their organizational history. Eight organizations did not submit the mapping tool or respond to email requests and subsequent contact attempts by project team.

Results show that of those 29 participating organizations, 59% of organizations participated from the target districts in the study are **Local Support Organizations**, 24% organizations participated in survey are **NGOs**, 14% are community based organizations and only 3% are faith based organizations.

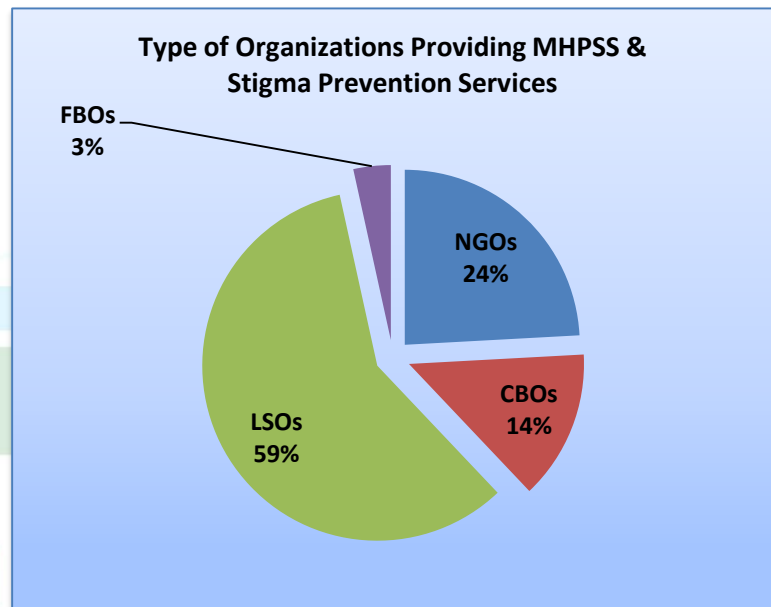


Figure 1: Type of Organizations Providing PSS & Stigma Prevention Services

Geographically Gilgit Baltistan is scattered in mountainous valleys and there is diversity in establishing Civil Society Organizations. This mapping exercise is a combination of well-established and relatively new organizations and includes organizations with different backgrounds, expertise, sensitivities and mandates. There is huge difference in the number of organizations working in different districts such as in Gilgit district there are many organizations working with multiple backgrounds and mandates while in Ghanche district there few LSOs struggling to provide different social development services to their communities.

All the LSOs are constrained to their Union Councils while NGOs are working in multiple districts such as Rupani Foundation and Mehnaz Fatima Educational and Welfare Organization provides social services in all districts of Gilgit Baltistan while NDO provides services in Gilgit and Nagar Districts only. Rupani Foundation and Mehnaz Fatima Educational and Welfare Organization provide services in MHPSS and stigma prevention along with inclusive child education facilities in Gilgit Baltistan. Community Based Organizations provide services in specific to their communities such as: Rakaposhi Community Development Council is providing social services to Nagar community in District Nagar while Pakeeza Foundation and Sakawar student

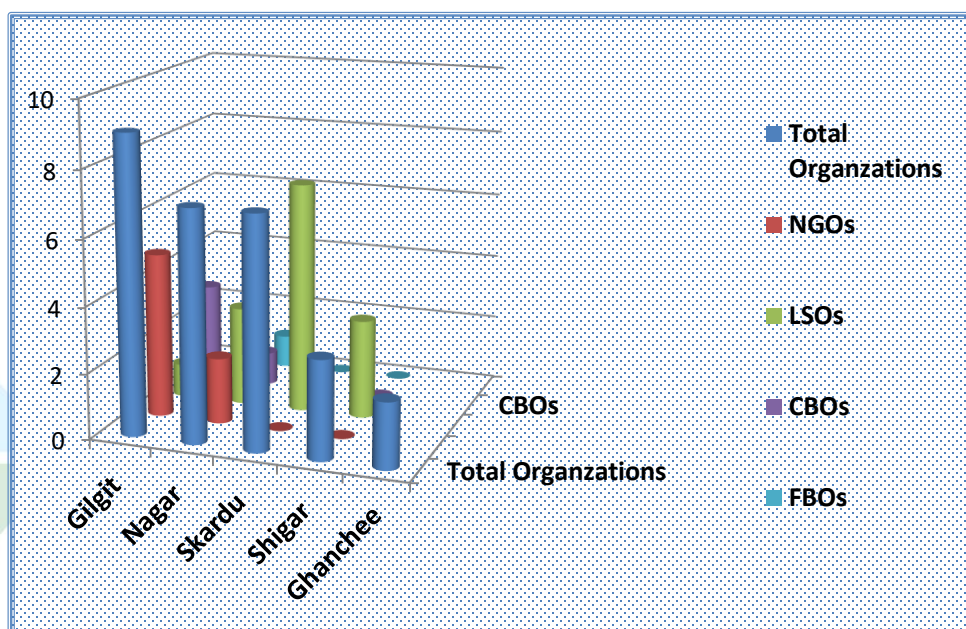


Figure 2: Type and Number of Organizations per District,

organization render their social services

only in their relevant UCs in district Gilgit. Syedabad Sahara Welfare Organization is a community based organization which provides social services to all communities living in Gilgit division along with their parent community who established it. There is only one faith based organization participated in the survey namely as Anjuman-e-Hussainia Nagar Welfare Trust based in Gilgit working for the Ahal-E-Tashi specifically of District Nagar and Gilgit. While this FBO provides health emergency services for people of all other sister communities and faiths as well.

Among the participating organizations of this survey of PSS and Stigma prevention, mostly (59%) are the Local Support Organizations working under the umbrella, guidance and support of AKRSP in Gilgit Baltistan. LSOs are existed in all five districts included in the study through a

comprehensive network. LSOs have developed a directory under guidance and support of AKRSP in Gilgit Baltistan to maintain linkages with each other.

Table. 01. District wise summary of type of organizations

S.NO	District	Name Organization	NGO	FBO	CBO	LSO
1	Gilgit	Rupani Foundation Pakistan	Yes			
2	Gilgit	Women Development Organization Company	Yes			
3	Gilgit	Domote Civil Society Organization			Yes	
4	Gilgit	Mehnaz Fatima Education and Welfare Organization	Yes			
5	Gilgit	Raheemabad LSO				Yes
6	Gilgit	Syedabad Sahara Welfare Organization	Yes			
7	Gilgit	Nine Star Women Development Association			Yes	
8	Gilgit	CEENA Health and Welfare Foundation	Yes			
9	Gilgit	Ustad Shoukat Foundation			Yes	
10	Gilgit	Sakawar Student Organization			Yes	
	Sub Total		5	0	4	1
11	Nagar	Anjuman e Hussain Nagar Welfare Trust		Yes		
12	Nagar	Naunehal Development Organization	Yes			
13	Nagar	Rakaposhi Community Development Council			Yes	
14	Nagar	Rakaphoshi Local Support Organization				Yes
15	Nagar	Shainber Local Support Organization Chalt				Yes
16	Nagar	Broshal Rural Support Program				Yes
17	Nagar	Rakaposhi Development Organization	Yes			
	Sub Total		2	1	1	3

18	Skardu	STAK Local Support Organization				Yes
19	Skardu	Serman Local Support Organization Gole				Yes
20	Skardu	Karakoram Local Support Organization Kwardu				Yes
21	Skardu	Chunda Local Support Organization				Yes
22	Skardu	KASAN LSO Shigari Khurd Skardu				Yes
23	Skardu	Kachura Basho Rural Support Organization				Yes
24	Skardu	SADA LSO Hussainabad				Yes
	Sub Total		0	0	0	7
25	Shigar	Thagas Local Support Organization				Yes
26	Shigar	Markunja Local Support Organization Shigar				Yes
27	Shigar	Braldo Local Support organization				Yes
	Total		0	0	0	3
28	Ghanche	Khapulo local support Organization				Yes
29	Ghanche	Kharkoo Saling Local Support Organization				Yes
	Sub Total		0	0	0	2
	Grand Total		7	1	5	16

2.2. Geographical Coverage

Only **6.8%** organizations provide Social Services in all selected five districts of Gilgit Baltistan and other **93.2%** organizations are working in their relevant UCs or Districts. Most of the organizations are restricted to their UCs and Districts because they are local support organizations which are especially founded to provide services in their relevant Union Councils. These local support organizations are grass root organizations and have limited resources to extend their social services in other UCs and districts. **13.7%** organizations are functional in two districts while no any organization provides services in three and four districts of Gilgit Baltistan.

Table. 02. Geographical Coverage of Participating Organizations.

S.NO	Name of Organization	Gilgit	Nagar	Skardu	Shigar	Ghanche
1	Rapuni Foundation Pakistan	Yes	Yes	Yes	Yes	Yes
2	Women Development Organization Company	Yes	No	No	No	No
3	Domote Civil Society Organization	Yes	No	No	No	No
4	Mehnaz Fatima Education and Welfare Organization	Yes	Yes	Yes	Yes	Yes
5	Rahimabad LSO	Yes	No	No	No	No
6	Syedabad Sahara Welfare Organization	Yes	Yes	No	No	No
7	Nine Star Women Development Association	Yes	No	No	No	No
8	CEENA Health and Welfare Foundation	Yes	No	No	No	No
9	Ustad Shoukat Foundation	Yes	Yes	No	No	No
10	Sakawar Student Organization	Yes	No	No	No	No
11	Anjuman e Hussain Nagar Welfare Trust	Yes	Yes	No	No	No
12	Naunehal Development Organization	Yes	Yes	No	No	No
13	Rakaposhi Community Development council	No	Yes	No	No	No
14	Rakaphoshi Local Support Organization	No	Yes	No	No	No
15	Shainber Local Support Organization	No	Yes	No	No	No
16	Broshal Rural Support Program	No	Yes	No	No	No
17	Rakaposhi Development Organization	No	Yes	No	No	No

18	STAK Local Support Organization	No	No	Yes	No	No
19	Serman Local Support Organization Gole	No	No	Yes	No	No
20	Karakoram Local Support Organization	No	No	Yes	No	No
21	Chunda Local Support Organization	No	No	Yes	No	No
22	KASAN LSO Shigari Khurd Skardu	No	No	Yes	No	No
23	Kachura Basho Rural Support Organization	No	No	Yes	No	No
24	SADA LSO Hussainabad	No	No	Yes	No	No
25	Thagas Local Support Organization	No	No	No	Yes	No
26	Markunja Local Support Organization Shigar	No	No	No	Yes	No
27	Braldo Local Support Organization	No	No	No	Yes	No
28	Khapulo local support Organization	No	No	No	No	Yes
29	Kharkoo Saling Local Support Organization	No	No	No	No	Yes

3. SERVICE PROVISION IN MHPSS AND STIGMA PREVENTION

What is Psychosocial Support?

The term **psychosocial** is used to emphasize the close connection between psychological aspects of the human experience and the wider social experience. **Psychological effects** are those that affect different levels of functioning including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions), and behavioral. **Social effects** concern relationships, family and community networks, cultural traditions and economic status, including life tasks such as school or work¹.

The use of the term psychosocial is based on the idea that a combination of factors are responsible for the **psychosocial wellbeing** of people, and that these biological, emotional, spiritual, cultural, social, mental and material aspects of experience cannot necessarily be separated from one another. The term directs attention towards the totality of people's experience

¹ ARC study Material

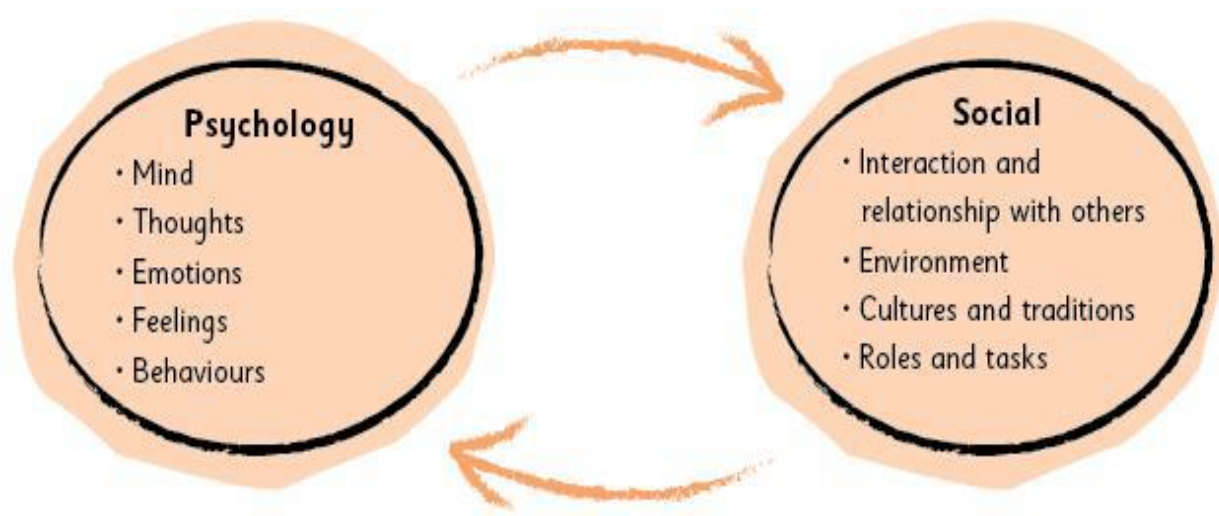
rather than focusing exclusively on the physical or psychological aspects of health and wellbeing, and emphasizes the need to view these issues within the interpersonal contexts of wider family and community networks in which they are located (see diagram **Definition of psychosocial**).

These two aspects are closely intertwined in the context of complex emergencies whereby the provision of psychosocial support is part of the humanitarian relief and early recovery efforts. One of the foundations of psychosocial wellbeing is access to basic needs (food, shelter, livelihood, healthcare, education services) together with a sense of security that comes from living in a safe and supportive environment. The benefits of psychosocial support interventions should result in a positive impact on children's wellbeing, and address the basic psychological needs of competence and relatedness.

Definition of Psychosocial Support:

- PSS is about helping children, families and communities to improve their psychosocial wellbeing³
- PSS is about encouraging better connections between people, and building a better sense of self and community
- PSS is expressed through caring and respectful relationships that communicate understanding, tolerance and acceptance
- PSS is about promoting everyday consistent care and support in the family and community².

Definition of Psychosocial Support:



² ARC ModF7 Study Material 2009

Psychosocial support is a continuum of care and support which influences both the individual and the social environment in which people live. This continuum ranges from care and support offered by caregivers, family members, friends, neighbors, teachers, health workers, and community members on a daily basis, ie. Ongoing nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance, and extends to care and support offered by specialized psychological and social services.

Stigma Prevention:

Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how disaster or Pandemic such as COVID-19 spreads a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.

No single person or group of people is more likely than others to spread COVID-19. Public health emergencies, such as this pandemic, are stressful times for people and communities. Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things. Stigma can lead to labeling, stereotyping, discrimination and other negative behaviors toward others. For example, stigma and discrimination can occur when people link a disease, such as COVID-19, with a population, community, or nationality. Stigma can also happen after a person has recovered from COVID-19 or been released from home isolation or quarantine.

Some groups of people who may experience stigma during the COVID-19 pandemic include:

- Certain racial and ethnic minority groups, such people of Nagar were stigmatized in the early stages of Pandemic in March, April 2020;
- People who tested positive for COVID-19, have recovered from being sick with COVID-19, or were released from COVID-19 quarantine;

- Emergency responders or healthcare providers;
- People who have underlying health conditions that cause a cough;

Stigma hurts everyone by creating more fear or anger toward ordinary people instead of focusing on the disease that is causing the problem. Stigma can also make people more likely to hide symptoms or illness, keep them from seeking health care immediately, and prevent individuals from adopting healthy behaviors. This means that stigma can make it more difficult to control the spread of an outbreak.

Groups who experience stigma may also experience discrimination. This discrimination can take the form of:

- Other people avoiding or rejecting them;
- Getting denied healthcare, education, housing, or employment;
- Verbal abuse; or
- Physical violence.

Stigma can negatively affect the emotional, mental, and physical health of stigmatized groups and the communities they live in. Stigmatized individuals may experience isolation, depression, anxiety, or public embarrassment. Stopping stigma is important to making all communities and community members safer and healthier. Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in their communities.

Organizations Providing Services in MHPSS and Stigma Prevention in Selected Five Districts of Gilgit Baltistan

Results of the mapping exercise study show that 86% organizations do not provide services in Psycho-social Support and Stigma prevention in their relevant district. They did not integrate these services in their priorities and activities. However, Mehnaz Fatima Education and Welfare Organization, Rupani Foundation, CEENA Health and Welfare Organization and Naunehal Development organization provide PSS and Stigma Prevention Services to Children in Gilgit Baltistan. The organizations have professional staff that provides counseling and training services to teachers, parents and students. These organizations have their own well established educational institutions where they continuously provide support to needy students.

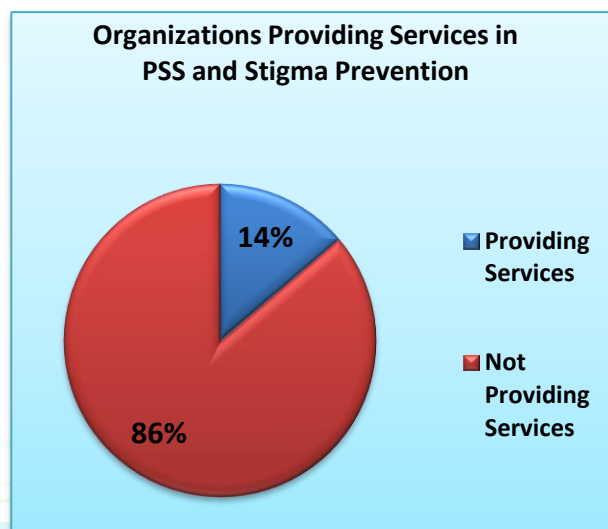


Figure 3: Organizations Providing Services in PSS and Stigma Prevention

24% participating organizations mentioned that they do not provide any PSS and Stigma prevention services. These organizations have implemented no any project or conducted any activity regarding PSS and Stigma prevention. One Organization from Skardu has mentioned that they have signed and MoU with AKRSP very recently to carry out activities regarding PSS and Stigma prevention in their UC. (Karakoram LSO Skardu).

Table No. 3: Summary of Organizations Providing Service in PSS and Stigma Prevention

S.NO	Name Organization	PSS	Stigma Prevention
1	Rupani Foundation Pakistan	Yes	Yes
2	Women Development Organization Company	No	No
3	Domote Civil Society Organization	No	No
4	Mahnaz Fatima Education and Welfare Organization	Yes	Yes
5	Raheemabad LSO	No	No

6	Syedabad Sahara Welfare Organization	No	No
7	Nine Star Women Development Association	No	No
8	CEENA Health and Welfare Foundation	Yes	Yes
9	Ustad Shoukat Foundation	No	No
10	Sakawar Student Organization	No	No
11	Anjuman e Hussainia Nagar Welfare Trust	No	No
12	Naunehal Development Organization	Yes	Yes
13	Rakaposhi Community Development council	No	No
14	Rakaphoshi Local Support Organization	No	No
15	Shainber Local Support Organization Chalt Nagar	No	No
16	Broshal Rural Support Program	No	No
17	Rakaposhi Development Organization	No	No
18	STAK Local Support Organization	No	No
19	Serman Local Support Organization Gole	No	No
20	Karakoram Local Support Organization Kawardu	No	No
21	Chunda Local Support Organization	No	No
22	KASAN LSO Shigari Khurd Skardu	No	No
23	Kachura Basho Rural Support Organization	No	No
24	SADA LSO Hussainabad	No	No
25	Thagas Local Support Organization	No	No
26	Markunja Local Support Organization Shigar	No	No
27	Braldo Local Support organization	No	No
28	Khapulo local support Organization	No	No
29	Kharkoo Saling Local Support Organization	No	No

District Wise Provision of MHPSS and Stigma Prevention Services:

Furthermore, the study shows that 75% of the total MHPSS and Stigma prevention service providing organizations (only 04) in five districts of Gilgit Baltistan are providing services in

District Gilgit. 25% provides services in Nagar district, 0% in Skardu, 0% in Shigar and 0% in Ghanche district. The segregated data within the district shows that 30% of the participated organizations of district Gilgit provide services of MHPSS and Stigma Prevention. In District

Nagar 14.2% of its participating organizations

provide services to children and adults. In Skardu District 0% of its participating organizations render the MHPSS and stigma prevention services. In Shigar district 0% of the participating organizations deliver MHPSS and stigma prevention services and in Ghanchee district 0% of the participated organizations provide services of MHPSS and Stigma prevention to children and adults.

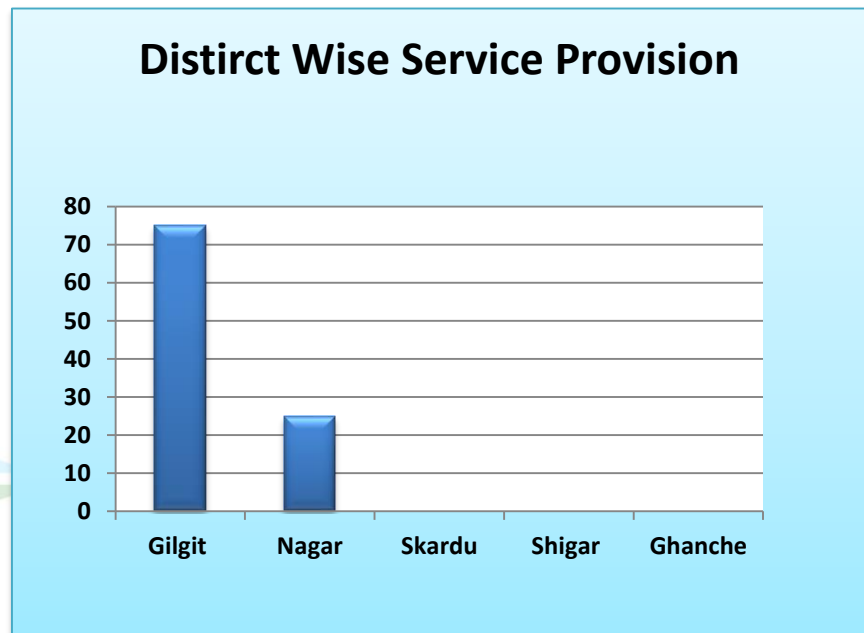


Figure 4: District Wise Service Provision

Table No. 04: District Wise Service Provision

S.NO	Name of Organization	MHPSS	Stigma Prevention
District Gilgit			
1	Rupani Foundation Pakistan	Yes	Yes
2	Women Development Organization Company	No	No
3	Domote Civil Society Organization	No	No
4	Mahnaz Education and Welfare Organization	Yes	Yes
5	Rahimabad LSO	No	No
6	Syedabad Sahara Welfare Organization	No	No
7	Nine Star Women Development Association	No	No
8	CEENA Health and Welfare Foundation	Yes	Yes
9	Ustad Shoukat Foundation	No	No
10	Sakawar Student Organization	No	No
District Nagar			
1	Anjuman-e-Hussain Nagar Welfare Trust	No	No
2	Naunehal Development Organization	Yes	Yes
3	Rakaposhi Community Development Council (RCDC)	No	No
4	Rakaphoshi Local Support Organization	No	No
5	Shainber Local Support Organization Chalt	No	No
6	Broshal Rural Support Program	No	No
7	Rakaposhi Development Organization	No	No
Skardu District			
1	Stak Local Support Organization	No	No
2	Serman Local Support Organization Gole Sermek	No	No
3	Karakoram Local Support Organization Kawardu	No	No

4	Chunda Local Support Organization	No	No
5	KASAN LSO Shiari Khurda Skardu	No	No
6	Kachura Basho Rular Support Organization	No	No
7	SADA LSO Hussainabad	No	No
Shigar District			
1	Thagas Local Support Organization	No	No
2	Markunja Local Support Organization Shigar	No	No
3	Braldo Local Support Organization	No	No
Ghanche District			
1	Khapulo Local Support Organization	No	No
2	Kharkoo Saling Local Support Organization	No	No

Provision of Services to Children and Adults (Beneficiaries)

Participating organizations estimated the beneficiaries of their MHPSS and stigma prevention services in all five districts of Gilgit Baltistan to be around 3721 beneficiaries. 53% are adult beneficiaries above 18 years of age and 47% are children from 1 to 17 years of age. Results show that the ratio of children beneficiaries is lower than adult beneficiaries. This study is not enough to investigate that why the ratio of children is lower than adults.

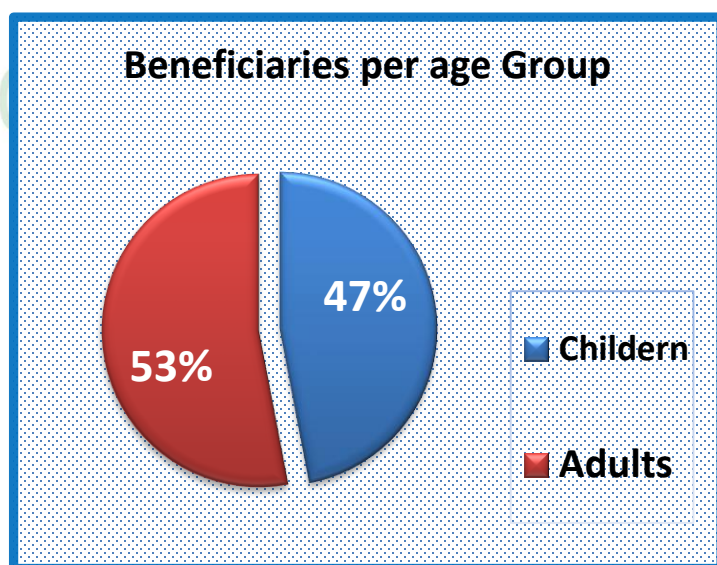


Figure 5: Beneficiaries per age Group

However, there could be more feasible environment for children than adults. A detail study can be conducted to investigate about the difference among the children and adult

beneficiaries. Contrary to that there should be more PSS and Stigma prevention services to children in the time of disaster and pandemic.

Table. 04 Beneficiaries per age Group (Children 1-17 and Adults 18 and above)

S.NO	Name of Organization	Children	Adults
1	Rupani Foundation Pakistan	410	451
2	Women Development Organization Company	0	0
3	Domote Civil Society Organization	0	0
4	Mahnaz Fatima Education and Welfare Organization	654	706
5	Raheemabad LSO	0	0
6	Syedabad Sahara Welfare Organization	0	0
7	Nine Star Women Development Association	0	0
8	CEENA Health and Welfare Foundation	380	420
9	Ustad Shoukat Foundation	0	0
10	Sakawar Student Organization	0	0
11	Anjuman e Hussain Nagar Welfare Trust	0	0
12	Naunehal Development Organization	300	400
13	Rakaposhi Community Development Council	0	0
14	Rakaphoshi Local Support Organization	0	0
15	Shainber Local Support Organization Chalt	0	0
16	Broshal Rural Support Program	0	0
17	Rakaposhi Development Organization	0	0
18	Stak Local Support Organization	0	0
19	Serman Local Support Organization Gole	0	0
20	Karakoram Local Support Organization Kawardu	0	0
21	Chunda Local Support Organization	0	0
22	KASAN LSO Shigari Khurd Skardu	0	0
23	Kachura Basho Rular Support Organization	0	0
24	SADA LSO Hussainabad	0	0
25	Thagas Local Support Organization	0	0

26	Markunja Local Support Organization Shigar	0	0
27	Braldo Local Support Organization	0	0
28	Khapulo Local Support Organization	0	0
29	Kharkoo Saling Local Support Organization	0	0
Total Beneficiaries		1744	1977

General Capacity of the Organizations

Organizations who participated in the study mostly are running with volunteers. In these organizations 1477 people are working to support their societies and organizations including staff and volunteers. Furthermore, study showed that of that total staff 5.7% are paid staff while 94.3% are volunteers who render general social development services to these organizations voluntarily. Many of the volunteers are BoD members of the organizations and few organizations have designated volunteers for specific tasks. The study found that there is no any trained staff in the context of MHPSS and stigma prevention services. During discussion (Telephonic and face to face) with BoD members and mostly mentioned that they have not availed any training in MHPSS and Stigma prevention in the history of their social services.



Figure 6: Organizational Capacity

MHPSS and Stigma Prevention Activities for Children and Adults.

According to IASC Guidelines PSS on Mental Health and Psychosocial Support in Emergency Settings, the term mental health and psychosocial support services is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. During this mapping exercise subsequent questions have been asked about MHPSS and Stigma prevention services from the participating organizations. The questions were defined in line with the IASC Manual and activity codes for the 4Ws in MHPSS. Results showed that only 14% organizations provide services in Psycho-social Support and Stigma prevention in the selected five districts of Gilgit Baltistan. They provide different type of services in PSS and Stigma prevention.

Some common activities are mentioned under here:

1. Awareness sessions
2. Life skill training sessions (Stress and anxiety management)
3. Peer to peer counseling
4. Basic Group Counseling
5. Established rehabilitation centers

Two organizations from participating organizations provide most of the above services in all five selected districts of Gilgit Baltistan while CEENA Health and Welfare Organization provides services in Gilgit Division only.

. These organizations are:

1. Rupani Foundation Pakistan
2. Mehnaz Fatima Education and Welfare Organization

Most of the participating organizations provide level 2 services of MHPSS according to recognized MHPSS³ pyramid levels under IASC



³ IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2012). Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes (field test-version). Geneva.

standards. Only 6.8% organizations provide level three PSS services and no any organization provides services of level four or above of MHPSS pyramid under international stander of IASC. Following chart provides activity wise percentage of organizations provide services in MHPSS for children and adults.

Results of the study show that 100% of the organizations provide awareness sessions to children and adults in MHPSS. 96.5% organizations provide life skill training, too. Basic group and Peer to peer counseling facilities are providing by only 10% of the total participating organizations. And lastly, only 7% of the participating organizations provide rehabilitation center facility to the children and adults of the Gilgit Baltistan.

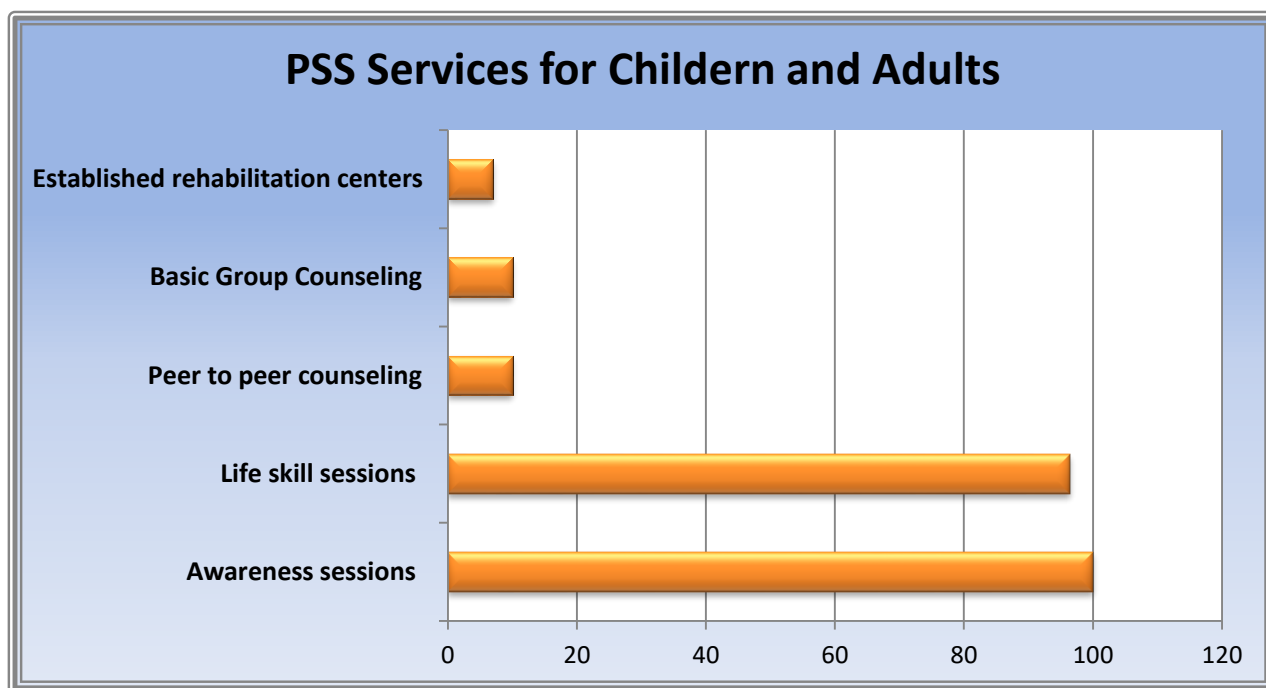


Figure 7: MHPSS Services for Children and Adults

The following table provides details of the organizations that provide the MHPSS Services for children and adults in selected districts of Gilgit Baltistan. Zero and one are the codes given against the activity. One means the organization provides the services of the relevant activity and Zero means this activity is not provided by the organization.

Table: PSS Services for Children and Adults

S.NO	Name of Organization	Activities of MHPSS Services for Children and Adults				
		1	2	3	4	5
1	Rupani Foundation Pakistan	1	1	1	1	0
2	Women Development Organization Company	0	0	0	0	0
3	Domote Civil Society Organization	0	0	0	0	0
4	Mahnaz Fatima Education and Welfare Organization	1	1	1	1	1
5	Rahimabad LSO	0	0	0	0	0
6	Syedabad Sahara Welfare Organization	0	0	0	0	0
7	Nine Star Women Development Association	0	0	0	0	0
8	CEENA Health and Welfare Foundation	1	1	1	1	1
9	Ustad Shoukat Foundation	0	0	0	0	0
10	Sakawar Student Organization	0	0	0	0	0
11	Anjuman e Hussain Nagar Welfare Trust	0	0	0	0	0
12	Naunehal Development Organization	1	1	0	0	0
13	Rakaposhi Community Development Council	0	0	0	0	0
14	Rakaphoshi Local Support Organization	0	0	0	0	0
15	Shainber Local Support Organization Chalt	0	0	0	0	0
16	Broshal Rural Support Program	0	0	0	0	0
17	Rakaposhi Development Organization	0	0	0	0	0
18	Stak Local Support Organization	0	0	0	0	0
19	Serman Local Support Organization Gole	0	0	0	0	0
20	Karakoram Local Support Organization Kawardu	0	0	0	0	0
21	Chunda Local Support Organization	0	0	0	0	0
22	KASAN LSO Shigari Khurd Skardu	0	0	0	0	0
23	Kachura Basho Rural Support Organization	0	0	0	0	0
24	SADA LSO Hussain Abad	0	0	0	0	0

25	Thagas Local Support Organization	0	0	0	0	0
26	Markunja Local Support Organization Shigar	0	0	0	0	0
27	Braldo Local Support Organization	0	0	0	0	0
28	Khapulo Local Support Organization	0	0	0	0	0
29	Kharkoo Saling Local Support Organization	0	0	0	0	0
Total		4	4	3	3	2

MHPSS and Stigma Prevention Related Capacity of Organizations:

It is very difficult to have an accurate finding of the authentic capacity of the organizations providing services in the selected five districts of Gilgit Baltistan. Data provided by participating organizations highlighted that volunteer who are the main human resource and capacity of the organizations are ranges from basic education to University graduates. In some cases and areas there are illiterate volunteers of the organizations who are working in organizations as volunteers. As the volunteers are 94% of the participating organizations while paid staff who are composed of only 6% of their total organizational capacity. The paid staff mostly is to carry out daily base activities of the organizations.

Only Mehnaz Fatima Education and Welfare Organization and Rupani Foundation Pakistan have professional staff to provide PSS and Stigma Prevention Services in Gilgit Baltistan. Other organizations mostly rely on hiring of professional consultant or services of a professional to train their staff and volunteers in emergencies.

OVERALL FINDINGS:

The mapping exercise showed that amongst the 29 participating organizations, most of the organizations are UC based local support organizations working in their relevant UCs. In terms of service provision, only 14% of the organizations deliver MHPSS and Stigma prevention services for children and adults. Most of the MHPSS service providing organizations provides the services along with other social development activities. Many of the NGOs participated are providing the services along with education facilities. Mehnaz Fatima Education and Welfare Organization properly operate an inclusive educational institute in Gilgit city and Rupani Foundation runs Early Childhood Development Schools for children and Agah Walideen (Informed Parents) program for parents. It has been noted in the study that no any organization is providing research and training services.

Most of the participating organizations reliance on volunteers (94%) for their general human resource requirements and volunteers has various educational backgrounds from illiterate to post graduates. Most of the organizations do not have professionally trained staff in MHPSS and Stigma services.

Only 14% of the participating organizations provide basic awareness sessions and provide life skills trainings to children and adults. Only 10% participating organizations provide basic group and peer counseling services to children and adults. Moreover, only 7% organizations provide rehabilitation center facility to children as well as adults.

Study counted the total number of beneficiaries 3721. Of them 53% are adults while only 47% are children. There is a gape in children and adult beneficiaries. This study could not investigate the reason of this difference and recommends a proper study to be conducted to probe the reasons.

LSOs have developed an LSO Directory to keep contacts with each other however; there are no any proper networks functional in the area. Networking may be more beneficial to counter the disasters and crises. Networking of the organizations may reduce the human resource and financial expenditures and increase the effectiveness of every invested penny upon the target communities.

3. CHALLENGES AND RECOMMENDATIONS

Challenges:

Based on the data and information provided by participating organizations through the questionnaires, interviews, and discussions with the consultant, some of burning challenges and obstacles have been identified. One of these challenges is that the organizations do not have professional and trained staff for MHPSS and Stigma Prevention services. This reduces the impact of their activities conducted with children and adults in the field. And study indicates to increase the quality of interventions through staff training and providing/hiring of professional and trained staff for MHPSS and Stigma prevention services. Organizations have lack of capacity in MHPSS and Stigma prevention. Most of the organizations do not have any a single dedicated staff from both paid staff and volunteers for MHPSS and Stigma prevention services.

Lack of financial resources is a main challenge for the organizations. They mostly depend upon the donors to generate funds for MHPSS and Stigma prevention services. In emergency situations these organizations could not provide even initial services to the vulnerable children and adults. Donor-driven approach and the lack of a clear and agreed-upon strategy are all major obstacles for child protection and the efficient delivery of services to the most vulnerable children and adults in Gilgit Baltistan.

MHPSS and Stigma Prevention Activities:

The study found that there is a small fraction of organizations that provides MHPSS services to a small population of children and adults. It was neglected in Gilgit Baltistan while it has strong demand in the communities to protect the vulnerable children and adults even. During and after the current pandemic COVID 19 organizations a huge population of children and adults is expected to be suffered mentally, psychologically and socially.

Lack of Financial Resource:

Most of the participating organizations lack in financial resources to provide MHPSS and stigma prevention services to children and adults. Mostly, they wait for donors to carry out the MHPSS and stigma prevention services for vulnerable children and adults. Only 5% of the human resource of the organization paid staff to carry out general activities. It proves that organizations are financially lacking in Gilgit Baltistan to provide MHPSS and stigma prevention services to vulnerable children.

Lack of Trained Human Resource:

95% human resource of the participating organizations is met with volunteers to carry out the organizational activities. Usually volunteers go back and forth for their own personal requirements and they change frequently. Replacement of the volunteers within the organizations is a challenge to deliver services in MHPSS and Stigma prevention in Gilgit Baltistan. Organizations have no dedicated staff or departments to provide MHPSS and Stigma prevention services.

Lack of Cooperation

Another relevant challenge is the lack of meaningful cooperation between organizations regarding MHPSS and stigma prevention services. There is no any dedicated network of the organizations in Gilgit Baltistan. AKRSP has developed an LSO Directory in 2008 to provide an opportunity to develop coordination among the LSOs but organizations are failed to develop any meaningful network for MHPSS and Stigma prevention services. Therefore organizations in Gilgit Baltistan have lack of cooperation to provide MHPSS and Stigma prevention services.

Donor-driven Programs

Another very appropriate hurdle for the effective and efficient provision of services to children and adults in Gilgit Baltistan is the intense donor-driven approach in the implementation of programs and projects. During the interviews, organizations recognized that their strategic priorities do not necessarily match with the priorities of the donors and that their most needed

interventions are not always funded and adequate funding mechanisms are not put in place by donors through core funding of CSOs, leading to top-down prioritization of needs and resources.

Lack of Government Policies:

Political instability of government in Pakistan and limbo situation of political state of Gilgit Baltistan did not provided any opportunity to devise a clear policy for the organizations. That is another challenge for the staff of the organization. They could not properly implement or avail the funds from the donors. Usually governments change their policies regularly which create uncertainty among the staff and donors of the organizations providing services to children and adults.

RECOMMENDATIONS

Based on the results of the mapping exercise activity and inputs from the organizations, this section provides some significant recommendations in order to improve the performance of service providers in Gilgit Baltistan.

Accelerate the MHPSS and Stigma Prevention Interventions

During the mapping exercise it was strongly demanded by the organizations to initiate and accelerate MHPSS and Stigma prevention interventions/projects to protect vulnerable children and even adults in age of COVID-19.

Provision of Trained Staff:

As most of the organizations rely on the volunteers and regular replacement of the volunteers have great effect upon the quality services providing by the organizations. To increase the quality of services, organizations need to hire and provide trained and dedicated staff for MHPSS and Stigma prevention activities. Being a backward region of Pakistan, Gilgit Baltistan faces lack in the trained and professional human resource in MHPSS and Stigma prevention.

Provision of Training to Teachers

Teachers of all the public and private schools in Gilgit Baltistan are not trained in MHPSS and stigma prevention as they are deal the students on daily basis in the Schools. Teachers need professional training to cope with MHPSS and stigma issues of the students.

Introduce Research and Training

It is been noticed during the study that no any organization conducts research and training activities for knowledge production and train their staff, volunteers, social mobilizers, community leaders and Teachers in MHPSS and Stigma prevention.

Sustainable Financial Mechanism

Organizations mostly rely on the donors to provide services to vulnerable children and adults even at the time of emergency. These CSOs are the first to act in disasters in the societies. They are lacking in funds to act as community institutions to protect vulnerable children and adults. However, need may arise locally at any time therefore organizations should raise funds to meet the urgencies and provide quality services to vulnerable children and adults.

Develop Networking on the Basis of Shared Responsibilities, Accountability and Mutual Benefit

In terms of modalities of implementation, an equal-partner approach between organizations should be promoted, building on the existing initiatives between participating organizations in this mapping exercise. CSOs should replace the existing one-way partnership relationship with one that is based on shared responsibility, accountability and influence. All parties should meaningfully contribute, be heard, learn from and benefit mutually from a longer-term integral relationship that brings better organizational and programming capacity. Special consideration should be given to strengthen organizations of rural areas that are active in the village and organizations that are traditionally involved should visualize the best way to establish a long-term action plan for the community. Partnerships can be more beneficial at districts and Tehsil

level. Local support organizations of a district may develop district based network for MHPSS and stigma prevention. Organizations may promote on available resource, skills, and strength based partnerships. They may share responsibilities and benefits, develop and mutual accountability mechanism.

Annexure

Index of Participating Organizations

Name Organization	Contact Person	Telephone No.	Email
Domote Civil Society Organization	Muhammad Badshah	3555045919	
Mahnaz Fatima Education and Welfare Organization	Khadim Ali Hassan	3555552149	cicd@mehnazfatimafoundation.org.pk
Rahimabad LSO	Rozina Shahan	3125200729	lsorahimabad@gmail.com
Rupani Foundation Pakistan	Shah Ali Dad	3331406609	shahalidad@gmail.com
Women Development Organization Company	Sahib Jan	3449494077	zaffarbaig12@gmail.com
Syedabad Sahara Welfare Organization	Riaz Ali	5811543014	sswogilgit@gmail.com
Nine Star Women Development Association	Farida Imtiaz	3445586960	faridaimtiaz999@gmail.com
CEENA Health and Welfare Foundation	Shahana Shah		sahane.shah@gmail.com
Ustad Shoukat Foundation	Nahida Parveen	3129742220	
Sakwar Student Organization	Diyanat Hussain	3008830814	sso.gb.pk@gmail.com
Anjuman e Hussain Nagar Welfare Trust	Tahir Hussain	3466375223	

Naunehal Development Organization	Muhammad Alam	3101269918	ndo.ngr14@gmail.com
Rakaposhi Community Development Council	Shahid Hussain	5813410126	rcdc.ghulmat@gmail.com
Rakaphoshi Local Support Organization	Israr Hussain	3109270590	rlso51214@gmail.com
Shainber Local Support Organization Chalt	Iqbal Hussain	3456428857	iqbalgm57@gmail.com
Broshal Rural Support Program	Myhammad Baqer	3129705077	brsp.hoper@gmail.com
Rakaposhi Development Organization	Muhammad Ali Faizi	5813420001	rdosasvalley12@gmail.com
Stak Local Support Organization	Zahid Hussain	3555132028	wazirzahid@gmail.com
Serman Local Support Organization Gole	Muhammad Abdullah	3555198986	sermanlso.org@gmail.com
Karakoram Local Support Organization		3473632915	karakuramlso@gmail.com
Chunda Local Support Organization	Ejaz Hussain	3453934008	wazirmirmat@gmail.com
KASAN LSO Shiari Khurda Skardu	Sher Muhammad	3469556858	ksanlso.2005@gmail.com
Kachura Basho Rular Support Organization	Muhammad Hassan	3212581462	kblso2018@gmail.com
SADA LSO Hussainabad	Muhammad Ali	5815454855	lso.hussainabad@gmail.com
Thagas Local Support Organization	Riaz Mehdi	3334127427	lsothagas@gmail.com
Markunja Local Support Organization Shigar	Fida Ali	3555262999	tms.shigar@gmail.com
Braldo Local Support Organization	Ghulam Ali	3469164130	zamanaskoli@hotmail.com
Khapulo Local Support Organizatoin	Asif Ali	3555193818	asifali5846@gmail.com
Kharkoo Saling Local Support Organization	Inayat Ali	3422757862	kharkooovi62@gmail.com

