

**ANNUAL PROGRESS REPORT**

**“Innovative Project”  
HIV&AIDS and Sexual &  
Reproductive Health and Rights**

**Reporting Period:**

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**Submitted to:**

**Oxfam Novib**

**By:**

**Sungi Development Foundation**

**Thardeep Rural Development Programme**

**ROZAN**

**Aahang**

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## **Abbreviations and Acronyms**

ACC	Area Coordination Council
AKU	Aga Khan University
DPMT	District Project Management Team
KAP	Knowledge Attitude and Practice
KPK	Khyber Pukhtoon Khawa (formerly: NWFP Province)
LSBE	Life Skills Based Education
LSO	Local Support Organization
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NGO	Non Governmental Organization
PAVHNA	Pakistan Voluntary Health & Nutrition Association
SRHR	Sexual and Reproductive Health Rights
TRDP	Thardeep Rural Development Programme
UC	Union Council
VC	Village Committee
WPF	World Population Foundation

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## **1. Project Introduction**

Under the “Innovative Projects” initiative of Oxfam Novib, Sungi Development Foundation, Rozan, Thardeep Rural Development Programme (TRDP) and Aahung have developed and initiated a project entitled “HIV/AIDs and Sexual and Reproductive Health Rights (SRHR), to be implemented in Haripur district of Khybe Puhktoon Khawa (KPK) and Mithi District in Sindh. The project was developed and being implemented with technical and financial assistance of Oxfam Novib. The project is implemented jointly by Rozan, TRDP, Aahung and Sungi. Aahung and Rozan are providing technical assistance to TRDP and Sungi to implement the project in respective field areas. Sungi is the consortium lead in project implementation.

TRDP is implementing the project in district Tharparkar with the community based adolescents groups of boys and girls, whereas Sungi is implementing the project activities in district Haripur with the school going adolescents (girls and boys).

Despite, benefiting the direct beneficiaries, one of the key objectives of the project is to strengthen the capacity of the partner organizations to enable them to integrate and address the issues of SRHR in their community development programmes.

### **1.1 Project Stakeholders**

- The direct target groups of the project are school going adolescents (boys/girls ages 12-16 years) of District Haripur (Khyber Pakhtunkhwa) and out of school adolescents (boys/girls 12-18 years) of District Thardeep (Sindh).
- The indirect beneficiaries are staff of TRDP and Sungi, parents, officials of education and health departments, local community leaders, elected representatives, basic health providers and general community.

### **1.2 Project Goal**

The overall goal of the project is:

“Empower Youth through gender sensitive Life Skills Based Education programme that leads to prevention of HIV and AIDS in Districts of Tharparker and Haripur”.

### **1.3 Project Objectives**

- Strengthen partner organizations to integrate SRHR with gender mainstreaming in their Rural Development Programmes.
- Educate girls and boys in their adolescent age on issues of SRHR including HIV and AIDS and Gender through Life Skills Based Education (LSBE) Programme. and
- Create SRH and gender sensitive enabling environment for SRHR in project area
- Develop and implement monitoring and evaluation system

### **1.4 Project Area and Roles of Consortium Partners**

Sungi is working in 3 union councils of Tehsil Ghazi, District Haripur i.e Kherbara, Kundi and Baitgali to implement the LSBE curriculum with school adolescents (12-18 years) while TRDP is implementing the project activities in 2 union councils of Mithrio Bhatti and Malanhore Veena and 11 high schools in Mithi, Diplo, Islamkot and Nangarparkar towns for in school youth. Rozan and

Aahung are providing technical support and capacity to the Sungi and TRDP in implementation of this project.

## 2. Project Achievements

Project work plan was revisited and approved by the National Project Management Team, and shared with Oxfam Novib. Following are the key achievements against targets during the reporting period.

### **Objective 1: Strengthen partner organizations to integrate SRHR with gender mainstreaming in their Rural Development Programmes**

The consortium of four national organizations working in different socio economic backgrounds and having diversified experiences was formed to design and implement this project, with a purpose to enable all the organizations to learn from each other to strengthen their capacities for designing and implementing similar programmes. The project design ensured that organizations with different but complementing skills, experiences and outreach shall be the part of this programme. Rozan and Aahung are the partners with technical expertise on HIV and AIDS programming, whereas Sungi and TRDP are having strong experience in social mobilization, and having outreach with the beneficiaries.

Joint project planning and implementation had created sound understanding of the all the partners on Sexual and Reproductive health programme planning, to incorporate SRHR and HIV & AIDS issues in the community development programmes. Sungi and TRDP management and staff had been oriented in HIV & AIDS and SRH issues and ROZAN and Aahung had direct exposure to the rural communities.

The key activities planned to contribute this objective during the reporting period were;

- Capacity building of implementing staff
- Capacity building training for staff of TRDP and Sungi

Sungi and TRDP engaged staff for this project and organized in house orientation for the support of Rozan and Aahung. Key staff members of Rozan and Aahung, were part of the project development team and took lead in project implementation. Sungi and TRDP field staff attended two training workshops organized by Aahung and Rozan.

Sungi and TRDP staff received training to carry out baseline, which was conducted by the consultant. The staff carried out baseline exercise under the guidance of consultant. This resulted in developing staff's facilitation skills to discuss SRHR issues with partner communities and stakeholders in conservative and sensitive cultural setting. Despite the staff working in project area, Sungi and TRDP included additional staff from other programme areas in this exercise, to orient them on SRHR and HIV & AIDS issues.

Curriculum on SRHR education had been developed during the reporting period by Aahung and Rozan. Its test run is planned to be done during May and June, in which Sungi and TRDP staff will be involved. Once the curriculum and training manuals will be finalized, staff will receive training from Aahung and Rozan. Initially these trainings were planned during the last quarter of the reporting year, but it could not happen due to the reason that curriculum was not finalized, which happened due to the delayed report of the baseline.

Based on the findings of the baseline study, it was realized that Tharparkar and Hariपुर community is not well sensitized on SRHR and may create resistance if TRDP or Sungi were to go directly and start working with youth. In order to overcome this barrier, it was strategized that

TRDP and Sungi must start working on creating the enabling environment in the areas, through sensitizing youth, parents, community elders and religious leaders on SRHR issues.

In this regard, orientation workshops regarding SRHR were conducted by Sungi and TRDP for their field staff, through regular programme. These events were carried out to strengthen the implementation of the project activities by orienting field staff on basic concepts of SRHR. ROZAN and Aahung facilitated these workshops at Ghazi, Haripur and Mithi Tharparker. They successfully oriented the field staff on self awareness, youth issues, dealing with myths and misconceptions regarding sexual reproductive health, human rights, gender discrimination. The orientation provided conceptual clarity to field staff on sexual and reproductive health and rights.

**Immediate Results:** The field teams carried out sessions with the community members on the platform of existing village organizations, which helped developing ownership of communities on the project. As a result, SRHR became one of the common agenda of the VC meetings to be discussed and it had been emerging as one of the key issue to be addressed and taken care of in Village Development Plans prepared by the VCs, as the immediate results of these interventions. Since, staff working in other districts was also capacitated and involved by both Sungi and TRDP, in this programme, and similar results are visible in regular working areas of Sungi and TRDP.

**Financial Achievements:** As a whole there was only 2% of financial spending against the total two-year budget for the activities under this objective, due to aforementioned reasons. All the planned activities will be done during the first half of the next year, as part of the overall implementation strategy.

**Objective 2: Educate girls and boys in their adolescent age on issues of SRHR including HIV and AIDS and Gender through Life Skills Based Education (LSBE) Programme.**

Following were the key activities planned for the reporting year:

- In-School Curriculum-Adaptation & Revision of Existing Manuals
- Out of School Curriculum Development
- Development of IEC Material/Curriculum for 'out of School'
- SRH sessions with school children (Phase 1)

Aahung and Rozan initiated development of the curriculum once the baseline report was available. Finding of the baseline was shared with all partners in the National Project Management Team meeting. Rozan and Aahung had a series of meetings and discussion to identify curricular contents on the basis of the base line survey. Visits to the field area in Tharparker and Haripur were done by Aahang and Rozan team to meet with the key stakeholders for the better understanding of the needs and socio-cultural context. This understanding was necessary for Aahung and Rozan to develop culturally sensitive and appropriate curriculum and IEC material.

Aahung and Rozan shared and reviewed their existing materials, modules and resources on SRHR and emotional health, to use the existing resources. Training and information, education and communication material of other organizations like PAVHNA and WPF was also studied for reference, and shared with Sungi and TRDP.

Sessions were identified and responsibilities were shared in this regard by both the organizations to further improve sessions by adding role plays, questions, stories; and guidelines for teachers as well as participants etc. Session on child sexual abuse and violence were discussed in detail keeping in view the sensitive nature of the issues in both working areas, where these sessions are to be conducted. Importance of the CSA sessions was highlighted by both organizations as the need assessment. It was decided that this session to be added in facilitator guide for the better understanding of child abuse as well as handling of such cases sensitively if the need arises.

Rozan reviewed current manuals, workbook and modules to better understand the methodology used and also to identify areas that could be added, based on the baseline findings and Rozan's own expertise in emotional health. Once the final list of contents was agreed upon, Rozan took the responsibility of developing sessions on; self awareness, healthy expression of feelings, communication skills and assertiveness, human rights, child sexual abuse, violence and gender issues. The rest of the sessions, particularly on SRHR and HIV and AIDs were developed by Aahung. Main session include; health, self awareness, emotions and feelings, body changes, body protection, health seeking, safe motherhood, Hepatitis and HIV and AIDS.

After a rigorous process sessions were developed by both the organizations. Drafts were prepared by both organizations, which were shared in a meeting to finalize. In this meeting the modules were reviewed holistically and appropriate changes were made. After the sessions were modified and finalized by the team the sessions were translated in Urdu and shared with partners.

The curriculum will be pilot tested during June and July in both locations with the involvement of Sungi and TRDP staff. After the feedback of Sungi and TRDP and other stakeholders, manuals will be printed; and project staff and teachers will be trained.

No detailed SRHR sessions were carried out during this period, due to unavailability of the final curriculum, training and IEC materials. However, both Sungi and TRDP teams carried out basic orientation sessions and discussion with the target groups, as mentioned in preceding section.

**Immediate Results:** Staff of Sungi, TRDP, Aahung and Rozan were extensively consulted and involved in the process of baseline and curriculum development. It helped them to understand the prevalent issues on SRHR and knowledge, skills and practices of the community. Involvement of the community and other stakeholders was also ensured through using the baseline results and visits by the curriculum development team. It raised ownership of the partners in the process. It was good to note that the partners are asking for the final version of curriculum.

**Financial Achievements:** Financial achievements against this head were 23% against the overall budget, which is in line with the plan and achievements. Rest of the amount will be consumed in printing of modules and IEC materials and related activities planned during the coming year.

**Objective 3: Create SRH and gender sensitive enabling environment for SRHR in project area through assessment and sensitization**

Following were the key activities planned for the reporting period:

- Engaging consultant to work on designing of Assessment Tool (Baseline)

- Finalization of SRH definitions and indicators in local context for incorporating in Assessment Tool
- Orientation of Tool for Implementing Staff of TRDP & Sungi
- Implementation of Assessment Tool through baseline tool (KAP survey)
- Hold 2 dissemination and project launch forums to share Baseline Reports
- Sensitization sessions (having theater performance) for stakeholders

All the partners were given responsibilities in carrying out the baseline KAP assessment. A number of proposals have been reviewed and a competent consultant was finalized in National Project Management Team meeting, on the basis of her expertise, understanding and previous experience in conducting baseline surveys on sexual and reproductive health. Dr. Neelofer Sami of Aga Khan University, Karachi (the Consultant) started baseline on Knowledge, Attitudes and Practices (KAP) survey on SRHR in the two districts of the project in May 2009, and draft report was produced. Separate Survey was conducted for both Haripur and Tarparkar, which took more time than planned and caused slight delay in other project activities i.e. curriculum development and development of web based M&E system.

Following were the key objectives of the baseline;

- To understand the perspectives of adolescents and other stakeholders (the parents of adolescents, community members, teachers and health providers) about SRHR for adolescents
- To understand the knowledge, attitude and practices and needs of adolescents in context of education and health in general and SRHR in particular including HIV, gender justice and stereotype, violence, changes at puberty, role of men and women in the society and its impact, healthy and unhealthy relationship, information about marriage and marital rights
- To identify the materials and interventions that could be used for educating the adolescents for the issues related to SRHR
- To identify factors that influence the utilization of SRHR services for adolescents by them if available

Focus Group Discussions, In-depth Semi-Structured and Key informant interviews were used for qualitative and quantitative analysis. Questionnaire and check list was prepared, reviewed by all stakeholders, and pre-tested before use. Information on the quantitative aspect of the study was collected from girls and boys aged 12-18 years residing in low socio-economic areas and with out of school adolescents in Mithi and school going adolescents in Haripur. Sungi and TRDP field and programme staff was engaged in carrying out this study. The consultant arranged orientation session with Sungi and TRDP staff and supervised the study. Data was analyzed and report was prepared and draft was submitted to partners for feedback. The final version of the report was approved by the national project management team in its regular quarterly meeting.



Focal Group Discussions and a number of in depth interviews with men, women and children provided opportunity to the community to initiate thinking on SRHR and HIV & AIDS. This was followed up by sensitization sessions by the Sungi and TRDP field teams through village committees. Both Sungi and TRDP organized sessions to share findings of the reports with the

partner community and stakeholders. Specific sensitization sessions are planned to be organized during the next quarter, once the training curriculum and IEC materials are developed and theater group developed.

A workshop was organized on January 21, 2010 in Mithi for stakeholders to share the findings of the Baseline. The Participants included Health and Education officials, men and women community representatives, union council Nazims, electronic and print media, other NGO officials and TRDP management and staff. Sungi Development Foundation also organized a similar workshop for stakeholders to share the findings of the baseline. The participants were community representatives, UC Nazims, men and women teachers, Imams of the Masjids, print media and Sungi staff.



**Immediate results:** All the activities contributing this outcome have been completed successfully, except sensitization sessions. Immediate outcome of these activities was a baseline study, which has been used to develop the Curriculum and IEC materials. In addition, this resulted in sensitization of the partner's communities; children and other stakeholder participated in the process. It had been observed that sensitized communities are now discussing SRHR agenda in the regular meetings and it is becoming part of the village development plans in Sungi and TRDP working areas.

**Financial Achievements:** Financial spending against the overall budget under this objective was 83%, against the two-year budget; and the remaining amount will be consumed while carrying out theater based sensitization sessions during the coming quarter according to the plan.

#### **Objective 4: Develop and Implement Monitoring and Evaluation System**

Monitoring and evaluation has been given prime importance in this project, which also includes development and practice of a web-based M&E system. The purpose was to test a web based M&E system to be used in similar projects in future. Following were the key activities under this objective to be carried out during the reporting period.

- *Formation of National Project Management Teams (NPMT)*
- Formation of District Project Management Teams (DPMT)
- Develop M&E Strategy for project
- 2 days Training workshop for partners in web-based M E & R System
- Facilitate review meeting
- DPMT Quarterly Review meetings
- NPMT's Six Monthly Review meetings
- Development of Annual Monitoring Reports
- On Job Facilitation / Monitoring visits

National Project Management Team was formed comprising of relevant staff members from all the four organizations. Sungi being the lead is the secretariat of this team and responsible for calling regular meetings. The meetings are being held regularly on quarterly basis and are hosted by different partners on rotation basis. This team plays a vital role in strategizing, planning and reviewing progress of the project on regular basis. The team meets quarterly, but it also plays a role in programme improvement and decision making during the project implementation through giving their inputs and support to partner organizations. The members are responsible to review drafts of all relevant documents i.e. TORs of studies, inputs in implementation plans of partner

organizations, technical inputs in documents i.e. curriculum and reports, ensuring reporting and other activities within their organizations.

A district project management team was established as part of district health forum being facilitated by Sungi in district Haripur. This is lead by Executive District Officer Health, members of Area Coordination Council (ACC) of Kher Bara, Kundi and Baitgali UCs, NGOs representatives, teachers of relevant schools and Sungi's Zonal program coordinator. Regular meeting of the district health forums were carried out with an agenda of this project, and progress was regularly shared with the forum.

District Project Management Team was formed by TRDP to review the project activities on a quarterly basis. The 10 member's team includes 2 officials from the district Health Department, 2 from the district Education Department, the chairperson of 2 representative of Local Support Organizations (LSOs) and 4 TRDP officials, including Manager Social Services Sector, Manager M&E, Manager Finance and District Manager Tharparkar.

To develop M&E strategy for the project, World Population Foundation (WPF) was engaged as a consultant with the mutual consultation of all four partners. The M& E Framework will aim at:

- Evolving accurate and practical indicators for both quantitative and qualitative outputs and outcomes;
- Gender segregated data base management
- Ensuring that M&E frameworks and indicators are sensitive to issues of gender equality;
- Building in-house capacities to define realistic programme objectives, outputs and impacts, and designing appropriate sub-programme level M&E interventions.

Meetings were held with the consultants and the process was initiated and clear TORs were given. The consultants also visited field area, met with beneficiaries and read the baseline report to use it as the basis of M&E system. The consultants took some time to develop the draft strategy, and were waiting for the final version of the curriculum, to be included in relevant indicators/variables. The draft strategy was completed during the reporting period and it will be finalized during the next quarter. A training workshop for staff of all the partners will be held, once the web based system is in place, and will be used for monitoring and evaluation of project interventions.

As a whole the basic activities under this objective were carried out at right time. M&E strategy was planned to be developed once the baseline is complete, curriculum is developed. The process was initiated simultaneously and draft is ready, but it could not be implemented during this reporting period as planned. This will be done during the next quarter. Rest of the activities like National project management team meetings were held regularly. Monthly planning and review of project was carried out regularly as part of organizational planning and review process.

**Financial Achievements:** There was 34% spending in this budget head against the overall budget for two years. Since the M&E system was not finalized during this reporting period, so the consultant fee shall be paid once it is done.

**Immediate results:** Immediate impacts of the processes initiated were visible in the form of increased commitment of the stakeholders in carrying out project interventions. District government officials, teachers and community organization have been very active in supporting baseline and subsequent activities. This had been achieved through making them part of the

DPMT and involving them in project management. This will help Sungi and TRDP to carry out SRHR and HIV and AIDS awareness raising activities, in a culturally sensitive environment.

### **3. Challenges faced**

- Due some unavoidable reason focal person of innovative project in Oxfam Novib was changed, just at the time when the project was signed. There was a need to revise some of the sections in the contract, which resulted in delay, and interim focal person helped partners to initiate the project in April, 2010.
- Staff turnover and changes of the responsible staff in all four partner organizations was also a challenge to be addressed. It resulted some delays on part of the concerned partners, because the new staff took some time to understand project approach and processes.
- Managing coordination mechanism and ensuring inputs and participation of all partners, while they are based in distant locations, was a challenge. This was managed well, but with lot of efforts from all partners.
- The time planned for baseline study and module development took more time than expected. This happened besides careful and timely actions, because of the cultural constraints and external factors which slowed down the process on ground. In addition, separate baseline study designs were prepared for both school going and out of school children. Such factors shall be considered during the planning.
- Module development for school going adolescents took more time than expected as the time committed in the beginning of the project was too short whereas developing a curriculum on the sensitive issues of emotional sexual and reproductive health needs careful and cultural sensitive content module development. Translating the English to Urdu sessions also took more time than expected as the sensitive and right selection of Urdu words was crucial.
- Sexual Child Abuse (CSA) is one of the major issues identified in baseline. Due to sensitive nature of the issue, there were concerns of the organizations and field teams in including CSA sessions in curriculum. It took some time to finally agree that; CSA shall be included in the facilitator guide and shall not be included in trainees handbook.

### **4. Lessons learnt and the way forward**

- Community members and parents shall be sensitized on SRHR before initiating work with the youth.
- There is no curriculum in Pakistan that has been developed for working with out-of-school youth on SRHR. This is the first initiative in this regard.
- The project approach and design is a practicable model for integrating SRHR and HIV & AIDS awareness raising programme through integrated community development programs and if properly implemented it can result in long lasting impacts.
- Sungi and TRDP can utilize learning to replicate this model and to integrate it in regular programmes and other projects.
- Oxfam Novib, shall continue supporting such initiatives, in a similar consortium model, with other organizations, once the project is successfully implemented.
- Since all the basic and vital activities had almost completed, it is envisaged that all the remaining activities and process will be completed well in time.

## Brief Introduction of Consortium Partners

**Aahung:** Aahung is a Karachi based organization working to improve the sexual health of men, women and adolescents since 1995. Aahung believes that all human beings have the right to have good sexual health as enshrined by the United Nations and ratified by all of its member states. Through its interventions and activities, Aahung aims to raise awareness and self-esteem, to improve health seeking behaviour and to promote healthy relationships based on equality and respect. Aahung is recognised as a pioneer in the area of sexual health and rights in Pakistan and has experience of working with a number of partners to develop innovative and interactive SRHR training, clinical and advocacy programmes addressing a broad range of sexual health issues in Pakistan.

**Rozan:** Established in 1998 Rozan is working on emotional and reproductive health, gender and violence against women and children. Its mission is “to have worked with all people, especially women, youth and children, to collectively strive for a society that is violence free, self aware, accepting of itself and others”.

Key Rozan interventions strategies are:

- Capacity building and training
- Counseling and Referral
- Consciousness Raising

Innovative project is taken by one of Rozan Program Youth Help Line (Program for the youth): working with young people on their emotional, sexual and reproductive health. The Help line offers counseling to young people via a toll free number that can be accessed from all over the Pakistan. The service is operational 7 days a week from 10.00 a.m. to 8.00 p.m.

**Sungi:** Sungi Development Foundation was established in the year 1989 as a non-profit, non-governmental organization. Being one of the largest national NGOs, Sungi works to bring about policy and institutional changes by mobilizing deprived & marginalised communities with a view of creating an environment in which communities at the local level may be able to transform their lives through equitable and sustainable use of resources. Sungi has evolved a unique approach whereby it has combined advocacy work with grass roots development to bring about an environmentally sustainable socio-economic development order. Sungi is working in rural communities of Khyber Pakhtunkhwa<sup>1</sup> and Azad Jammu and Kashmir.

**Thardeep Rural Development Programme:** TRDP was formed in July 1998 and registered under the Societies Act, 1860. TRDP started as a relief project of Save the Children in the Tharparkar Desert (1988-1996). TRDP has been working as an integrated rural development support programme. Initially, it was working in Tharparkar Desert (district Tharparkar), but since 2004, TRDP has expanded to all arid zones of Sindh, including districts Umerkot, Dadu, Jamshoro, and the eastern desert part of district Khairpur. Currently, TRDP works through 4 district offices is close to 4000 villages across the arid areas, using an integrated and holistic approach of rural development. Each district implements the integrated rural support programme (and additional projects) at the grassroots level through strategically placed field units and social mobilization teams.

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<sup>1</sup> Previously named as North West Frontier Province (NWFP)