

# SMAAJ Annual Report 2014



**Society for Mobilization Advocacy and Justice  
(SMAAJ)**



[www.smaajpk.org](http://www.smaajpk.org)

# SMAAJ's Identity, Vision, Mission and Values

## Our Identity – Who We Are

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

### Goal:

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

## Our Vision – For Change

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

## Our Mission – What We Do

The mission of SMAAJ is to mobilize and support and to develop the capacities of the disadvantaged and most vulnerable people of the society, to bring positive and sustainable changes in their lives by

minimizing the contributing factors towards poverty and vulnerability.

## Our Values – What guides our work

Extreme poverty must be targeted.

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

Our other values,

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

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# Message from the Executive Director



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

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

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

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

The commitment to working with the disadvantaged people in the province and fulfilling our mission is very evident throughout the organisation.

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

Based on a solemn trust that we will use the resources available to save lives and reduce extreme poverty, this support, which now extends to communities throughout the province, is the life blood of the organisation. It is a trust I believe SMAAJ takes with great seriousness and will never take for granted.

SMAAJ is passionate about its work and we can change people's lives for the better with your continued kindness and support.

A handwritten signature in green ink, appearing to read 'Rasheed Shah'. The signature is stylized and written over a light blue horizontal line.

Rasheed Shah  
Executive Director  
SMAAJ



# Youth Reproductive Health and Rights



Right to say

**In 2014, we worked with over fifteen thousand people to improve their health, food security and education. The vast majority were youth, women and children. We know what needs to be done and we know how to do it.”**



**Youth  
Reproductive  
Health and Rights  
Session at College**

SMAAJ is in agreement with PARWAN Alliance 2011- 2015 supported by RutgersWFP. PARWAN (Unite For Body Rights) for promotion of SRHR and SGBV (Sexual and Reproductive Health Rights and Sexual and Gender based violence) in Quetta district based on the study conducted by Rutgers WFP as baseline research for its UFBR program.

### **Programme Background**

RutgersWFP launched a 5 years PARWAN (Unite For Body Rights) project for the SRHR (Sexual and Reproductive Health Rights) education in Multan & Quetta districts (with AwazCds and PIDS respectively) and for this purpose Life Skills Based Education (LSBE) has been adopted as a mean to empower young people in challenging situation. It refers to a process of providing awareness and equipping youth with prevention of techniques to enable them acquire knowledge, skills and develop attitudes for adopting healthy behaviours. The main objectives of the program are as under:

### **Program Objectives:**

1. Increased capacity of young people, women and marginalized groups to make safe and informed decisions on issues concerning relationships and sexuality, to deal with gender power relations and to seek quality, comprehensive SRHR services and information.
2. Increased quality of and access to comprehensive SRHR and SGBV services for young people, women and marginalized groups
3. Increased capacity of civil society organizations to manage SRHR education and services interventions.
4. Policy dialogue maintained or increased in favour of SRHR in civil society organization's countries and/or the region.

## Strategic Goal

The goal of overall advocacy strategy derives from the overall aim of the project which intends to create an enabling environment for the realization, of Sexual and Reproductive Health & Rights in the education and health sector.

Within the strategy, under the umbrella of PARWAN SMAAJ has advocated;

- To integrate youth friendly health service protocols in provincial health policies

### Objective: 1

To advocate for the inclusion youth friendly health services protocols at Provincial health policy with a special reference to Sexual and Reproductive Health & Rights by 2015.

## Programme Overview

All of the objectives on Unite for Body Rights Project serve as a backbone to the project and therefore “Increase capacity of civil society organizations to manage SRHR education and services interventions” needs equal attention. In order to achieve this objective the project team has decided to adopt a two pronged strategy.

On one hand it would be conducting workshop, on the basis of capacity assessment, to improve skills and capacity of CSOs to enable them plan SRHR/SGBV interventions, advocacy strategy and SRHR friendly organizational strategic plans, independently.

While on the other hand in order to encourage and help CSOs implement

SRHR/SGBV intervention which they would be trained on. Small grants would be allocated to them to reach out to community members once they are trained on aforementioned subjects.

### Goal:

The Parwan Small designed to reach out



to maximum community members with the key messages on SRHR and SGBV for creating an enabling environment for young people and women where they can exercise their Sexual and Reproductive Health and Rights and live a life that is free of sexual and gender based violence.

### Beneficiaries:

Community members/leaders, Media, Parents and teachers of young people (age 10-24 years)

Purpose: Raising awareness on Sexual and Reproductive Health Rights and Sexual (SRHR) and Gender Based Violence (SGBV)

### Areas of Intervention:

The Parwan Small Grant award for intervention proposal that contributes towards creating an enabling environment young people and women to exercise their Sexual and Reproductive Health and Rights and live a life that is free of sexual and gender based violence. In this regard, the objectives of each proposal must be identified from one or more of the following thematic areas:



### Community Advocacy

Parwan call for innovative advocacy projects that aim to raise awareness among the community leaders and members through interactive communication, builds local networks, and mobilizes their support for advocating for a positive change at policy level by influencing the target beneficiaries as well as the local stakeholders.

### Piloting Promising Practices

Parwan granting funds for innovative ideas for piloting new strategies for raising awareness; campaigning; building alliances with and between government entities; and engaging important stakeholders like youth, media, government, educators and health providers etc. The pilots should be small scale experiments to suggest strategies for creating an enabling environment for SRHR and aim to be completed and evaluated within the grant period.

### Specific Objectives

1. Reaching out to 100,000 young people, men and women with the key messages on SRHR & SGBV through Rutgers WPF documentaries
2. Involving Community members to advocate for SRH Rights and raise voice against SGBV

Based on earlier programme experiences and keeping in view the prevailing population dynamics in Baluchistan, SMAAJ acknowledges the benefits of investing in young people's development and health, including their sexual and reproductive health and rights for achievement of its national aim of improving quality of life. SMAAJ recognizes that programmes for young

people (age group of 10-24 years) are crucial to address the prevailing vulnerabilities including limited knowledge about their Sexual and Reproductive Health and Rights and almost negligible access to SRHR services; although carrying the growing burden of sexually transmitted infections including HIV and AIDS, sexual abuse and other life threatening challenges.

SMAAJ has responded and carried out flowing activities.



Project title: Awareness on Sexual and Reproductive Health & Rights (ASRHR)

Community session on SRHR and GBV:

Target group: Men, women and youth population with limited information and low literacy in the above geographical area

Overall Purpose of the Project

To stop the violence and create awareness become a respectful partner and to assist the client within a structured environment to change his/her violent behaviour and become a respectful partner.

Specific Objectives

Mobilize communities for improved awareness of SRHR issues and rights, and enhanced demand for access to SRHR services;

1. Improve access to standardized reproductive and sexual health



- services for women, men and adolescents;
- 2. Strengthen governance and management of health sector for effective SRHR care through Skill Development;
- 3. Ensure political commitment for advancing SRHR status of the communities in the area;

- STI management, Modern Methods of FP, Counselling and Communication on SRHR issues, Youth Friendly Health Services etc.

**Output:**

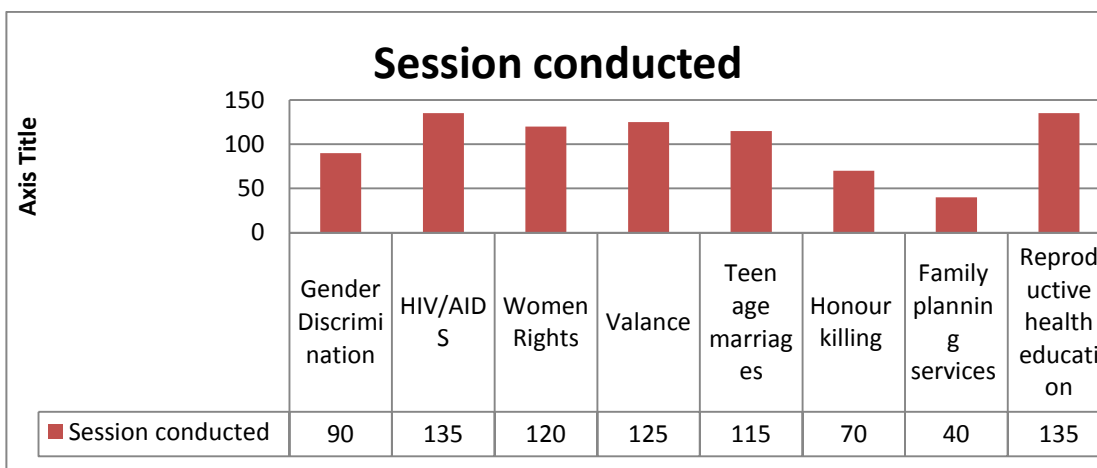
In total 250 women and men of (Abdul Qadoos Chowk and Sapsal road) oriented on the above mentioned topics:

**The approach**

Trough rights based approach, supporting Men women and young people’s sexual and reproductive rights. Another key approach is the behaviour change approach, focusing on the factors that shape young people’s (sexual) behaviour, including attitudes, skills and social influence.

**Training and capacity building activities:**

- Establishing and building the capacity of Community Activists (ACs) on counselling and communication about SRHR (including puberty, conception, STIs, FP, GBV etc)
- Awareness on HIV/AIDS and the other major diseases
- Skill building of traditional birth attendants.
- Skill Building of public and private medical doctors and LHVs on Safe Motherhood (including EmOC, tetanus toxoid (TT) vaccination,



SNO	Title of activities	No of beneficiaries
1	Community session on SRHR and GBV:	In total 250 women and men of (Abdul Qadoos Chowk and Sapsal road) oriented on the above mentioned topics
2	Awareness on Sexual and Reproductive Health & Rights through Media	Estimated covered 10000 30 media personnel oriented on the topic and highlighted their role
3	Mothers Day	Total 166 girls including teachers, mothers have been oriented and got their view point and comments.
4	Youth friendly sexual and reproductive health services and awareness campaign	Total student orientated 1500
5	One to one meeting with community leaders sensitization on SRHR	Total student orientated 10

**SMAAJ response on Parwan (Unite For Body Rights) for promotion of SRHR and SGBV (Sexual and Reproductive Health Rights and Sexual and Gender based violence) in Quetta district**

# Role of Media



**Role of media to sensitize youth for their reproductive health and rights**

## Awareness on Sexual and Reproductive Health & Rights through Media

**Project Title:** Awareness on Sexual and Reproductive Health & Rights through Media

**Target group:** Men, women and youth population with limited information and low literacy in Quetta District

**Specific Objectives:**

1. Mobilize communities for improved awareness of SRHR issues and rights, and enhanced demand for access to SRHR services;
2. Improve access to standardized reproductive and sexual health services for women, men and adolescents;

**Target Group:**

Population with limited information and low literacy especially (10000 Men, women and youth will be targeted)

**Activities**

- Community session
- TV talk
- Media orientation about their role
  
- Community session:
  - Sessions on Gender Discrimination
  - Women Rights
  - SRHR
  - Abuse
  - HIV/ AIDS
  - AVT Khyber :
  - Diseases HIV/AIDS H, ABCDE , Polio
  - Reproductive health (women health status
  - Education
  - Role of male

- Violence



**Media Orientation on SRHR and Role of Media**

**Output:**

- ✓ Targeted population 10000
- ✓ Estimated covered 10000
- ✓ 30 media personnel oriented on the topic and highlighted their role
- ✓ At least 10000 people reached through AVT Khyber (Pakistan)



# Mother's Day



**Awareness campaign and support women as mother for her Health and rights**

# Mothers' Day

Title: Mothers Day

Target area: Government Girls College  
Jinnah Town Quetta

Overall Purpose and objectives of the activity:  
Initiate awareness campaign and support women as mother for her rights and health

### Specific Objectives

1. Mobilize girls student and women for improved awareness of women importance as mother and her health
2. Target college girls and mother and less access to information and basic health facilities

### Topic:

- Mother role and responsibilities
- Mother health
- Gender Discrimination
- HIV/AIDS
- Women Rights
- SRHR
- Valance
- Teen age marriages

To reach to: Mothers and girls

### Output:

- Total 166 girls including teachers, mothers have been oriented and got their view point and comments. Students were keen to talk on this topic.
- Three mothers got award and participated actively



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# Youth friendly sexual and reproductive health services and awareness campaign



**Increased awareness on SRHR of stakeholders especially young people (with special emphasis on youth) in marginalized situations**

## Youth friendly sexual and reproductive health services and awareness campaign

Title: Youth friendly sexual and reproductive health services and awareness campaign



contraceptives, post-abortion care, management of sexually

### Purpose

1. Increased awareness on SRHR of stakeholders especially young people (with special emphasis on youth) in marginalized situations
2. Empowered youth groups to establish healthy sexual behaviors, make informed and responsible choices and advocate for meaningful participation in development of policies and
- 3.
- 4.
5. programmes

### Target area:

1. Islamia College
2. Science College
3. Moosa College
4. Commerce College
5. Degree college

### Purpose:

1. An enabling environment for diverse youth groups to easily exercise choices and rights regarding their sexual and reproductive health and seek relevant services
2. Developing and strengthening youth-friendly/life-skills friendly systems (health and education etc.) in the proposed area to have impact.

### Key services:

- Sexual and reproductive health (core essential)
- Information, counselling and services for safe motherhood,

- transmitted infections, nutrition education and counselling, menstrual hygiene
- HIV/AIDS
- Information, education and counselling for HIV; access to preventive commodities
- Voluntary counselling and testing; early diagnosis and treatment of STIs; and anti-retroviral therapy.
- Gender-based and sexual violence: Prevention, detection, counselling and follow up
- General health: General health check-up, eye, dental, counselling for substance abuse.
- Teenage marriage
- Honour killing
- Age of sexual consent
- Family planning services
- Reproductive health education

### Output:

Total targeted students 1350

Total student orientated 1500

Good support got from principal and education department. All students well participated. They discussed their issues and some of them referred to clinic

One to one meeting with community leaders sensitization on SRHR

The purpose of one to meeting was to address the following main points:

- Increased awareness on SRHR of stakeholders especially young



- people (with special emphasis on youth) in marginalized situations
- Sexual and Reproductive Health & Rights Education
- Institutional Strengthening
- Clear policy for youth services and facilities.
- Life skill education
- Role and support of the leader

SN	Name	Designation
1	Professor Siraj Ahmed Kakar	Principal Science collage
2	Professor Mukhtar Hussain Jaffary	Principal Moos Collage
3	Professor Abdul Rasheed Khan	Principal Islamia Collage
4	Professor Javaid Ahmed	Principal Commerce Collage
5	Professor Tareen	Principal Degree Collage
6	M1ss. Rubab Hameed	Joint Director Colleges
7	Roshan Barocha	Senator
8	Abdul Rasheed But	Journalist & General Secretary Balochistan Union of Journalists
9	Dr. Rukhsana Jabeen	VC Women University
10	Nawab Ayaz Jogezi	Minister Pushtoon Khuwa Milli Awami Party



## One to one meeting and signing letter of commitment for Advocacy for Integrating Youth Friendly Health Protocols in Balochistan Health policy

The purpose is to cater to the SRH needs of young people by providing timely, safe and non judgmental health services by sensitizing the health service providers on issues of young people’s SRHR with a rights-based approach. Different advocacy tools have been adopted to

bring improvements in the existing health management systems by introducing treatment and counselling protocols and by building capacity of service providers to cater to the sexual and reproductive health needs of young people through rights based approach i.e. no discrimination on the basis of gender, sexual identity, marital and socio economic status. SMAAJ has adopted the following activities and steps to incorporate health protocols in health policy,



**Advocacy Objective: To advocate with Provincial Health Minister, Secretary Health, Director General Health & District Health Officer for integrating Youth Friendly Sexual and Reproductive Health services in Provincial Health Strategies**

S.#	Topic	Meeting Objectives	Stakeholders
1	Orientation & Consultative Meetings with Directorate Health	To orient the officials about significance of YF Health services and afterwards to submit YF-SRH protocols to be further integrated in health policy	Health Department officials i.e. Secretary, Additional Secretary Health, Director General Health, District Health Officer
2	Meetings with Media Networks	To orient various media personals about significance of YF Health services and to seek their support for the cause	Print Media Digital Media
3	Meeting with Like minded organizations	To orient various organizations about significance of YF Health services and to seek their support for the cause	INGOs Local NGOs
4	Meeting with Youth groups	To orient various Youth groups to be identified with the support of alliance members about significance of YF Health services and to seek their support for the cause	Youth Volunteers PARWAN Alliance
5	Sensitization meetings with Provincial Health Minister	To sensitize health minister about significance of YF Health services to be further integrated in health policy	Health Secretariat
6	Printing of Advocacy Messages (1000 brochure)	Various messages would be printed for different stake holders	Health Department officials Media
7	Formation of Pressure group	Pressure group would be formed to further advocate for integration of YF-Health protocols in policies	Media Youth Groups INGOs/NGOs
8	Meeting of Support/pressure group	To expedite the integration process	Pressure group
9	Sensitization sessions on early age marriages	To sensitize teachers & students on harmful effects of early age marriages	Girls students Teachers
10	Sensitization sessions on domestic violence	To sensitize teachers & students on harmful effects of Domestic Violence	Girls students Teachers

## Introduction and process

SMAAJ acknowledges the benefits of investing in young people's development and health, including their sexual and reproductive health and rights for achievement of its national aim of improving quality of life. SMAAJ recognizes that programmes for young people (age group of 10-24 years) are crucial to address the prevailing vulnerabilities including limited knowledge about their Sexual and Reproductive Health and Rights and almost negligible access to SRHR services; although carrying the growing burden of sexually transmitted infections including HIV and AIDS, sexual abuse and other life threatening challenges.

This proposed activity was to conduct meeting with health department and the main propose of the meeting that the Alliance to support youth health rights and recommended for insertion in the Draft Balochistan Health Policy 2014.

It is important to address the health needs of young people for their physical, mental and emotional wellbeing. According to World Health Organization (WHO) youth friendly services are defined as health services that are effective, safe and affordable, they meet the individual needs of young people who return when they need to and recommend these services to friends'. These services are delivers by health care provider who offer safe and non judgmental care, advice and support.

It is imperative that youth friendly health services become a part of minimum standard delivery service and package that cater to young people's right to information and services related to their reproductive health and rights. Ideally, youth friendly health services should

include a wide range of services with referral to specialists and specialized services such as.



### Meeting with Health Department

In health secretariat we had meeting with Dr. Afzal Ahmed (Deputy Director) to discuss health protocols. He appreciated the idea and for further detail he arranged a meeting with Dr Sultan Ahmed (Provincial Coordinator Health Information). Health protocols have been handed over to Dr. Sultan Ahmed. He appreciated the idea and for further he discussed the detail with Professor Dr. Sikandar Riaz (Director Institute of Public Health) focal person for Balochistan Health Policy.



### Output:

It was very good discussion with Deputy Director and the coordinator. They appreciated the idea and assure that since health policy is under developing phase and would be finalise soon, therefore before finalization the policy health protocols will be discussed by the



committee with PARWAN Alliance for which they will be contacted to arrange meeting and discuss the possibilities. Hard and soft copies of the letter and protocols have been submitted to Dr. Sikanda Riaz for their review

2nd round meeting held with In Institute for Public Health (IPH) Dr. Sikandar Riaz (Director IPH) where he was already aware about the concept as he had received SMAAJ letter and protocol. He appreciated the idea and said that he would need time to discuss and share it with other committee members. He acknowledged the significance of the protocols and he assured that the committee will give more importance to these protocols. He further said that IPH will open all facilities and support Alliance. He also said that Alliance member will be invited to meet committee to discuss their ideas. He further said that IPH foresee to work with Alliance.

SMAAJ team met Secretary Health Dr. Arshad Bughti. The purpose of the meeting was to share and orient on youth friendly health protocols. He appreciated and assured his support to take this on priority. He said will meet again to discuss this in detail and meanwhile he will review the protocols and discuss with policy committee. It was very good discussion with secretary health. He appreciated the idea and assured that since health policy has been under developing phase and would be finalise soon therefore before finalization of the policy health protocols he will discuss this with SMAAJ representative again. Overall he was quite positive and showed his positive gesture.

#### Media role 1st Meeting

Media representative has been oriented on health protocols and got their opinion on that. While media launch any campaign related to youth they must

involved youth in all their programme design. It was discussed in detail that Media has important role to aware push government to integrate youth friendly health protocols in Balochistan health policy. During presentation Media persons have been oriented on the following.



- Information about youth friendly health services
- Counselling
- Adolescent development including feelings, body image relationships issues, adult- adolescent relationship, peer pressure, bullying, gender dynamics etc.
- Youth reproductive health issues including bodily changes, myths and misconceptions, around the issue
- Services for those who experiencing sexual, physical and emotional



violence

- Pre and post natal care
- STI/HIV testing and treatment
- Services facility located at place which can be easily accessed
- Youth friendly reading material, poster etc should be placed in the facility

- The waiting time should not be long or the waiting place must not be overcrowded
- Timing of the services do not clash with the school, college timing
- The rooms where counselling and clinical services are provided should ensure privacy (both auditory and visual) in order for young people to talk openly
- Services for young people should ideally be free of cost or it is not possible, they should be affordable.
- The services must be located be in facility where the waiting area is sheltered from rain and sun, with availability of clean drinking water
- The counselling and clinical procedure must be undertaken in a private rooms/place
- It is suggested that separate rooms for male and female clients, clearly marked as such, must be available
- Feedback should be taken from clients to assess sensitivity and quality of services at a regular basis
- To create a non-judgmental and natural atmosphere competency and relevant qualification must be assessed during



- the hiring and recruitment process
- Hiring of young people as per educators and counsellor must also be considered
- It is required that the provider believes in the rights of young people to choose and access services, and exhibit a non judgmental and respectful attitude, free of personal biases



## 2nd Meeting

It was discussed in detail that Media has important role to aware push government to integrate youth friendly health protocols in Balochistan health policy. During



presentation Media representatives have been oriented on the that YF health protocols and informed that such protocols has been submitted to Minister health, Secretary health and Director IPH focal person for Balochistan Health Policy.

They appreciated the efforts and assured that they will highlight this issue in print and electronic media. In this meeting youth has taken initiative to take lead and present their case in media. They presented their case and explained their basic rights for YF health protocols. Media appreciated their efforts and documented their press conference through print.





### 3rd meeting

SMAAJ has visited all media offices (print and electronic) to have detail discussion on YF health protocols. They were oriented on the concept and YF health services protocols. They also assured that they will print articles and will give more space and highlight this issue at high level. The team met president and General Secretary Press Club Quetta where they assured that they will support the cause and will orient other media representative to highlight the issue

### Outcome

SMAAJ got positive response from print media. Coverage has been given in all news paper also representative from all print and electronic media participated



actively. They welcomed SMAAJ team and appreciated their efforts. They assured that they will advocate the case. They also highlighted YF health issues in their news papers



## Meeting with Like minded organizations

The purpose of this activity was to have meeting with health like minded organization those who are working on

reproductive health and rights get their support for Integrating Youth Friendly Health Protocols in Balochistan Health policy.

SMAAJ team met to the following like minded organizations,

SNo	Name	Designation	Organization
1	Mr. Sheer Jan	Provincial Head	MARIE STOPES SOCIETY
2	Mr. Moladad	CEO	MRDS
3	Mr. Adil Jahangir	CEO	Add Balochistan
4	Me. Kabeer Khan	Programme Manager	CPD
5	Mr. Nadeem	HR Officer	MEDECINS SANS FRONTIEES
6	Mr. Mohammad Khalil	Programme Manager	GRHO
7	Mr. Hameedullah	CEO	Youth Organization
8	Mr. Ahmad Nawaz	CEO	NCBP
9	Mr. Zahor Ahemed	Counselling Officer	FPAP
10	Mraasghar	HR	MSF

They were individually briefed on the cause and share the document that has been submitted to Minister Health, Secretary Health, and Director IPH. All of them appreciated the efforts and assured that they are there for support and will be part of campaign. They are willing to jointly visit to meet core committee and

minister to endorse for Integrating Youth Friendly Health Protocols in Balochistan Health policy.

Out come

Most of these organizations are willing to extend their support but still need more commitment and efforts to endorse the idea

## Meeting with youth pressure group

### Purpose of this Meeting with youth

The purpose of this meeting was to orient Youth about significance of YF Health services and to seek their support for the

cause and oriented them for Integrating Youth Friendly Health Protocols in Balochistan Health policy.

Following participants participated in the meeting,

### Group1

SNo	Name	Contact No	Address
1	Kaleemullah	03118017721	Nawa Killi Quetta
2	Ayaz Ahmed	03003886509	Saryab Road Quetta
3	Naeemurehaman	03443373614	Sabzal Road Quetta
4	Waheed Shah	03122530479	Gulistan Road Quetta
5	Akash	03012698227	Akhter Mohammad Road
6	Naseebullah	03125025201	Sarki Road Quetta
7	Auranzaib	03108088893	Chaman Patak Quetta
8	Zarmand kasi	03002000159	Shahbaz Town Quetta
9	Talah Dar	03434999490	Chaman Housing Scheme



10	Khalid Hussain	03318102108	Chaman Housing Scheme
11	Syed Sufian	03138283893	Chaman Housing Scheme

**Group2: Sardar Bahadur Khan University (SBK)**

SNo	Name	Address
1	Sadia Khan	Nawa Killi Quetta
2	Mohiba Sarwar Shah	Killi Gul Mohammad
3	Gulalai	Khanozai District Pishin
4	Hasina	Khanozai District Pishin
5	Romila	Ziarat
6	Mehawidh Hashmani	Pishin
7	Farzana	Quetta
8	Nahida	Nushki
9	Shagufta	Quetta
10	Zaiaba	Pishin
11	Farhana Amin	Kuchlak Quetta
12	Fatima Gul	Quetta
13	Nadia Imran	Quetta



### Group 3 Virtual University

SNo	Name	Address
1	Sehrish Razaq Shah	Virtual University
2	Quratulain	Virtual University
3	Najm ul Sahar	Virtual University
4	Bilal Qureshi	Virtual University
5	Asad Hussain	Virtual University
6	Hashmat khan	Virtual University
7	Mohammad Waqas Hashmi	Virtual University
8	Zarlashta Khan	Virtual University
9	Shigrat Naz	Virtual University
10	Najeebullah	Virtual University

The participants were briefed on the cause and share the document that already submitted to Minister Health, Secretary Health, and Director IPH. All of them appreciated the efforts and assured that they are there for support and will be part of campaign. They are willing to jointly visit to meet core committee and minister to endorse for Integrating Youth Friendly Health Protocols in Balochistan Health policy. They agreed to share the information with other youth and friends. It was decided that through social media these information will be share to reach maximum youth. Leaflets on YF health and protocols were shared with them for their further action.

#### Out come

The participants were found enthusiastic to this opportunity and ready to work for their age group. They were keen to meet policy makers and also face media to share their programme and get support from media. They will develop Fb id to share all relevant information with their friends and other youth to reach maximum numbers whereas two groups developed their FB ids and people joining them on their ids

1. First group FB ID (Youth Rights Services)
2. Second group FB ID (HULK (Health Union Literacy Knowledge))



## Meeting with Stakeholders (Pressure group)

This proposed activity was to form pressure group to further advocate for integration of YF-Health protocols in health policy therefore had meeting with health department and other stakeholders those who are working on reproductive health also to get their support for Integrating Youth Friendly Health Protocols in Balochistan Health policy.

The participants were briefed about the progress and explained the stapes taken. They were briefed about the background and objectives of the programme, activities, meeting with all stakeholders, forming youth male female pressure groups.

The majority of the participants appreciated the efforts and assure their support and will be part of pressure groups. The document has been shared with participants. All of them appreciated the efforts and assured that they are there for support and will be part of campaign. They are willing to jointly visit to meet core committee and minister to endorse for Integrating Youth Friendly Health Protocols in Balochistan Health policy.



Most of these organizations are willing to extend their support but still not good support from some Alliance members and this really a challenge bring them on the concept working as Alliance. Youth pressure groups is more pro active and enthusiastic to take lead.





he participants suggested that more visibility information should be disseminated with all stakeholders. Training will be provincial Assembly for discussion. conducted for youth pressure

groups. Molana Gul Mohammad was keen to take this issue to

A separate meetings have been organized with the following religious leaders/MPA and MNA of the region,

SNo	Name
1	Molana Ameeruzman (GUIF)
2	Haji Gul Mohammad Dumar (GUIF)
3	Movi Mazullah (GUIF)

They also assured that they will support the cause. The participants suggested that more visibility information should be disseminated with all stakeholders.

**2<sup>nd</sup> stakeholder workshop**

In this workshop all stakeholders in clued bar council, religious people, media, like minded organizations, college professors, youth and civil society were participated actively. Secretary bar council assured his support at all level and advocate for the cause. Religious leader explained that it is very important to educate youth and support their case at government level.



Further workshop and seminar need to be organised at policy level to highlight the issue





## Session on early age marriages

Early marriages are far more prevalent in Pakistan's rural areas than in its urban areas. In the aforementioned study it was found that 58 percent of rural females and 18 percent of rural males marry before reaching the age of 20, as compared to 27 percent of urban females and 5 percent of urban males.<sup>7</sup> Alongside rural/urban differences in early marriage trends, there are also significant variations in early marriage statistics between and across Pakistan's four provinces. In the available statistics, Sindh shows the highest percentage of early marriages in rural areas, with 72 percent of females and 26 percent of males in the selected sample, married before 20. Sindh also has a high percentage of females in urban areas married by 20, reaching 36 percent. Balochistan closely follows Sindh in terms of early rural marriages (22 percent of males and 63 percent of females married before 20), and has the highest percentage of urban early marriages, with 9 percent males and 56 percent females marrying before 20.

11 percent of ever married women aged 20-24 had a live birth before they were 18 years of age. Highest proportion of such women was noted in Kalat region and the lowest in Quetta. The women living in rural areas, those who were the poorest and uneducated were more likely to begin

## and domestic violence in SBK



childbearing before of age 18 years compared to younger ever married women; older women were more likely to begin childbearing at an early age. Higher percentage of women age 30-34 reported that they had a live birth before age 15 compared to all other age groups. The pattern however, was different in urban area where the highest proportion of women age 40-44 reported a live birth before age 15. Those reporting a live birth before age 18, the pattern were similar



among urban and rural women of reproductive age.

Objectives of the session:

1. To sensitize teachers & students on harmful effects of early age marriages
2. To sensitize teachers & students on harmful effects of Domestic Violence

As per discussion with student they are very confuse and need more clarification on their issues and its resolution. Some of them understand the seriousness of the issue but confused about parents behaviour and their own role as they lack to convenience them. They need proper

counselling. Parents need to be more mobilised to understand the issues of their children.

There is space to work for youth and they need counselling and guidance for their health and future career.

SNO	Activity	No of participants
1	Orientation & Consultative Meetings with Directorate Health	13
2	Meetings with Media Networks	60
3	Meeting with Like minded organizations	22
4	Meeting with Youth groups	47
5	Sensitization meetings with Provincial Health inister	4
7	Formation of Pressure group	18
8	Meeting of Support/pressure group	61
9	Sensitization sessions on early age marriages	505
10	Sensitization sessions on domestic violence	510
<b>Total</b>		<b>1240</b>





The Access, Services and Knowledge (ASK): What young people want, what young people need is a proposed programme for three years (2013-2015) and aims to contribute to achieve MDG 3 (gender equality), MDG 5 (reduce maternal mortality and realise universal access to Reproductive Health (RH)), MDG 6 (stop the spread of HIV, malaria and TB) and the post-MDG agenda. The programme is proposed by the Youth Empowerment Alliance (YEA) comprising of 7 members: Rutgers WPF, Simavi, AMREF Flying Doctors, CHOICE for Youth and Sexuality, dance4life, Stop AIDS Now!, and the International Planned Parenthood Federation (IPPF). The Access, Services and Knowledge (ASK) (2013-2015) programme targets young people in the age group 10-24 years, including underserved groups, with a specific focus on uptake of Sexual Reproductive Health (SRH) services in countries: Kenya, Uganda, Ethiopia, Ghana, Senegal, Yemen, Pakistan and Indonesia.

### Objectives of the session:

The overall objective of the programme is to improve the SRHR of young people (10-24 years) by increasing young people's uptake of SRH services. In order to achieve its overall objective, ASK will cover the following result areas

### Topics delivered

- Facts finding of early age pregnancies globally and in Pakistan
- What are the causes of teenage Pregnancy
- Determinants and consequences



of early pregnancy

- Why Is Teenage Pregnancy a Concern?
- Risks to children of teen mothers
- At What Age can a Woman Get Pregnant?
- Why we can stop and preventing teenage Pregnancy
- Help us help teens



## Early age pregnancy

Early marriage also called Child marriage, defined as a formal marriage or informal union before age 18 (Pakistan standard age) is a reality for both boys and girls, although girls are disproportionately the most affected. Child marriage is



widespread and can lead to a lifetime of disadvantage and deprivation.

There are numerous problems a couple can face when marriage happens at an early age for them. Early marriage which is also referred to as child marriage is common all over the globe and has inflicted dangerous and devastating effects on young children who are compelled to tie the knot in most cases.

Child marriage is also indicative of the levels of development of a region or country and is generally conducted between very young girls and older men. In many parts of the world child marriage is a gratification for overcoming the family's financial and social needs.

### Causes of early marriage:

Early marriage can arise due to a number of reasons such as these:

- To raise the economic and social status.
- Religious hurdles and barriers or misconceptions of Islamic law.
- Gender bias promotes early marriage of girls
- Lack of education.
- Myths and misconceptions about early marriage.
- Pressures from older members of the family and community.
- The notion that early pregnancy leads to larger families and hence providing for heirs to the throne.
- Some communities regard their girl children as a burden and think of getting rid of them by marrying them off early in a patriarchal society.

### Harmful effects of early marriage:

- Early marriage can cause severe problems like the following:
- Psychological and emotional stress like forced sexual relations, denial of freedom and personal development as household chores now become a priority.
- Denial of personal development and education.
- Maturity levels become an issue as the little girl is now expected to play the role of a mother.
- Girl children undergo severe health problems like pregnancy and childbirth.



- Girl brides are also involved in early childhood care.
- Threat to contracting sexually transmitted diseases increases when girl children are exposed to such an environment.
- As girl children are still vulnerable and submissive, they can be subject to the atrocities of domestic violence and abandonment.
- Mental and emotional stress in girl brides is high because they are not old enough to cope with maternal, marital or in law issues.

Though the respective Governments and society is doing much to abolish early or child marriage through campaigns, laws, policies and individual support of people, it is still a far reaching dream for young girls who are still repeatedly forced into such liaisons.

Early marriages have stretched far and wide through time and countries and First, newborn health is affected by the timing and frequency of pregnancy. Women who give birth when they are too young or too old, or have babies too closely spaced, place themselves and their newborns at increased risk of complications. Research clearly highlights the association between newborn and infant mortality and birth interval. Infants born less than two to three years.

children in their mid-teens are taking



independent steps of tying the knot with their partners. Most early marriages are considered to be forced which is true but

children entering into an early marriage out of choice should also be warned of various personal and health issues that can complicate their lives forever.

### **Achievements**

- The session done successfully and we achievement a target number of youth as we had planned.
- The youth is aware about early marriage.



Complications of Childbirth significantly more likely to die

Following topics discussed

- What is maternal health
- Safe Motherhood
- 16 Ways to Reduce Maternal Mortality
- We know the causes, we have the solutions, we can make a difference.

### **The Nutrition Link**

Fourth, the nutritional status of girls and women, even long before pregnancy, affects fetal development and newborn health. Almost one quarter of newborns in the developing world start life with some degree of impaired growth and micronutrient status. This condition is largely determined by the nutritional status of the mother. Impaired growth in the womb predisposes infants to have low birth weight, a condition affecting more than 20 million infants in the developing world every year Provide Skilled Care

- Facts at a glance
- Balochistan Maternal and Newborn Health Status
- Maternal Health: Scope of Problem
- Identifying priority issues/challenges influencing MH
- Realities
- Maternal Health Services
- Interventions to Reduce Maternal Mortality

Second, complications of childbirth can have a significant impact on newborns. Almost 30 percent of neonatal deaths are the result of injuries sustained during delivery. Asphyxia, for example, Occurs when the newborn receives an inadequate supply of oxygen immediately before, during, or just after delivery. It is often caused by obstructed labor, a complication that also causes about 8 percent of maternal deaths.

Third, many stillbirths and newborn deaths from infection can be prevented through appropriate maternal care. Mothers may pass sexually transmitted infections to their newborns during pregnancy, delivery, or breastfeeding.

Skilled attendance during labor and delivery can save newborn lives. For example, managing obstructed labor and severe ante partum bleeding can prevent asphyxia in newborns. Many of the newborns who have difficulty Functioning referral care and transport systems must be available for managing maternal and newborn complications. Establishing breathing at birth can be rescued if attendants are trained in simple resuscitation methods. Providing a clean

delivery, including clean cutting of the umbilical cord, is also essential for the health of mothers and neonates; it protects against sepsis in mothers and neonatal tetanus and sepsis in newborns. Immediate drying and warming of newborns through skin-to-skin contact is an effective way to prevent hypothermia



Immunizing women of reproductive age with the tetanus toxoid vaccine protects both women and newborns. Tetanus toxoid is one of the safest, most effective, and least expensive vaccinations available. It can prevent tetanus infection in mothers during childbirth and it passes immunity on to the fetus.

### **Break the Cycle of Poor Nutrition**

The role of good nutrition in improved neonatal and maternal survival extends beyond the time a woman is pregnant. Promoting adequate nutrition and counselling women to gain enough weight during pregnancy is just the first step. Promoting a healthy and varied diet through an adequate supply of food will also improve the nutrition of girls and women over time. Some countries have addressed micronutrient malnutrition by

### **Prevention on HIV AIDS**

#### **Purpose of Event:**

The purpose of event was to aware youth about HIV/Aids and how we can save

and to promote immediate breastfeeding. The early postnatal period is a vulnerable time for both mothers and newborns. Sixty-one percent of maternal deaths occur during the first six weeks after birth, and nearly half of those deaths take place during the first day after delivery. Two-thirds of neonatal deaths occur in the first week of life, and two-thirds of those die within the first 24 hours. Immediate breastfeeding, which helps mothers by stimulating the contractions of the uterus that protect against severe bleeding, also protects infants by providing nutrients and essential immunities from disease.

### **Prevent and Treat Maternal Infections**

fortifying foods (such as putting iodine in salt) or by providing iron and folic acid supplements, and—where appropriate—vitamin A, iodine, and zinc.

Newborns are the most vulnerable members of society. Preventing newborn deaths and improving newborn health and survival go hand in hand with promoting safer motherhood. Decision makers can work to ensure healthier f

### **Achievements**

- The session done successfully and we achievement a target number of youth as we had planned.
- The youth is aware about MNH background.
- We aware the youth about MNH situation in Pakistan.
- Shared the data about MNH.

ourselves from HIV/Aids as. The carriers, symptoms, Prevention, Misconceptions about HIV/Aids etc

## Civil society Response

### Topics discussed:

- Prevalence
- Concepts, trends and Challenges
- Risks and vulnerability analysis
- What is HIV AIDs
- Signs/ symptoms of HIV Infection
- The Clinical Syndrome – HIV
- From Infection to Disease (Pathophysiology)
- Progression of HIV
- Transmission of HIV -Concept-
- Examples of Modes of transmission
- The Risk of HIV Transmission is dependent on
- Prevention – Abstinence
- Ways to reduce risk
- Examples of Psycho-Social Issues associated with HIV
- Myths and misconceptions
- National response to HIV/AIDS

The event was started at Islamia Boy College Mali Bagh on 24 November, 2014. The session was started with the introduction of team members and. After introduction the session formally started with following steps. What is HIV/ Aids? Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a disease spectrum of the human immune system caused by infection with human immunodeficiency virus (HIV).Initial infection, a person may experience a brief period of influenza-like illness. This is typically followed by a prolonged period without symptoms. As the infection progresses, it interferes more and more with the immune system

- From HIV/Aids positive mother to her newborn child (Pregnancy & Childbirth)
- The use of infected syringes & injections again and again

- Blood transfusions



- Surgical and dental instruments
- Sexual fluids of infected persons
- Natural or unnatural Sexual relationship ( infected Male to male ,male to female, female to female, female to male)
- Using affected Blades

### Symptoms

- Fever (this is the most common symptom)
- Swollen glands
- Sore throat
- Rash
- Fatigue
- Muscle and joint aches and pains
- Headache
- Weight loss in short time

### Prevention

- Microbicides for sexually transmitted diseases
- Pre-exposure prophylaxis
- Post-exposure prophylaxis
- HIV vaccines
- Circumcision
- Antiretroviral drugs to reduce viral load in the infected,
- Condoms
- low dead space syringes
- Blades etc

We cleared the misconception about HIV/Aids



It's true that oral sex is less risky than some other types of sex. But you can get HIV by having oral sex. Misconceptions about HIV/Aids etc

- Breathing the same air as someone who is HIV-positive
- Touching a toilet seat or doorknob handle after an HIV-positive person
- Drinking from a water fountain
- Hugging, kissing, or shaking hands with someone who is HIV-positive
- Sharing eating utensils with an HIV-positive person
- Using exercise equipment at a gym
- In the early years of the disease epidemic, the death rate from AIDS was extremely high. But today, antiretroviral drugs allow HIV-positive people -- and even those with AIDS -- to live much longer, normal, and productive lives.
- Because HIV is spread through blood, people have worried that biting or bloodsucking insects might spread HIV. Several studies, however, show no evidence to support this -- even in areas with lots of mosquitoes and cases of HIV. When insects bite, they do not inject the blood of the person or animal they have last bitten. Also, HIV lives for only a short time inside an insect.
- Most men do become HIV-positive through sexual contact with other men. However, about 16% of men and 78% of women become HIV-positive through heterosexual contact.
- When HIV treatments work well, they can reduce the amount of virus in your

blood to a level so low that it doesn't show up in blood tests. Research shows, however, that the virus is still "hiding" in other areas of the body. It is still essential to practice safe sex so you won't make someone else become HIV-positive

- It's true that oral sex is less risky than some other types of sex. But you can get HIV by having oral sex with either a man or a woman who is HIV-positive. Always use a latex barrier during oral sex.



### Achievements

- The session done successfully and we achievement a target number of youth as we had planned.
- The youth is aware about HIV/Aids

### Session on STIs and STDs

#### Topic discussed:

- What is it?
- Youth Demographics – Pakistan
- Characteristics of the providers and facilities
- Sexual and Reproductive Health & Rights

- Social Services: to create referrals and linkages to these services)
- Legal counselling and services
- Psychosocial counselling
- Career counselling and Help Line Counselling
- Income generation skills and services
- Strategies for Implementing YFS
- Demonstrate respect and concern for young people
- Knowledgeable of normal adolescent development
- Know where to refer youth
- Respect the confidentiality and privacy
- Strategies for Implementing YFS

#### What is YFHS?

Youth-friendly service delivery is about providing health services based on a comprehensive understanding of what young people in any given society or community want and need. It is also based on an understanding of, and respect for, the realities of young people's diversity and sexual rights.

#### Sex and rights?

Sexual rights are basic human rights. But around the world, they are denied daily to people through violence, abuse and coercion, and through criminalization and discrimination.

#### The key points

- The process of demographic transition and its likely effects on age distribution of population can have considerable macro-economic and human capital implications for an economy.



- Pakistan has experienced a slow paced demographic transition and the age structure of population has apparently large proportions concentrated in school going and working age groups. Population estimates for the year 2009 under the moderate fertility decline scenario show that there are about 40.32 million children aged 5-14 years and about 36 million youth population aged 15-24 years who, together, account for about 45 percent of total population [Population Projections (2009)].
- The youth can change; can role-play in any country economic development.
- The fresh blood always generated if they replay in positive way.

- 
- The YFHS and youth demographic relationship.
  - Providing opportunities for children and youth participate in and contribute to civic life.
  - A natural and built environment that support the healthy development of children and youth.
  - Recreation library and cultural services that are framed around developmental needs of children and youth.
  - Youth Demographics – Pakistan
  - Characteristics of the providers and facilities
  - Sexual and Reproductive Health & Rights
  - Social Services: to create referrals and linkages to these services)
  - Legal counseling and services
  - Psychosocial counseling
  - Career counseling and Help Line Counseling
  - Income generation skills and services
  - Strategies for Implementing YFS
  - Demonstrate respect and concern for young people
  - Knowledgeable of normal adolescent development
  - Know where to refer youth
  - Respect the confidentiality and privacy



# Skill Development Training on “Livestock management and Farming”



RAHA programme

Results of 2005 UN census revealed that Pakistan was host to nearly three million Afghan refugees. As of January 2009, the UN states there were 1.7 million registered Afghan refugees remaining, while other sources put the number of registered refugees at 2.15 million. Afghan refugees mainly reside either in refugee villages or are settled in urban host communities, given their three-decade presence in Pakistan. The refugees mostly reside in the provinces of Balochistan and KPK and (62% in KPK and 25% Balochistan) with a growth rate 3%.<sup>1</sup> The decade's presence of these refugees in Pakistan blended them with in local communities especially in the urban areas who are competing with the meager economic opportunities available.

Despite of the significant growth rate in agriculture sector<sup>2</sup>, there are several contributing factors associated with poor rural economy and food insecurity intensified recently with negative shocks of macroeconomic crisis and soaring food prices. In Pakistan, about 84% of households are associated with subsistence agriculture and having very small land holdings between one to two acres per family. These factors are reinforced by the weak institutional and manpower capacity, limited outreach of extension services, poor and inadequate rural infrastructure, limited availability and accessing to farming inputs and techniques coupled with lack of food processing and marketing facilities

Baluchistan is the most disadvantaged province in Pakistan, in terms of poverty levels, human development and social indicators with least progress in MDGs (Millennium Development Goals). According to the Human Development Index (HDI), Baluchistan is the most deprived province in Pakistan<sup>3</sup>. Pishin is

amongst the areas in Baluchistan most heavily affected by the presence of Afghan refugees. The two main refugee camps in this district, Saranan and Surkhab', host some 40,000 refugees (37,888 to be exact<sup>4</sup>). Around 45,000 (exactly 45,361) more refugees live outside these camps within the district<sup>5</sup>. As total population of Pishin is 486,0006, afghan refugees constitute almost 17% of this population. Less than a quarter of the population has access to proper sanitation facilities and only 2 per cent has access to solid waste disposal facilities<sup>7</sup>. Only 37 per cent of people in Pishin have access to improved water sources<sup>8</sup>. People depend on ground-water and rainfall for their water supply. Forest cover including state owned and private farms/forest constitute only 0.5% of the total land area<sup>9</sup>. Out of 752 primary schools, 182 are for girls reflecting that number of boys schools are nearly four times than those of girls.<sup>10</sup> According to the Meteorological Department of Pakistan, parts of Pishin district are located in high to very high earthquake hazard areas. The possibility of tremors with magnitudes in the range of 7.5 to 8 Mw (Moment Magnitude Scale) in the Balochistan area has not been ruled out.<sup>11</sup> Other than increase pressure over resources due to refugee influx, agriculture and horticulture, which form the backbone of the economy of the target population, have also been severely affected by persistent drought; livestock

<sup>4</sup> Needs Assessment for Refugee Affected Areas – Phase II April 2008 – UNHCR, UNDP, Government of Pakistan

<sup>5</sup> UNCHR/CCAR - District Classification - October 2005

<sup>6</sup> Needs Assessment for Refugee Affected Areas – Phase II, April 2008 – UNHCR, UNDP, Government of Pakistan. Originally quoted from Development Statistics of Baluchistan 2005

<sup>7</sup> Multiple Indicator Cluster Survey - 2004

<sup>8</sup> Multiple Indicator Cluster Survey - 2004

<sup>9</sup> Multiple Indicator Cluster Survey - 2004

<sup>10</sup> Balochistan Education Management Information System (BEMIS)

<sup>11</sup> Kashmir quake of October 8 2005: A quick look report, Mid America earthquake centre, MAE Report No. 05-04 Ahmed Jan Dtal

<sup>1</sup> <http://ips-pk.org/content/view/462/185/>

<sup>2</sup> Provisionally, 4.7 in 2008-09 according to Economic Survey 2008-09

<sup>3</sup> Pakistan National Human Development Report 2003 - UNDP

rearing, the third most important income generation activity, has also been badly affected. Average monthly income is in the range of PKR 1,500 - 4,000 (€18/\$0.6 - €49/\$1.7) per month. The average family is 10 members per family<sup>12</sup>. Pishin district is mostly inhabited by Pashtoons with four major sub tribes having similar culture and language. The target population is religious and conservative, and the role of women is typical of an agrarian economy.

Baluchistan is a water scarce province of Pakistan and is known as the 'fruit basket' of Pakistan because of production high quality fruit, which is the major source of income especially in the uplands of the province. With largely arid to hyper-arid type of climate, the province spatially is the largest province of Pakistan with a total land area of 347,000 sq km. It is however, the smallest Province in population having an estimated 7.5 million people. Agriculture and livestock rearing have been the main source of income for majority of the population. Rainfall in the province is highly variable spatially, as well as, temporally. Barring local variations resulting from elevation difference, the average annual precipitation varies from less than 50mm in the southwest to about 400mm in the northeast. The evaporation rates, on the other hand, are very high ranging from 2000 mm to over 3500 mm, thus requiring irrigation necessary for practicing agriculture. In the uplands, however, under favourable topographic condition, rainfall is just sufficient to support the growth of natural vegetation thus developing the vast rangelands areas suitable for grazing and livestock production.

The water resources of the province consist of surface water and ground water; the source being precipitation alone. While perennial streams and springs in the province are of small capacity with wide temporal variations in their discharge, most of the natural streams (mandas) draining different catchments remain dry for a major part of the year. They, as such, cannot be considered dependable sources of water for practicing sustainable agriculture and for meeting crop water requirements.

#### Major Issues:

1. Increasing population pressure
2. Shrinking water resources
3. High water losses in irrigation system
4. Over exploitation of groundwater
5. Limiting/diminishing energy resources
6. Shortage of electricity
7. High cost of diesel



#### 8. Low agricultural productivity

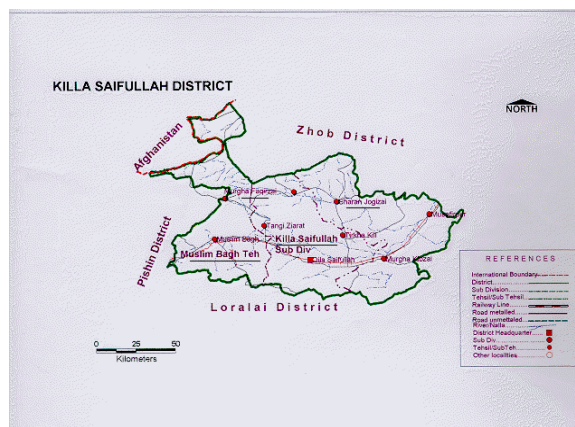
Killa Saifullah, still a tribal agency in administrative terms, has been a part of Zhoib and all the historical descriptions available are in the context of the Zhoib area. The prime historical importance of Zhoib is having been a cradle of the

<sup>12</sup> District Profile Pishin, P&D Dept. Government of Balochistan.



Afghan race. In the 7th century, Hiuen Tsiang, a Chinese pilgrim has described the Afghans as living in Zhob. Early in the 13th century the country came within the sphere of the raids organised by Gengis Khan, the Mongol. In 1398 AD, an expedition against the Afghans of the area was led by Pir Muhammad, grandson of Amir Timur. Although no authentic information exist about any foreign occupation, many forts, mounds and karezes are attributed to the Mughals. Both Nadir Shah (1736-47 AD) and Ahmed Shah (1747-73 AD) extended their power through Balochistan and thenceforth Zhob remained under the more or less nominal suzerainty of the Durranis and Barakzais until it came under British protection. In the middle of the 18th century Ahmed Shah granted a sanad (certificate) to Bekar Nika, fourth in descent from Jogi and the head of the Jogizai family, conferring upon him the title and position of "Badshah or Ruler of Zhob". This family continued to exercise authority over the Kakars until the British were first brought into contact with them.

After outbreak of the Afghan war in 1878, Zhob became a focus of the British attention when the Kakars of Zhob under the command of various sardars – the most important being Shah Jahan, Shahbaz Khan, Dost Muhammad and Bangul Khan – resisted the British authority and tried to destroy the communications. In October 1884, an expedition was sent into Zhob area to seek submission from the local dissidents. After various encounters with the Kakars of Zhob the British occupied the territory and Zhob was declared a political agency in 1890. Captain Maclver was appointed first Political Agent to Zhob. However, tribesmen of Zhob always posed difficulties for the British government. In 1924, the British Political Agent to Zhob was murdered by tribesmen and during World Wars I and II military posts in the area were under continuous threat of attacks by the tribesmen.



Killa Saifullah has been home of the Jogizai family. After the submission of Shah Jahan, the Badshah of Zhob, to the British in 1888 at Gwal Haiderzai, Killa Saifullah area was annexed to Muslim Bagh (then Hindu Bagh) tehsil – established in 1890 – but later it was declared a sub-tehsil in 1893 and a tehsil in 1903. Muslim Bagh (formerly called Hindu Bagh) is believed to be named after a garden planted by a Hindu saint.

## RAHA programme

Under the Framework of the One UN in Pakistan, Refugee Affected and Hosting Areas (RAHA) is a Joint Programme Component within the UN Delivering as One. The inception of RAHA – in 2009 – owes to the presence of three million Afghan refugees in Pakistan in the preceding three decades, resulting in social, economic and environmental consequences. Almost 1.7 million Afghans refugees still remain in Pakistan following their large-scale repatriation in 2002. RAHA, which is currently being implemented in 12 districts of Baluchistan and Khyber Pakhtunkhwa (KP) and now also being extended to FATA, is in line with the Government of Pakistan's repatriation strategy for Afghan refugees. The programme was conceived on the basis of two need assessment studies jointly conducted by UNDP and UNHCR – the administrative and convening agents of the programme, respectively – in the target areas.

Objectives:

RAHA aims at ensuring peaceful coexistence of Afghan refugees, who are well documented, with the local communities until the situation in Afghanistan becomes conducive to their return. The programme, which also aims at strengthening the Government of Pakistan's governance and public service delivery, has primarily been developed to improve the standard of living of more than one million Pakistanis who have hosted or are still hosting Afghan refugees.

Programme Outcomes:

RAHA contributes to a transition from purely humanitarian to more development-oriented interventions, aimed at socioeconomic development and environmental rehabilitation of the areas and communities adversely impacted by the presence of Afghan refugees. The specific objectives of the programme include:

- Greater social cohesion through community development;
- Improved livelihoods and local economies;
- Restoration of social services and infrastructure;
- Improved social protection for co-existing Pakistani and Afghan communities;
- Restoration and improvement of the environment; and
- Return of IDPs anchored and absorption capacity created by small-scale community-based reintegration initiatives

The project:



SMAAJ signed agreement with UNDP to implement "Livestock management and Farming" in RAHA Targeted UC Sharan Jomezai for improving household income through diversified livelihood opportunities".

### Purpose of the intervention

Livestock management and Farming to reduce the incidence of extreme poverty in the refugee impacted areas through support to increase in livelihoods options that lead to sustainable improvements in people's lives.

### Objectives

Formulate Livestock Management and Farming management strategies and programmes within their poverty reduction strategies, and

Identify, formulate and implement capacity building that enable farmers, farmers' to take full advantage of improved Livestock Management and Farming practices

Description of Activities:

Interventions were intended to develop, support and strengthen sustainable



economic systems including livestock management and farming. Participants were orientated and strengthened through introduction of livestock management varieties with different ripen period; training in livestock management and input rationalization programmes targeted to reduce costs on livestock inputs through standard techniques. Demonstration of characteristics of an ideal dairy animal; judging, selection and use of score cards; body condition scoring; weaning practices; care, handling and feeding of calves; milking practice (hand/machine milking); identification of dairy breeds; design and layout plans for dairy buildings; demonstration of dehorning/disbudding, castration, extra teat removal, teat dipping, hoof trimming,

etc; dry small animal and cow/buffalo management; planning for year round fodder availability; fodder preservation practices. Methods of approaching, handling and restraining animals; regions and points of body; grooming and cleaning; identification of various breeds of farm animals; methods of identification; preparing gestation charts; determining weight of animals from body measurements; measuring physiological norms; preparing animals for shows; leading animals; visit to livestock fairs

Approaching animals; points of the body; handling and restraining; identification of dairy, sheep and goat breeds; record keeping by using computers; judging livestock; application of various management practices and tools; housing plans; routine tests for determining quality of milk; fitting and conducting animals at livestock shows; visit to livestock farms/shows.

Visits to rangelands; identification of various range grasses, trees, shrubs and cultivated forages; Collection/mounting of important range vegetation samples; determining range carrying capacity and forage production; animal units and stocking rates; animal off take rate.

Strengthening of newly identified small farmers effective and demand based employable skills

Mapping and capacity assessment of newly identified farmers

Provision of institutional support, introduction of livestock management and farming & capacity building of trainers.

Mobilizing of trainees from the target groups for the livestock management and farming trades.

Expected results and achievement:

Improved livelihoods and local economies in local and refugee affected and hosting areas

**Output 1:** To increase equitable access to introduce Livestock Management through community management.

Output: 1 A manual for the proposed trade training will be developed and/or



submitted to PMU for approval.

Eight community small farmers (men as per trade) be trained in one LMF training Agreed number of trainings organized on proposed ( for men small former)

All training reports will has prepared and submitted to regional office and PMU Trainees' database has been updated and submitted to regional office and PMU

Project completion report has been submitted to regional office and PMU

Eight (small farmers) community members trained on identified skill and



trades.

Quality tool kits has been transferred to the trainees

Field work & visit to specialized institutes in respective trades.

Project completion report has been submitted to PMU

**Output 2** To increase food security and improve agriculture practices for marginal and small holder farmers.



S.No	Name	UC
1	Juma Khan	Sharan Jogizai
2	Agha Mohammad	Sharan Jogizai
3	Naseeb Khan	Sharan Jogizai
4	Mohammad Muqaam	Sharan Jogizai
5	Wali KHan	Sharan Jogizai
6	Abdul Razaq	Sharan Jogizai
7	Rahimullah	Sharan Jogizai

#### List of Potential Activities

Training of farmers on relevant sub topics  
Provision of recommended tool kits  
Participants were selected by RAHA team and training has been delivered as per agreement and tool kits have been distributed amongst participants

#### Beneficiary/target group:

The proposed beneficiaries were 8 individuals' small formers those who are living in extreme poverty. The target group were consisting of those that have limited or no access to the formal training system, the unemployed and farmers. Formers were benefit from the training and provided tool kit based on their preferences and needs. The project provided capacity building support to the training providers to improve their outreach and quality of services.

Union Council Sharan Jogezai District Kialla Saifullah

The process:

Agreement signing:

Initially SMAAJ has invited at RAHAH – UNDP office and SMAAJ team briefed by the representative of PMU and programme units and contract awarded to SMAAJ. Some of the major points of the TORs which were included in the contract were,

Conduct Livestock Management and farming tainting in Sharan Jogizai

Make sure the successful complication of the training within agreed time

Responsible for quality report of the training to SMAAJ

Provide training manual in Urdu

#### Desk Review:

The team of SMAAJ and programme team of UNDP conducted a desk review to understand programme and its intervention. The purpose of this meeting was to share information and get familiar with UNDP team who assigned the tasks to support SMAAJ at field level as well as at head office level.

Meeting organised with Mr. Ghohar khan SCC at Kiallah Saifulla office. The purpose of training was to share training plan and get their opinion and list of participants.

#### Tools Kit verification:

#### Review Process

The team of SMAAJ and programme



team of RAHA conducted a desk review to understand programme and its intervention. The purpose of this meeting was to share information and get familiar

with RAHA team who assigned the tasks to support SMAAJ at field level as well as at head office level. This also has given vision to go forward for future directions. Introduction meeting with participants and training inception:

In total 8 Participants attended the training. They participated actively and shared their experiences.

#### Workshop Duration

It was 20 days training from 16th December 2014 to 14th January 2015 (10:00 to 2:00 pm)

#### Training Workshop Venue

Training was held at Sharan Jogizai at Zarbano village in which proper sitting arrangement was outside of building due

to cold and needed sun heat. The training venue was convenient for all the participants.

#### Workshop Proceedings

Welcome Remarks by Mr. Rasheed Shah Executive Director SMAAJ Mr. Rasheed Shah, ED welcomed all participants. He also thanked Resource Persons for facilitating SMAAJ to facilitate this workshop. He briefly shared the background and objectives of the Project He highlighted the importance of the training and its future scope. He

expressed the hope that all participants shall concentrate to grasp the maximum knowledge and make its optimum utilization in for their communities.

#### Recitation of Holy Quran

The formal opening of the training workshop was started by reciting few verses from the holy Quran by the participant,

#### Introduction of the Participants

#### Objectives of the Session

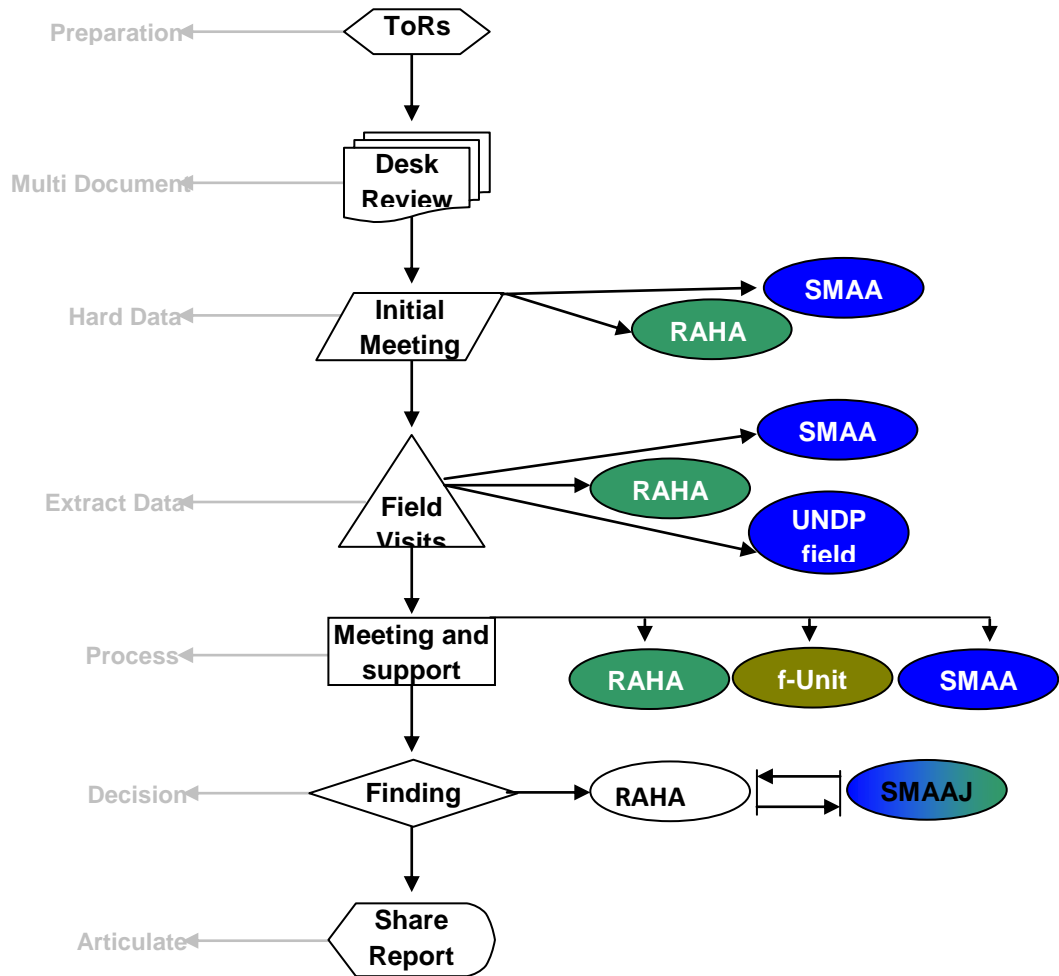
To introduce the participants to each other and to the facilitator

#### Tool Kit distribution

Tool Kits has distributed amongst participants to familiar and use it during training before initiation of training.



A summary of the review is presented in the following flow chart:





## Findings

In detail focused group discussions with nominated participants, the following are the findings based on their open discussions. As they felt in their daily life a number of problems arising out of the livestock management, and have been suffering since long, they also put forward some constructive ideas for coping with the stated problems. People in the area had their particular socio-cultural settings but their problems and issues were of almost unique nature. They all showed deep concern over the

No trend of proper livestock management and farming

- Lack of linkages to livestock management donors
- Lack of capacities to develop proposal
- Lack of directions
- fodder crisis in the area affected livestock
- Low income
- Less income generation opportunities
- Lack of interest in new initiatives
- Only training cannot solve the issues
- Lack of availability of good bread
- Lack of understanding of budgeting and link with market
- Brokers gets more benefits than farmers
- Social mobilization is very weak
- Receiving mentality has been observed
- Selection of trainee
- Lack of interest of trainee heterogeneous group

## Recommendations

Available resources use along with developing attitudinal/ behavioural changes in the communities. The depleting resources are putting population of the area under severe pressure resulting in unemployment, theft, lawlessness, extremism, mental disorder and vicious poverty that is already swallowing the limited resources at past rate.

Awareness raising on animal management and farming process through walk seminar and lecture in school and colleges

Good bread need to be introduced for demonstration

Small garlands should be awarded to small farmers to initiate their product processing and preservation to reduce loses

Small grants should be given without interest

More participants should be selected for training to represent their respective COs

Medicine needs to be introduced as this could be healthy activity

Awareness on livestock management and efficient farming

resource and its management through community management committees;

form housing concept and grazing areas

Need to train small owner on marketing and linkages development

Proper need assessment on small loaning system needs to be conducted

COs and VOs to replicate this training in school and colleges therefore financial support is required

Encourage women to actively participate as they are involve in livestock management specially poultry farming

Seminars and walk to be conducted to create awareness on challenges and issues and its alternate strategies

RAHA team may facilitate COs/VOs during identification of entrepreneur

Conclusion:

The targeted area is very much under stress in all services supplied and needs immediate intervention for livestock management methods and techniques through working upon all Keeping in view the stated problems of the population in Killah Saifullah (Sharan Jogezi), is an opportunity working with the communities on their vital issues, as the populations of the targeted areas are extremely vulnerable and willing to adopt suggested interventions aimed at their prosperity and well being.

## Certificate distribution

### Vote of thanks by Mr. Shamsullal Programme Coordinator SMAAJ:

In the end of the training, the Programme Officer thanked participants for their effective participation. He urged the farmers' to make optimum use of the knowledge and skill learned during the training for helping the communities.

The PO also thanked the resource persons for effectively conducting the training workshop. Certificates were distributed among participants. PO thanked Doctor Habibillah (Facilitator) for his valuable contribution during facilitation.







## Root causes of Poverty, Inequality, Gender based injustices and climate change. Supported by pda, action/2015 Global call action against poverty



This orientation session was organized in Hazara community found more vulnerable and struggling to cope up with their daily livelihoods, because of restricted in their respected areas and other above mentioned reasons. Initially community was briefed by the facilitator on the objectives of the session and explained the purpose of the orientation session. It was interactive session and participants were asked to express their view point on the mentioned topics. Some of the facts that explained by the participant are, currently they are facing problem to get their livelihoods because of sectarian violence and target killing, no access to market, unable to run their business which is now caused affecting their families. Due to stress youth has been involved in to take drug. They further mentioned that they have limited time to go to market so other take benefit since they are restricted. Les access to education and les opportunities for minorities. They further explained that now it is difficult for their women to get job in government and private sectors. The trainer explained the cause and effect of the climate change and livelihoods

capitals and interlinked all to each other's specially livelihoods framework. It was explained that how climate change affect also its impact on people and economic growth. The facilitator also explained the cause and affect of injustice on society. Some of the facts that cussed poverty are unemployment. Due to the low and order situation and increasing terrorism has forced the foreign investment to stay away. Along with other factors of production, agriculture has been a major victim of climate change.

**Output:** Community now understands other causes of root causes poverty, climate change, causes of in equality and gender based violence. Now they consider other factors which they did not realize much and will look more to the cause and affects also to find out ways to reduced the impact.

**Outcomes:** The community offered that they will organize their people and will provide space to open technical centers



for youth and women provide technical training in different sectors. They decided to contact donors and requested SMAAJ to support them and facilitate to link them with donor for the cause. Community is keen and supportive to provide space, human resource.



## YF Health Protocols

RutgersWPF



Society for Mobilization Advocacy And Justice (SMAAJ)

### Advocacy for Integrating Youth Friendly Health Protocols in Health policy

Pakistan is going through a time period of demographic dividend and currently has the largest cohort of young population in its history. The recent studies on young people report their increasing use of drugs, alcohol and tobacco, low self esteem, stress and mental ill health, low contraceptive prevalence, high abortion rate, and an upward trend in sexually transmitted infection (STIs) and HIV/AIDS.

In Balochistan, generally the health services have been provided through static health facilities like BHUs, SRHRCs and DHQs offering basic primary health care (PHC) services and to some extent basic and comprehensive EmOC services. Reproductive Health (SRHR) is recognized as a basic human right that applies to all, men, women, youth and adolescents. However, there is still an enormous gap in the provision of broadened Reproductive Health Care (SRHRC) in the areas of Emergency Obstetric Care (EmOC), family planning (FP), HIV/AIDS and Sexually Transmitted Infections (STIs), and Gender-based Violence (GBV). The shift of focus from primary health care to SRHR, the lack of financial, technical and community resources undoubtedly are impacting the communities living in Balochistan with low literacy levels, rigid tribal setups, and poor road infrastructure. Furthermore, key SRHR indicators for Balochistan are poorer in comparison to national estimates, reflecting low levels of awareness, gender disparities, poor capacity of service delivery system and also an unmet need for SRHR services amongst local populations.

### Youth Demographics – Pakistan

- Pakistan currently has the largest group of youth (Ages 10 – 24 ) in its history with nearly 60 million individuals almost 60% of its total population
- About 41 Million are adolescents (10- 19)
- In 2025, the number of this age group will further increase to 64.8 Million
- 1200 young people start smoking every day, majority are adolescents
- 71% of addicts out of 5 million drug abusers in Pakistan are from the age of 20-30.
- 6 Children are abused every day in Pakistan
- 19.1 is the median age of first marriage (boys and girls) in Pakistan - 1 out of 6 women age 15-19 is already married.
- 65% of adolescents are unaware of these challenges and have limited access to basic information and health care
- 50% drop out of school after class V and 40% are malnourished
- 59.1% females and 30% males aged 15-24 have had no education ever!

It is imperative that youth friendly health services become a part of minimum standard delivery service and package that cater to young people's right to information and services related to their reproductive health and rights. Ideally, youth friendly health services should include a wide range of services with referral to specialists and specialized services such as,

- ✓ Information about youth friendly health services
- ✓ Counseling
- ✓ Adolescent development including feelings, body image relationships issues, adult-adolescent relationship, peer pressure, bullying, gender dynamics etc.
- ✓ Youth reproductive health issues including bodily changes, myths and misconceptions, around the issue
- ✓ Services for those who experiencing sexual, physical and emotional violence
- ✓ Pre and post natal care

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## Our partner

